

Home Visiting: Connecting with Families

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Angie Godfrey: Good afternoon, everyone. I'm Angie Godfrey, Infant and Toddler Program Specialist at the Office of Head Start. On behalf of Yvette Sanchez Fuentes, Director of the Office of Head Start, welcome to Home Visiting: Connecting with Families. Today's webcast will focus on the relationships that develop between home visitors and families in the Early Head Start home-based program option. Home visitors have a unique opportunity that few other early – early childhood professionals ever experience: the opportunity to engage and support children and families in their homes. They have the honor of being welcomed in to families' homes and of working with them in the familiar environment of their home.

We know from research that participating in the Early Head Start home-based program option has positive impacts on a wide range of parenting behaviors, including improvements in parents' ability to provide more stimulating home environments and to participate more in activities such as bedtime reading. Clearly, the relationships that home visitors and families build together are powerful tools to support the development of infants and toddlers.

What do successful relationships between families and home visitors look like and feel like? They are characterized by mutual respect, trust, acceptance, objectivity and flexibility on the part of home visitors, personalized attention, and cultural awareness. The process of building a strong relationship begins with the home visitor's very first contact with the family and continues throughout the child's enrollment in the program.

Home visitors may find that with some families they connect right away and the relationship blossoms, while with others it may not feel like a great match at all. That's very natural. The relationship-building process varies with each family because, of course, each family is unique. Family members bring to the relationship their past experiences with other agencies, their individual temperaments and personalities and their own family and cultural values. Home visitors also bring their individual backgrounds to the relationship process, their personal and professional experiences, beliefs, values, personality, and temperament; and they all shape how home visitors respond to families.

The important thing to remember is that it takes time and effort to build a strong relationship. Home visitors should talk openly with their supervisor about what it means to build your relationship with each family, knowing it will be different for every family and it will take time to develop each of those relationships. Through ongoing reflective supervision, a supervisor can be a great support to help a home visitor understand what his or her reactions to individual families are and how to develop strategies to connect with families. Forging these connections is essential because when a home visitor finds ways to strengthen his or her relationship with a family, a relationship that's focused on the development of a child, it models for the family how they can build on their own gifts to deepen their relationship with their child.

We hope today's webcast will help you understand more about the process of building relationships with families and that it will provide some useful tips and strategies for engaging

families and enhancing your home visiting skills. So, enjoy the webcast and now I'll turn it over to Janice.

Janice Im: Thank you, Angie; and thank all of you for joining us. I'm Janice Im. I'm the interim chief program officer at Zero to Three, and as such the officer in charge for the Early Head Start National Resource Center, and I have the pleasure of being your moderator today.

Today you'll hear from our panel about the importance of establishing and maintaining relationships with families in the Early Head Start home-based program option. We'll also discuss some of the issues you may face in your relationships with families and how reflective supervision can support you in working through those issues. Our goal is to help all of you gain a better understanding of the role of the home visitor and how to effectively engage families during the initial home visit and throughout the months and years that the child is enrolled in the program.

This webcast is geared toward home visitors and home visiting supervisors in the home-based program option of Early Head Start. Of course much of what will be discussed relates to anyone who is going into families' homes to visit them, but the focus will be on the home-based program option and the Head Start Program Performance Standards related to it.

We have a great group of panelists with us to help us address this important topic. First, I'd like to introduce you to David Jones, Home Visiting Program Specialist in the Education and Comprehensive Services Division at the Office of Head Start. Prior to joining the Office of Head Start, David served as an Early Head Start director in Far Rockaway, Queens, New York.

Next is Linda Kimura, owner of Babies Can't Wait and co-owner of the Infant Toddler Specialist Group, a California based consulting firm that delivers training and technical assistance to adults who work with infants and toddlers in Early Head Start programs across the country.

We also have Stephanie Farris, a home visitor from Visiting Nurse Services of New York Early Head Start program in Far Rockaway, Queens. She is also a former Head Start mom as well as a Head Start child. Welcome.

And last but certainly not least, please join me in welcoming Nora Gonzalez, a home visitor from Child Care Network of Evanston Early Head Start in Evanston, Illinois. Welcome all of you.

Today's webcast will feature discussion with our panelists on connecting with families in home visiting. At the end, we'll have time for a live question and answer segment. If you have any questions for our panelists, you can submit them by typing them into the Q&A field on the right side of your browser. In addition to your questions, we want to hear from feedback from you. You will receive a brief evaluation by email, and we ask that you take a moment or two to provide us with your feedback so that we can continue to develop webcasts that meet your needs. You may also send any comments or suggestions you have to the email address you see on your screen now: EHSwebcast@esi-dc.com.

We have also developed a Viewer's Guide and a few other resource materials to accompany today's webcast. If you haven't had the opportunity to download them, we encourage you to do so now. Use the link on your browser located under the word "Resources" on the right side of

your viewing screen. And if you're not able to watch today's webcast in its entirety, don't worry. An archived version will be posted on the Early Head Start – Early Childhood Learning and Knowledge Center, or the ECLKC, where you can view it at any time.

There you'll also find an archive of related webcasts we have conducted – in August entitled "A Closer Look at the Early Head Start Home-based Program Option." In addition, look for more on home visiting from the EHS NRC in the coming year.

Now, to start off our conversation, I'd like to ask David if you could please give us an overview of home visiting in Early Head Start. I know that you – and we covered this at length during our webcast in August, but just in case some of our viewers haven't had the opportunity to view that yet, could you just give us a very brief summary so that we're all on the same page.

David Jones: Sure. Thank you, Janice. Presently, about 45 percent of all infants and toddlers in Early Head Start are served through the home-based program option. That means rather than going to a center or family child care setting, the child receives Early Head Start services in their own home from a home visitor. A home visitor goes to the home and conducts a home visit with the parents or primary caregiver for 90 minutes once a week on a year-round basis. As stated in the Head Start Performance Standard 1306.33, the purpose of the home visit is to support the parents in their roles as primary caregivers and to facilitate the child's healthy development.

Janice: Thank you, David. And now that you've given us a purpose of a home visitor, of a home visit, what exactly does a home visitor do during a typical home visit?

David: Okay. So at the very beginning, the home visitor works to get to know the family, to build a relationship with them. I mean, that's what we're going to be focusing on today: how to build relationships with families and what some of the issues are that a home visitor might face during this process.

As outlined in the Head Start Program Performance Standard 1304.40(a)(1), home visitors must engage in collaborative partnership-building with families as early after enrollment as possible, taking into account their readiness and willingness to participate in that process. And there are lots of other things that a home visitor is required to do, particularly at the very beginning of the child's enrollment.

Within 45 days of the child's entry into the program, home visitors are required to conduct hearing and vision screenings, as well as a developmental screening to identify any potential concerns about a child's developmental functioning. These screenings are referenced in the Program Performance Standard 1304.20(b): Screening for developmental, sensory, and behavioral concerns.

As outlined in the standard, home visitors must work in collaboration with the child's parent to perform or obtain linguistically and age appropriate screenings, procedures to identify concerns regarding a child's developmental, sensory, behavioral, motor, language, social, cognitive, perceptual, and emotional skills. To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background; and they must also obtain direct guidance from a mental health or child development professional on how to use these findings to address, identify needs.

Home visitors also conduct regular assessments over time through their observations of the child as well as through their ongoing conversations with the family about the child's development. Home visitors use this information to help the family identify the goals they have for their child's development and to design an individualized curriculum to help the child meet those goals through everyday experiences at home.

Janice: Thank you, David. You know, one of the things that you mentioned, from the very beginning home visitors have to work to develop a relationship with families – and I want to emphasize the word "work" that you mentioned there. And so, we'd like to take a few moments to – really some time to talk about that. And I know, Nora, in your role as a home visitor – you know, what do you do during those – especially those – during those very first visits to build a relationship with a family?

Nora Gonzalez: When I first start working with a family, I try to show them that I'm consistent. I make phone calls ahead of time so that they will know to expect me. It's never a surprise visit. I also follow up with a courtesy call right before I visit just to confirm. This shows them that I'm being respectful and that I'm following through on what I promise. When I go to the house for the first time, I leave my judgment outside the door. If I see something that I don't understand at first or I need some more information to understand, I try not to show it on my face or on my body language. I make a note to talk with them later on.

During the first few meetings, my goal is to listen and get to know them. Usually I will spend the first two or three visits just talking with them, asking how they're doing and how the child is doing. I will ask questions like, "What kind of activities do you like to do with your child?" Or if it is a baby, I will ask, "Do you sing to your baby? What kinds of songs do you sing to your baby? Do you remember a favorite song from your childhood? Does your child like books? What kinds of books does he or she like to read?" These questions help me to get to know the family and what their routines are.

I also try to be culturally sensitive. Even if we speak the same language, we don't always come from the same culture. I'm from Colombia and many of my families I work with are from Mexico, but I know what it's like to come to a new country and not know the language, how to try to fit in. I try to be sensitive in what they're going through.

Trust is a big issue with the families. Many of my families go to different social services agencies, and they don't always have the best experiences. Because of that, they're not always sure they can trust us and they don't know what to expect. Also, sometimes they are embarrassed about their circumstances. Sometimes a mom will say, "I'm sorry, the couch is dirty." I always say, "That's okay," and I put her to ease. I want them to know that I'm not there to judge them; I'm there to support them.

Janice: Thank you, Nora. It sounds like a lot of information gathering, but listening and being attuned and sensitive to what the family is sharing and what you're seeing and observing. I know that, Stephanie, you are also a home visitor. And what about you, what do you do during those few – first few visits?

Stephanie Farris: Like Nora, during those first visits I try to find some common ground. I ask them how they found out about the program, whether it was a referral from another service provider or other families. I use the information to try to establish a connection. I also ask them questions to try to draw them out a little bit. For example, I might ask them to tell me about their family or tell me the baby's birth story, or I'll ask them where they got the baby's name from. Sometimes I'll ask the parent who they are most like in the family or who the baby is most like. I work hard to find out where they're coming from and how I can best support them.

I do jump right into goal settings with them, but I always frame it as helping them. I never say, "We have to make plans and find out what your goals are;" but I'll say, "What are some areas that you want me to help you with?" I always focus on what I can do to help them.

Janice: Thank you, Stephanie. And, you know, I know that it sounds like you're also doing a lot of information and wondering and gathering. And Linda, I know that you've been on both sides of those visits as a professional and also as a former Head Start parent. And so, you know, what tips do you provide to home visitors about those very important initial visits?

Linda Kimura: Well, that's right. I am a former Head Start parent, so I guess I do know what it's like from both perspectives. And I do agree with what both Nora and Stephanie said, how it's really a matter of building trust during those first few visits. As Nora said, many times parents have had bad experiences with different agencies, or maybe they might have low self-esteem or maybe they don't understand the program and just aren't quite sure what you're there to do. So it's important to remember that, and also to remember that not trusting you at first is part of normal self-protectiveness. And that's a good thing. That can help to keep children safe.

But there are some things that you can do to build trust. First, even before you meet the family, do a little background work. Start by reading the family's intake form. There's usually a lot of information included there that can give you some perspective on the family. And if the family was referred from another agency and you have a signed confidentiality agreement with that agency, ask them to share with you what they know about the family.

Then learn about the family's culture. If it's unfamiliar to you, you can either do that by reading or by talking to coworkers who may have had experiences with other families from that same culture. Ask them if there's anything you can do to approach the family respectfully and make them feel more at ease. Also, when you make – when you call to make that appointment, ask the parent if there's anyone else in particular that he or she would like to include in the home visit or if there's anyone else you should talk to about coming into the home.

So, those are all things you can do before the visit. Then, to build trust when you visit the family, make sure you're always on time. That sends the message that you care about the family, that you take the home visit seriously, and that you're a person of your word. Also, help the family understand from the very beginning what the role of the home visitor is. Explain that the two of you are going to work together with the child and the parent is expected to be a full partner in her or his child's healthy development by participating in the visit. Let them know how frequently visits will occur, how long they will be, and what to expect from each visit.

Explain your confidentiality policies up front, too; and that – this includes your program's child abuse and neglect policy. It's not fair for parents to find out later if – if a situation arises and

then find out that you're required by law to report abuse. So make sure you're being transparent from the very beginning so the family understands the parameters. And this all helps to build trust.

I also recommend that you use appropriate self-disclosure. Many people learn well through stories. Now, of course, you don't want to share overly intimate details about your personal life, but if you can tell a little story about yourself to help a parent understand a concept, that's appropriate self-disclosure. I like to think of it in terms of the Pacific Island concept of "talk story," which is an expression that means to chat informally. It's about having conversations with a family rather than lecturing the family. I think about it as sitting beside the person instead of standing in front of them.

Janice: That's a lovely way to think about it, Linda. Thank you. And I've been jotting some notes down around this and I heard some about the importance of consistencies, leaving your judgments outside the door, and building a connection that can really nurture and build that type of trusting relationship. And it – I think it brings us back to, David, what you said. It's about work. We have to work to build a relationship with families. You know, when thinking about that and thinking about these particular tips, and – what do we do when we're a guest in someone's home?

We now have a clip of Sara Villavicencio, a parent who spoke at the 2010 Birth To Three conference about her experiences with Dora, her home visitor. Now, Sara has three children – a little boy and two twin girls – and when the children entered Early Head Start, the family was going through a number of difficult issues, including a housing crisis. And in this clip, Sara is being interviewed on stage by EHS NRC's Amanda Perez about her home visiting experiences with Dora. So, let's take a look.

[Video begins] Sara Villavicencio: Persistence is one key thing that I have got to give them credit for, because we would not be here. I have got to give them credit. [Applause]

Amanda Perez: So, tell me – so tell me a little bit about Dora. What was it that eventually won you over other than the amazing persistence?

Sara: The FBI training. No, just kidding. The fact that – not only persistent, but the smallest things that I really appreciated was when she called and left voicemails out of random saying "Hey, I know this is tough but you're doing a good job." That simple little thing kind of just made a huge difference versus hearing constant – because you got it all over saying, "You're doing such a bad job. Oh, look at your situation." You know, it's constant put-downs, so when you – when you got something – somebody believing in you, it was just a – just a motivation right there.

And then, like I said, I really didn't know how to raise the kids; I just knew the basics. And one thing that they – she did teach me is something called Floor Time. And that's one of the visits that I really dreaded, because I'm like, "Wait a minute. I have to let you in. On top of that, I have to sit on my floor? [Laughter] You know, can I just watch you?" And she's like, "No. You need to sit down here. You are not going to give up on your kids." And I'm like, "Fine."

And after awhile, I got it. You know, I got what it took to make them successful and see how happy they were when you engaged them, you know? And it's just – just to watch their faces and – you know, and at that time you're getting a lot of negative feedback from doctors saying your child will never talk or speak or walk. And you got, like, a lot negative and... To hear that "I love you" from my daughter for the first time, it was something.

Amanda: You were told that she would never tell you she loved you, and then you got down on the floor and were playing with her and engaging with her, and she says "I love you" now every day.

Sara: Pretty much. [Applause] [Video ends]

Janice: Wow, a lot shared in that – that interview in that clip. So, reflections as you saw that clip of Sara talking about her home visitor?

Linda: Well, it really resonates with me. When she said that it was just – sometimes it's the smallest thing your home visitor does, that the home visitor might not even think was important. And in her case, I think it was the home visitor called her on a random basis and that made such a difference to her. I can still remember – my Head Start baby's 40 and I can still remember when my home visitor got down on the floor and said – we were going to do the screening, and said, "Here, you can do this." And actually, it was just that she believed I could ask those questions and do that. That's what made the difference for me. So, when – when Sara talks about that it's very meaningful.

Nora: I think that the home visitor was very consistent. She called, she left messages, and she told the mom, "You're not going to give up on your child." And that was really powerful for that mom. She became more aware that she was there for those children, and that really changed the way of that visit.

David: Yeah. For me, I think I'd have to say the – the issue of judgment. You know, despite how respectful, appropriate, strength-based we want to be as we partner with families, there is still the potential for them to feel judged by what we say or what we do. So, I think it's really important to always keep that in mind.

Stephanie: For me particularly, it was how she explained that she had the basics down pat for caring for her children and, you know, her home visitor helped her realize that she, you know, could bridge the gap between being fully involved regardless of her crisis and what the things that were going on around her to still be involved with her children. That's important.

Janice: Thank you. You know, I think what I'm hearing from all of you is really not only what the powerful but the impactful role that home visitors can have and the potential of what can happen there, especially when the relationship with the family is more established, right?

And –you know, and thinking about that – about what do we do, you know, once you get past those kind of first couple of weeks and when you're really being able to hopefully build and work towards that relationship that's very trusting, when it's more established? So David, I'm wondering, you know, maybe if you could share what – are there different strategies? What strategies do we do to connect with families?

David: Sure. You know, once you've built trust, you know, then you begin to collaborate with parents and work together to support the child. You know, with some parents you can begin to see this collaborative process happening fairly quickly, but with others it might happen more slowly. For example, you might have a parent who has difficulty responding appropriately to their child's cues. As you model and facilitate some kind of child development experience, you might see that the parent is sitting on the periphery watching and not engaging very much. Well, in that situation the collaboration might be a little bit more leading and allowing.

You lead them by planning the experience, explaining its purpose, and modeling it. Maybe the parent isn't ready to get on the floor and do it with you, and that's okay. At the beginning, you might be doing 80 percent of the work to the parent's 20 percent, but they need to stay, pay attention, be focused, because that's fine. Maybe three or four weeks down the line they'll be ready to get on the floor and do it with you.

Janice: Thank you, David. So I'm hearing that allow the time – allow the time for that to develop. Linda, what about you? What strategies do – might you recommend about furthering relationships with families after they've gotten past those few initial visits?

Linda: Well, one of the most important things I recommend is patience; and as David was saying, it's a gradual process. You can think, do for, do with, cheer on. In the beginning, you show parents how to do things that they may not know how to do, whether that's how to brush the baby's teeth or make a doctor's appointment, and then as the parent's skills develop you gradually start stepping back so that they are doing things more and more independently.

For example, at the beginning if they don't know how to make an appointment, don't – don't go back to the office and make the call for them where they can't see you. Instead, pull out your cell phone and make that – that call right in front of them so they can learn how to do it. Then, over time, you can say – well, for example, "I know you know that you need to call the WIC office, so do you want me to be here sitting next to you while you make the call?" Or, "I know you have a prenatal appointment coming up next week. Would you like me to make a list of your questions so you won't forget what you wanted to ask?" That way you're gradually preparing for the time when you won't be there. You've always got to have your eye on their eventual transition out of the program, when they're going to need to be able to do those things for themselves.

Also, I recommend you always keep the family's stresses in mind and try to mitigate that stress. For example, when you're doing child development work, some parents can get overwhelmed by those follow-up activities. If you ask them to participate – excuse me – if you ask them to practice a particular skill or a child development experience 15 minutes every day, that can seem like a lot to handle, especially if the parent has work or school or other children to care for.

So instead, I recommend that whenever possible those experiences be embedded in a daily routine that the parent's already doing with the child, such as diapering. Or maybe the experience is for the parent to say a nursery rhyme with the baby; ask what it would be like if they did that every time they changed the baby's diaper or when they gave the baby a bath, something that they're already doing. The more you can help them embed those experiences

into the child's daily routines, the less it will cause stress for the parent and the more likely that they'll follow through.

Janice: Thank you, Linda. And, you know, in hearing you talk about embed in daily experiences we now actually have a clip of Dr. Brenda Jones Harden, an expert in home visiting, talking about this very same point that you brought up. And she calls it working with the child's individualistic, naturalistic environment. And this video is from a training Dr. Harden conducted in 1999 for a group of practitioners. Now, I should note here that in this clip she refers to the home visitor working with the mom, but of course it could be a dad or really any primary caregiver. Let's watch.

[Video begins] Dr. Brenda Jones Harden: What I say to my students all the time is: get up off the couch. You are not to go there and sit on the couch and take your little curriculum sheet and read it to the mother and say, "Do you understand?" Because what's going to happen to your little curriculum sheet when you leave? It'll be lost under the sofa. It'll go in the trashcan or whatever. What we want to do is get mothers and their children to interact with each other. And so, we are like coaches. We're supporting that interaction, and we can use the natural things that occur.

For example, you go into a home visit, mother answers the door, said "Wait a minute, Miss Jones; sit on the sofa. I'm dressing the kids. I'll be back." And so you're waiting; 30 minutes goes by because she's in there putting 50 braids in the little girls' hair and all this kind of stuff trying to get them all ready to come out. And you're saying, "My home visit time is going, going, going." Well, why aren't we rolling up our sleeves and going in there to be a part of that? "Well, let me see how I can help you?" Now, is that a waste of our time? No. A lot of good work can happen then if you think about just child development, for example.

Gross motor skills: I love to use this example. Help the mother put her little child's pants on. Say, "Put your hands on my knees. Hold up one leg; let's put this pant leg in. Hold up the other leg." So, you're helping mother to think about how she can even help her child with gross motor skills. Language, pants, shirt, all those kinds of things that we want children to be able to learn. So, what we want to do is capitalize on what's naturally occurring in the home so that instead of sort of thinking we're coming there with our preconceived notions and our agendas about what can happen, you go in and, like I say to my students, you're like a prize fighter. You're on your toes. You're always looking for an opportunity to teach and intervene, and some of the best times for that is in what goes on naturally between mothers and children. [Video ends]

Janice: So, get off the couch. [Laughter] Get off the couch. And – and at the last there, Dr. Jones talking about being a prize fighter. What did you think about for your reflections as you watched this clip?

Stephanie: Well, what comes to mind for me first when she talks about, you know, what might be the challenge – the parent going off to do something. It – it being the teachable moment, you know, like, you pull up your sleeves, you get in, and you get involved. It really talks to it because that parent might need to really understand what gross motor development is, and here she is, you know, "Put your hands on my legs. Lift up, you know, on my knees. Lift up your legs." And, you know, you're using what's going on in the environment to teach the family or, you know, the parents how to interact with their child.

Janice: Other reflections?

Nora: I feel that we have to take advantage of every moment that we have in the home visit, even if the mom moves from place to place. If the mom goes and make a snack for a child, we can always talk about nutrition. We can talk about so many different things if the mom has to move from place to place in the house. So as a home visitor, I think there is so much that we can do in the house and take advantage of every moment that we have to educate the parent.

Linda: Think on your feet.

Janice: You know, and thinking about thinking on your feet, teachable moments, you know, and then as Brenda said, getting off the couch and being a prize fighter. This can – this is: 1) working towards heart, towards that relationship. But when we are really past those few initial visits, I can imagine really building that – establish that relationship, issues can come up within home visiting. And, you know, one of the issues that I imagine could come up is issues around setting boundaries – issues around boundaries, and that those boundaries might get blurred as we're – within this work. And the family may come to view the home visitor as a friend or family member.

So just to give an example, they might offer you gifts or ask you to share a meal or attend a family celebration – or perhaps might be tempted to buy gifts, or buy – or perhaps drive a family somewhere. And I can imagine that it can be difficult to maintain that professional role. You know, so thinking about that and maybe – Nora, you're shaking your head there so, you know, have these boundaries issues ever come up for you or any of your families, and – and what did you do in that situation?

Nora: Yes. They had happened to me. They're very common. One mom I work with invited me to birthday parties and Christening. I didn't want to make her feel bad by turning her down so I told her, "I know you want me to go, but there are rules I have to follow. We have a policy that we don't attend family celebrations. I wanted you to know so that you wouldn't be upset. It's not coming from me, but it's a rule in my agency," that way she knew it wasn't personal. But it can be very hard, particularly because all of my families are Spanish-speaking. That creates a connection between us right away. Some of them feel very isolated, and when they meet someone who speaks the language it's a relief. They feel better about it that they can communicate. There is a sense of trust right away, but it can also create problems with boundaries.

So, I have a family where the baby was constipated so the mom wanted some suppositories for the baby, and she asked me, "Can you get them for me and I will pay you back?" So, I told her that "I'm not a doctor, and I think you should call the pediatrician and see what he recommends. If he recommends suppositories and gives you prescription, maybe your husband can pick them up at the pharmacy on his way home from work." I also helped explain that a doctor was available to her 24 hours a day; so she didn't know that even when the office is closed, there is someone on call. Sometimes families ask you do to do things for them because they don't know all their resources. That is where you can teach them so they are – they can do things for themselves.

Janice: Thank you, Nora. And I can see how linguistic continuity can be a real advantage and strength, but sometimes can also bring up – yes, create some challenges or bring up some challenges. Stephanie, how about you? Have you ever encountered any of these boundary issues, and what did you do in that situation?

Stephanie: Yes; and for most of them, I'm like Nora. I tell my – I tell them what my agency's policies are and they understand, but there was actually one instance in which I did go to a birthday party. I was – it was a teenage mom. She and her son were living with her mother and siblings and it wasn't going well. The baby had health concerns and the grandma and other family members were smoking, and there were some other really difficult family issues going on in the household. The mother decided to take the baby and leave the home and move into a shelter.

It was a very rough time for her, and it was just around this time that it was her son's first birthday. The grandma was having a party for him at a local center and mom said she didn't want to go unless I went. I consulted with my supervisor and we agreed it would be a good idea to support the mom by making a brief appearance. I decided to go for just ten minutes to show my face and let her know I supported her, and then I left. This mother was very young and her age made a big difference in my decision. It was a very rare exception. Usually as a rule, I don't go to any birthday parties or accept offers of food. I discuss this early on with my families so that they understand.

Janice: Thank you, Stephanie; and thank you, Nora, for sharing those examples. There's a lot that home visitors need to balance. And David, I know that you were a supervisor for home visitors, and thinking about that role, what did you tell home visitors about boundary issues?

David: You know, boundaries is something that we talked about a lot because it comes up in every program. A lot of the families we work with are isolated. You know, they don't have many supports so they often turn to us to join them in birthday parties or other celebrations. You know, in my former program we would talk about what we could do to have a programmatic response to celebrations. You know, maybe we could acknowledge all of them with a card and that could be our universal response to all of the families. But as Stephanie's story shows, sometimes you have to make a judgment call about how you respond to a particular family.

For example, offers of food can be tricky. You have to be sensitive to cultural practices, and home visitors will learn through the close relationship that they develop with families what the offer of food means. For some families it's part of their culture to offer food when you enter their home, and by refusing you might inadvertently offend them and damage the relationship that you're building. That's why it's important to have those very early conversations about the purpose of the home visit, which, as stated in the Program Performance Standards, is to help parents improve their parenting skills and to assist them in using the home as a child's primary learning environment. They should understand that the home visitor is there to provide them with learning opportunities to enhance their children's growth and development. It helps to be very clear about your role and to have transparency about the expectations and roles so that if you have to refuse an offer of food or other things, you can refer back to those early conversations and remind the family about the parameters.

The important thing for home visitors to remember is that you don't want to play favorites. You know, families get together at socializations and sometimes they live in small communities and they talk to each other and compare notes. You don't want to favor one family over another or do anything else that could have an adverse impact on your relationship with them. You want to be thoughtful that what you do for one family you do for all of the families to the degree that it is possible.

It is also important for home visitors to be open and honest with their supervisor if and when they feel they've stepped over a line. You know, I can't tell you how many times a home visitor would come to me during reflective supervision and say, "Now, I'm going to tell you something I did and you're not going to be happy about it." But that's fine because when a home visitor comes to a supervisor and tells them about something that happened, it's a testament to the strength of their relationship. It shows the level of comfort they have with the supervisor and that there – and that there's a safe place for them to discuss the things and learn how to become a better practitioner.

Janice: Thank you, David. And, you know, I'm so pleased and I'm really happy that you brought up the issue around reflective supervision and really providing time for home visitors to be able to have these open, honest discussions with their supervisor. And Brenda Jones Harden also talked about how important it is for home visitors to talk to their supervisors during reflective supervision when they are faced with these kinds of boundaries issues. In this next clip, Dr. Harden refers to a boundary issue that a psychiatry resident faced with a mother and child, but what she says applies to any home visitor and family. Let's watch.

[Video begins] Dr. Harden: You know, like, there was a psychiatry resident once who bought a bike for this kid right before she left. And I knew it was about her own guilt at being privileged and this child – guilt because this child didn't have much. Well, that wasn't the thing to do because, of course, what happens when he got his next therapist? "My last therapist bought me a bike, what you going to buy me?" Right? So it set the kid up, it set the therapist up, and it set the mom up. This person out here can give you things that I can't. I would have rather her given the bike to the mother and said you give this as a Christmas present to the child. But the point was, it shouldn't have happened at all. And if she had been getting some kind of supportive supervision, an environment that literally held her hands and kept her from going to the store to buy that bike, it would have been better. So, that is a nurturing experience because it contains us, and sometimes we all need containment – help with who we are. [Video ends]

Janice: I like that word: containment. Sometimes we all need containment and help with who we are. And, you know, when I think of the word containment, thinking about helping the home visitor better understand their motivations so that they won't be tempted to act so impulsively and go out and – and, you know, buy that – buy that bicycle.

You know, Linda, I know in some of your trainings you talk about how there can be other boundary issues that occur, such as when a parent discloses personal information. How – how do you recommend that home visitors handle a situation like this where a parent is disclosing a lot of personal information?

Linda: This does come up a lot. I think in those instances you may need to revisit what your role is and the purpose of the home visits. You might say, "What you're sharing with me is very

important and very personal, and my role is to work with you and your baby to make sure she's healthy and growing well and that you feel really good about parenting her." Then you might say, "If you think you need someone to talk to about the issues that you brought up, we can work together to find the right person," and then help refer the parent to the proper resources.

Or, if the parent tells you about the problems they're having, listen to them and then help them reflect on how those problems or family circumstances might affect the child. Always bring it back to the child. For example, if the mom is talking a lot about her troubles with her boyfriend, you might ask, "So how do you think your arguing impacts your baby?" This way you're helping the parent become more engaged and aware by thinking about her baby in a different way. The important thing is to ensure that the parent gets the support that that parent needs so that they can then be available to meet the child's needs.

Setting boundaries, it's such a big issue. You just can't have a once a year training on it, so I think that every month programs should just take five or ten minutes max during their regular home visitor or education meeting and talk about boundaries and discuss different scenarios. You know, what should a home visitor do if this situation occurs? It really helps to regularly role play and practice your responses to different situations so you won't be caught off guard when things come up. And one tip if you're uncomfortable role playing, just remember this: if you don't practice ahead of time you're going to end up practicing on the parent.

Janice: Thank you, Linda. And, you know, I think what you bring up is this kind of emphasizes the role of a parallel process, too. And David, in thinking about the supervisor, that providing time for home visitors to be heard and reflect allows them, Linda, as you shared, to be able to provide, to really listen and help families reflect.

And, you know, I know that there can also be issues that can arise in the relationship – relationship-building process. And sometimes things will be going really well, right? And then an obstacle where the parent is suddenly no longer engaged or no longer communicating in the same way that they were. David, you know, in thinking about that, what might you do or recommend in a situation like this?

David: You know, usually that means that something has happened, and that it – it's important that the home visitor find out, you know, what that is. Situations like this came up a lot during reflective supervision and, you know, I would ask the home visitor, "Where do you think the train derailed? Was it something that you said? Was it something that the parent said? Were you late for a visit or were you too early? Was something going on that you somehow missed? Were there any nonverbal cues?"

Now, we recommend that the home visitor – well, I – I would commend the home visitor rather for, you know, bringing up the situation in supervision as a concern and ask for – for support. And then I would talk to them about how – that the only real way that they're going to find out what happened, you know, was to go back to the parent and address it. You know, sometimes we role play the conversations during reflective supervision, and usually after the home visitor talk with the parent, you know, they gain some additional insight into the problem and, you know, they have some additional ideas about how they might repair the relationship.

Janice: So, I'm hearing a lot of wondering – wondering what's at the root of the issue. And, you know – and thinking about that, what about the obstacle or challenge of cancelled visits or missed appointments for their home visits?

David: You know, how we interpret these situations is critically important. You know, I tell home visitors to think about what has happened between you and this family historically. If the family has been fairly consistent and available and open to all of their home visits and then suddenly they're cancelling appointments, something may have changed in their family circumstances. You have to figure out what that is before you say, "Oh, they're not interested any longer. They don't want our services anymore." You should consider whether it might be due to a loss of housing, a family crisis, or another situation.

You have to use every bit of knowledge you have about the family, their comings and goings and what their support systems are. Sometimes you might have to go – you might have to go look for them. And maybe you'll find them at their favorite aunt's house, someone that they talked about during some visits, but you need to reach out to them and ask, "How are you? What's going on?" And, "How can I support you?"

Sometimes a home visitor can work with the family and think that everything is going great and then find out that there are some problems that the family hasn't talked about. Maybe they were embarrassed to tell you their failures because you've been telling them how well they're doing and how successful they are. I tell home visitors to be careful how they talk to parents about potential because if you hold them in too high esteem, it might prevent the parents from telling you about their failures and their mistakes.

Janice: Good advice. You know, I think that cancelled and missed appointments, in thinking about that challenge, it – it seems like it does come up quite a bit. And Nora, I saw you kind of looking at David and shaking your head as he was talking. How did you handle that situation or – when it's come up?

Nora: Yes, it definitely happened to me. I had one family where there was a teenage mom who – who would continually cancel our appointments even if we had called ahead to confirm. When I got to the house, she would send her sister to the door and say: she's tired; or she has something to do; she has to go to school. It got to be a pattern. So, I didn't want to just jump to a conclusion that she didn't want to be in the program. I really wanted to figure it out, why she had drawn from me and if there was something we could do to change the situations.

So, I talked about it a lot with my supervisor during reflective supervision. Finally, we learned from the mom that she had never wanted to be in the program in the first place. So, the baby's grandma had wanted her to be in the program, and this grandma was very controlling. So the grandma was there for most of the home visits and she would talk on and on, so the mom was always very quiet. I think she was embarrassed. So, our business went very well when the grandma wasn't there; so I told her that we maybe could do more one on one, meeting without the grandma. But in the end she decided that she didn't want to keep receiving services. She was going to school full time and she – she thought it was too much for her.

And there are other things that happened with families. Sometimes I will make a referral and then a family doesn't follow up on it. This can be very frustrating. So, I talk about my frustrations

with my supervisor during reflective supervision and she helps me to see that the family might not be ready, even if they asked for the referral. Deep down they might be – they not might be ready for that, or there may be other reasons for their behavior that I haven't considered, and we talk about what might be going on with a family. So, my supervisor is – she's very supportive and she helped me to take things not personally and instead to try to get at the root causes of the family's behavior.

Janice: So, again, a lot wonderings – a lot of wonderings and information gathering. You know, we've – I wonder about what happens when there are issues that come up that are outside of the purview of the home visitors, such as housing. And so, maybe Linda, what might we do in that situation?

Linda: Well, home visitors, again, need to get back and fully understand the goals of Early Head Start home-based program option and what services they're actually there to provide. And this isn't just Early Head Start; this is true for any organization you work for. You need to know your company's goals and what you're trying to achieve.

So home visitors first of all need to know what their role is, and then I remind home visitors that the very first step in crisis intervention is listening. And that's a very important role and it's what home visitors are great at, but when you go past that, your role is to refer families and to help them access the community resources they need. You can't possibly be an expert in all issues that a family might face. I think this is particularly critical to remember when it comes to prenatal families because it can be tempting to give advice based on your own personal experiences. But most home visitors are not doctors or nurses, so their role is to help families access the services of medical professionals when needed.

Janice: Thank you, Linda; and I jotted down that we can't be the expert for all issues that the family might face. You know, when thinking about that and when families – when home visitors need to handle a situation, when they can't provide whatever resources a family needs, David, what do you – what do you – what comes to mind when you think about that? And Linda certainly has shared some of that.

David: Yeah, well I always told home visitors to be clear, to be honest, and never promise something that you can't deliver. In my former program, our brochure and all of the program literature we gave to the families during intake and orientation explained the services that we could provide so that families were clear about what we could do and what we couldn't do. If an issue came up that was outside of our scope of services, such as a housing issue, the home visitor's role would be to support the family through that stressful time. And that might mean helping them find the appropriate resources, making referrals, and making sure there is follow-up.

If the family is unwilling or unable to contact the resource, the home visitor might help explore the barriers with them or offer to be with them when they make a phone call or visit an agency. You know, as Linda said earlier, the home visitor wouldn't make the calls for the family but would be there to empower them and help them do things for themselves.

In cases of housing issues, sometimes in spite of the home visitor's efforts, the family might end up entering the shelter system anyway. If that's their temporary home, that's where you'll meet.

The goal is to stay connected to the family. But that's the exception, of course, not the rule. The rule is to meet in the family's home. Dealing with issues beyond the home visitor's scope of work goes back to boundaries. Home visitors want to do everything for the families they work with, and realistically they just can't. But they can offer a great deal of support to those families during difficult times.

Janice: So, in essence, we can't do it alone; right? We can't do it alone. And I think that brings up, you know, what happens when it's time for the family to transition out of the Early Head Start program either into a Head Start or another community. And so, David, could you please remind our viewers what the Head Start Program Performance Standards say about when a plan for this process should be in place?

David: Sure. The Program Performance Standards said a plan for transitioning out of the program must be in place by the time the child is two years, six months old. Although, it's truly an ongoing process that builds on other transitions that the child has experienced while he or she has been enrolled in the program. Some of the factors that influence a transition process must be taken in to consideration, include: the child's health status and developmental level; the progress of the child and the family while they're in the program; the family's current and changing circumstances; and the availability of Head Start and other community services.

Janice: Thank you, David. So, it's not just about the child. It's a family transition.

David: That's correct.

Janice: And so, Stephanie, thinking about your – you know, in – in your role as you've been home visiting, how do you help? What process do you use to help families through this transition?

Stephanie: If the family is transitioning to center-based Head Start care, I'll help them make sure that their paperwork is done and that their well-baby visits are up to date, and so on. Or if they choose a different child care situation, I'll go – I'll go with them to the visit to – you know, to the different site to observe the quality of care. I'll also help them think through all of the – you know, the different logistics. If they choose a child care situation that isn't close to their home I might ask, "Think about when other children need to be dropped off or picked up from school; how are you going to coordinate that with the baby's drop-off and pick-up?"

I'm very lucky that most of my families do transition to our center so I can still peek in on them from time to time. And when the mom or dad or another family member picks them up, we'll have like a little chat just to keep in touch, that way I still have the benefit of seeing them develop and knowing that they're doing well and the family knows that I still care about them even though we're not working together anymore. It's important to be thoughtful about the transition process, especially for families and children who have had many losses in their lives. You don't want to just disappear or fail to acknowledge the feelings that go along with leaving, even if it's for a positive new step in the baby's life.

Here's one thing I do as part of my ongoing assessment: the family and I keep a book documenting the child's development and we put photos in it as we go along. At the end, the family can keep it as a memory book of our time together. It's a way to acknowledge the

achievements that the child and family have made and to ease the transition out of the program.

Janice: I love that idea of a memory book, and I can imagine it also gives the families the message that you also honor and recognize the importance of their relationship with you and the program that they've had. So, thank you for that. And Nora, as a home visitor, what about you? What do you do to help families transition out of the Early Head Start program?

Nora: Typically, when the child is approaching the age of two-and-a-half, I give the family a packet of information that has articles on how to select good child care and what to look for. It has contact information for different programs and centers in the community and explain the difference between various options. The packet also includes articles about how children feel transitioning and how parents can help them if they are nervous or anxious. We discuss the different options available for them and I help them set up tours of the programs or centers they are most interested in and they can meet the teacher and see the classroom.

I start talking about the transition early, saying things like, "You know, pretty soon you are not going to be – we're not going to be doing home visits anymore." You want to prepare them early. Of course, the families always feel upset; you're like part of the family. So, I always tell them how much I have appreciated them letting me into their homes and how thankful I have been being able to get to know them.

I also focus on the positives. Always refer to the positive aspect – aspects." Look at how much you accomplished. Look at how you are able to do for your child right now."

Janice: Thank you, Nora. And so, starting early – I mean, the only way to do this is really to start early. And we know that transitions can be hard for families and also for home visitors. And so, thinking about that, Linda, do you have anything you'd like to add to this discussion about transitions?

Linda: Oh my gosh, yes. Let – let me tell you a little true story. A home visitor I knew had been working with a mom for several years and they'd formed a strong bond. They'd had – a lot of situations had happened. When it came to time to transition out of the program, the home visitor called the mom and said, "I'll be out for my last visit today;" and when she got there, nobody was home. So, she went back to the office, called to reschedule –no problem. When she got there the next day no one was home. They rescheduled three times, and finally the home visitor realized this mom just doesn't want to say goodbye to me.

So, you don't want that to happen. Like Nora said, you want to prepare for the transition slowly over time. And I encouraged home visitors to start bringing it up earlier than the required two years, six months. It's not a bad idea to talk – start talking about it by the time the child's two, especially if the transition is going to be in to child care because we know openings are limited. The more you keep talking about it in a positive way the less shock it will be.

And as I mentioned earlier, one thing that home visitors can do to ease that transition is to help parents learn to be good advocates for their children all along the way, teaching them to do things for themselves from the very beginning of the relationship. So the goal is, by the time the family transitions out of the program, you're cheering them on. Like I said, do for, do with, cheer

on, and you know they can advocate for themselves and their children at the end of that. But remember these are skills that are taught slowly over a long period of time.

There's a proverb that I like that's related to this, and it comes from the Bagandan people in Uganda. And what the proverb says is: When the moon is not full, the stars shine more brightly. And to me that means when you, the home visitor, stand back just a little bit, then the parents and children can shine a little more brightly.

Janice: And we help shine and shine and shine, and we'll keep cheering them on.

Linda: Yeah!

Janice: Thank you. Linda, you've – and all of you have given us a lot – so much to think about, and I'm sure that our viewers have a lot of questions after reflecting on all that you've had to share. But before we break for our Q&A session, we'd like to show you a brief clip of Becky, a mom in Michigan, talking with her former home visitor. The two of them were reflecting on their experiences together back when Becky's children were in Early Head Start. It really shows the close relationships that parents and home visitors can develop together. We'll watch this clip and then we'll be back in a few minutes to take your questions and answers.

[Video begins] Home Visitor: You know what I always admired was your resilience, you know? Sometimes it would just be one thing after another. You would just come out of one thing – get one thing straightened up and then there was this other thing going on, and yet you just kept at it. You know? You did, you just kept at it. And – and I know you say that I helped you remember the bigger picture, you know, and not get too caught up in the small things, but I think that you just had a sense inside yourself; you know?

Becky: You gave me self confidence, and to trust in myself and to trust my parenting skills.

Home Visitor: Aww, well thank you. [Laughter] But you are a good mom, Becky; you are. You're a wonderful mom and you have wonderful kids. And they're – they're a great gift to the world.

Becky: Thank you. I'm blessed. [Video ends]

[Music]

Janice: Welcome back. And we're now going to take our first question, and this question is from Theresa from Arizona. And the question is: "Could you please clarify how many home visits per year are required for the Early Head Start home-based program option?"

David: Okay. Early Head Start is a full-year program, so the minimum expectation is 48 home visits each year with each visit lasting for a period of 90 minutes.

Janice: Alright. So 48, 90 minutes are the two key...

David: I mean, you know, there's 52 weeks in a year. It allows for missed visits – a couple. And, you know, centers close a couple times a week – a year during the week, so it allots for that.

Janice: Thank you. We have another question from Jo from New Mexico, and Jo asks: "How can home visitors balance their work load" – wow, yeah – "when between meetings, trainings, home visits, socializations, paper work, etc.?"

Linda: Maybe I can give a couple of tips here. It's very difficult. This person is right, but I think some of this has – we have to look above the home visitors too. First tip I would say is that in – in how people set up the program, the first tip I would say is that it seems to take about 20 percent of a home visitor's time to do all those things that aren't direct service – paperwork, etc., etc. So if you figure, 20 percent of your work week is about one day a week. So, I really strongly urge that programs set aside probably either Monday or Friday and home visitors do not make home visits, even make-up visits, on that day. They – just like center-based teachers need some time away from children to work, home-based – home visitors need some time to – to be without clients and to do non-direct service. So, that – that will help.

The second thing – tip that I would give is, again, programmatic, to really look very carefully on how home visitors are assigned families. And I know – I know that programs try to do this in making sure that as much as possible the families are in the same area. I know we want to serve a huge area, but the fact is you can only drive so long and service so many families in a week. So, really need to look at how families are being assigned to home visitors.

Janice: Well, we have another question here – and we have quite a few here. And this is from Alicia from New York, and the question from Alicia is: "Can a home visit take place in a location other than the home, such as a park, the public library, or outside?"

David: Okay, so the family home is where home visits – home visits are supposed to take place. Now, clearly there are always exceptions to the rule. So let's just say, for instance, there's a part of the goal plan where you're working on a gross motor activity with the child and the home environment is really not necessarily conducive to appropriately facilitate that. It might be advantageous to take the parent and the child in to a playground where they can actually sort of do some of that. But realistically, home visits are supposed to take place within the home.

Janice: In that kind of naturalistic, individualistic environment we heard earlier that Brenda Jones Harden was talking about.

David: Exactly.

Janice: Thank you. We have another question from Leon from Nevada, and the question is: "Do all home visits have to be 90 minutes long? If I complete the day's planned activities, can I just end the home visit early?"

Nora: Yes, the home visits are 90 minutes. It's once a week and I – we know that 90 minutes is a very long time for a child to be engaged in activity. We know that, especially at this age. So, there are times that the child is not engaged in the activity anymore and you still have the time with the family. And then you take the opportunity to talk to the mom about other things such as nutrition, safety, and health. And you can ask questions to the mom; if it's related to nutrition you can ask, "How's the baby eating? What kind of things are you feeding the baby?" Things like that. "Are you – is she drinking enough milk?"

And with safety, you can do a checklist around the house. We provide safety bags and we do give – to cover the outlets. We do the smoke detectors. We give all this information to the parents. And with health, we can talk to the parents about: "Did you make those phone calls? Did you call the doctor? Are you following through if the – the doctor gave you a prescription?" Or something like that.

I think a home visitor is there and – you know, you can take advantage of that time and educate the parents. And sometimes when I'm on a – personally, when I'm on a visit I go over the time and I'm like oh, I have – I passed five minutes, ten minutes over the visit because I feel there is so much that we can use and do at the home visits.

David: You know – I also think, too, that, you know, it really provides the home visitor an opportunity to reflect with the parent over – and assess the visit. You know, sometimes we may think we've done a great job and we really haven't. So, really talking to them about whether or not the specific activity worked; was it appropriate; would you like to try it again; and also beginning some of the planning for future visits.

It's a great opportunity because, you know, like Nora said, sometimes children get to a place where they say "I've had enough," and that's when you really need to move on to some other things. And then the other point I'd like to make is that hopefully you're working on multiple goals for the family at – at a time so if you complete the – the goal for the – the stated goal for that visit, then you can begin to think about something else.

Linda: I want to follow up on that. I – I completely agree. And you're also working on parent's goals, family goals. So this is the time you do that, you know? Every week you can break those goals down into little parts and work on them. But as a child development person, I want to remind home visitors too that this is when you follow the child's lead. This is when – when the child – you want to teach the parent skills and techniques rather than just activities so they learn how to talk to their children. And that way, maybe the child is done doing whatever it is that you were doing that day and the child wanders off to go play with blocks. Well, you and the parent follow and just follow the child's lead, and that's when you help the parent learn about vocabulary and how to teach the child. That's just a perfect chance and is – is just as worthwhile as everything else that you're doing out there.

Janice: So I think, Nora, you're right on. Ninety minutes may not actually even be enough – [Laughter] – with everything to take advantage of that opportunity.

Stephanie: I – I appreciate what Linda shares when she talks about letting the child lead. You know, for example, when you let the child lead – after whatever activity you might've had planned is obviously done because they're no longer interested – you get to learn other things about the child's development. For example, for me, I had a child who was hearing impaired. Following her lead is how I found out she was hearing impaired; but she had plenty of language. So, I think it's important, you know. It doesn't always fit into like that just one structured visit, but it's okay to, like, you know, be part of the environment and what happens in the environment, and be a part of, you know, what comes out in your visit. Be helpful to the family.

Janice: So, very much I think what you all shared about that – the home visit is a process we have to be attuned to, much like the process of building relationships, and so listening and following the child's lead. And Nora needs more than 90 minutes.

We have another question here from George from Virginia, and the question is: "If a planned home visit is cancelled by the home visitor, how long should the make-up home visit be? Does it have to occur during the same week as the missed home visit?"

David: Well, whenever possible, yes. Cancelled visits should be made up within the same week that they're originally scheduled. You know, obviously this also speaks to the – the – the respectful, collaborative relationship that one would have with a family or parent, that if they're cancelling, immediately, you know, the protocol says let's have another visit. But then you could also look again at data. You're always collecting data on families and you look at the history, how stable this family is, and if all those things are sort of intact and this family is doing really well, you know, I wouldn't be really so concerned, especially if their schedule really doesn't afford them the luxury of having that visit in the same week. So you just kind of document it in – in the client record. It's a little bit different if the program cancels a visit.

Janice: So again, wondering and getting to the root of the issue and really... Yes. Okay, so we have another question from Sara from Massachusetts: "What do you do when you arrive for a home visit and the parent says, 'Good! I finally have a moment for myself,' and then starts to make lunch or clean the house?"

Nora: When I go to those first visits, I focus so much on the policies and let the parent know that I'm there and it's for the parent and the child: "Every time I do the visit, it's you and your child." I focus a lot and so the parent became aware of 'yes, the next visit is going to be me and my baby.' So, I think those first visits are very important. Let them know so that following visit, the parents know what to expect. I think that's very important as a home visitor to set those boundaries right there when you start those visits.

Stephanie: In my experience, personally, I actually make whatever activity mom is getting ready to take part in part of the visit. Like, I had a mom who used to go and clean. And me – I would get the baby and follow her room to room like, "Ooh, what is Mom doing?" And, "Mom, what are you doing?" And use that as a way to get her to talk to the baby, like Mom is cleaning or whatever, and like work our way back to the living room or – you know, just to make it part – not necessarily – I mean, especially earlier visits just so that I'm fitting into, like, the routine in the household one way or another.

Linda: I think those are – are great examples because it is a boundary issue. If you allow parents to do that, to just go off, you know, and you wait for them, you're setting a boundary and the boundary is it's okay to do that. So, by – by talking to them, by – by following them around and making it part of the visit, you're setting the boundary that this is what happens on the home visit.

David: You know, listening to this sort of from multiple vantage points though, the supervisor ear in me would say I'm a little concerned when a parent is just that – so comfortable saying that "Oh, you're here; now I can sort of jet off and do some other things." I mean, it gets really important that similar – you know, what you were saying is this becomes a precedent. And

sometimes, because we know that parents don't always jump on board immediately, we will allot for that because we want to be liked. We want to help the family, and so we're going to barter with them on some level to get to that place. But it's a delicate dance and we have to be really, really, really careful.

You know, there's small, subtle things that we allow, like leaving the TV on during a home visit per say, or if it's really, really, really dark in the house and you need a little bit more light, well you may allot for that in a couple of visits. But things like this, I would err on the side of caution. Like what Nora said, go back to protocol, the stated of purpose of why you're there, and really get parents to understand that while – "I'm not going to force you to get on the floor and have floor time with us, but when we have the visits I need you, you know, present so that you can sort of at least watch what's happening so eventually we'll get to the point where it's much more collaborative."

Janice: So again, I think going back to that very first concept. I think, David, you brought up that we have to work to build those relationships...

David: Yes.

Janice: ... around – and what that – what type of relationship we'll actually have with families, what is our relationship boundaries, and finding those teachable moments. So, you're tying it all back. Thank you all. We have a question from Tara from Michigan: "What do you do when you have working parents who can only meet in the evening?"

Stephanie: Well, for me, I have a couple of – a few parents that actually can only meet evenings and what I've done is have to speak with my supervisor. I've set apart two days of the week where I come in later to leave later, and that's usually the day where I meet with my parents when they're, like, home 3:30 after – on to, you know, 4:30, 6:00.

Nora: I used to have a family and the visits were around 5:30 or 6 after Mom was, you know, out of work and – but I always kept my cell phone on. And somebody from my office, either my supervisor or the director, were on call that night so they knew that I was out there in the field; and when I was done with a visit I would send a text or call them, and so they knew that I was safe. Even with that family, the grandma used to take care of the baby because the father didn't want the child to go to a child care center. But it became more difficult for the parent and the child ended up going to a child care center, and it was from one of our Early Head Start centers.

Linda: Well, I think that she raises a good issue about – about safety. Safety issues are – are so much more when – when you're going at night. I think I would really be worried if home visitors didn't have a cell phone – you know, an office cell phone or something that they could take. But – and the other thing I – I want to just remind you that – that – because it's tough to visit families who work all day. They're tired. They have things to get ready for the next day. They have meals to get ready. They have, perhaps, older children's homework to get ready. And we know that time – like, between 4:00 and 6:00, that's just a tough time for kids. It's – they're tired, they're hungry, and then we come in. So I think that when home visitors do visit families then, they just have to take all that into consideration. And I – it's a tough job.

David: Another important consideration, too, is, you know, sometimes families select the model because it's appropriate for them in that given day and time; but if a family transitions from not working to working, then it may also be time to sit down and have a conversation with them about whether or not they're still participating in – in the best model for the family.

Linda: Good point. That's why we have more than one option in Early Head Start.

Janice: That's right. And it goes back to that earlier question of balancing – a lot to balance and traditional work hours, and of course, always check in with the family about where – what they need – what they need. We have a question from Marie from Louisiana, who asks: "What do you do when you just can't get a family to comply with certain things such as well-baby visits?"

Nora: In our program, well before we give the physical form to the parent, we talk to the parent about it. But it wasn't really working that well, so they came out with another form; and this form, it had a lot of information. It tells the parent why you take your baby to the doctor, what kind of shots are they getting, so it was more concrete for the parent. And I think it was very important because if you tell the parent the purpose, why are you – why you have to go to the doctor, why your baby needs those shots, and then the parents become more aware of the things and they value that. And then they become more interactive and they try to get more of those physical forms. So, I think that it's working better now that we have other forms that is explaining the parent the purpose of why you have to make these phone calls and you have to go to the doctor.

Janice: I love that you bring that up – the question of sharing the why. The why's very important.

Stephanie: I've actually encouraged my families to meet me at the – the child's primary medical provider, you know, as a means to get them to come out and also help them understand the importance of the well-baby visit.

Janice: So being there, as Brenda in that earlier clip shared, kind of holding the hand; also, being there and supporting. We have a question from Ted from Wisconsin: "Sometimes, families have many challenges – how do you work with families with depression or mental health issues?"

Linda: I'll take that. Oh, my goodness. It is – it is very challenging. The first thing is, I – I would suggest to everyone is no matter what the challenge is, there's probably another agency working with this. If it's that severe of a challenge, there's probably some other agency, and you have to connect with it. This is one of those situations where home visitors can't do it on their own. They need that other professional. And – and I recommend then that you also talk to that other professional or somebody who knows something about, let's say, intellectual disabilities, whatever, and see if you can get some tips for how to work with that particular parent.

For example, we had a parent in one of our programs with an intellectual disability, and she was fine except that she couldn't concentrate on things for a very long period of time. We had to slow the curriculum down for her; and what maybe my home visitor could get done in one visit at one family would take two or three visits at her family. And we – she also had to do it in small steps because the mom could only sit and listen for so long. But, she made it work. It's all about individualizing. But I just want to say, again, that when you're talking about families who have

severe challenges, it – it shouldn't be the home visitor alone because they're not – that's not their area of expertise. They need that to be partnering with an expert.

David: I agree with what Linda said; but I think it's also important to remember that because home visitors spend so much time, energy, and effort building these substantial relationships with parents that a lot of times they will be first interveners. They will be the first person that a parent might disclose that they're having some issue with depression or issue, and then it – it becomes an issue of protocol within the program, their training, their level of comfort, even sort of exploring it further. And the exploration is not about their dealing with the issue, but it's more so about gaining additional data so that they can go back, take it to their supervisor, take it to the consultation team, and hopefully get a mental health consultant involved so that there's a sort of collaborative approach in terms of how it's going to be dealt with.

Linda: That really brings – I want to jump back in because what you said just triggered in me why documentation and accountability is so important. Let's say, for example, if you were visiting a mom shortly after birth and she's fine week to week and then you go in and all of a sudden something's really different, well, you know, it could be the beginning of postpartum depression or it could just be a bad week. But if you don't document it, as the first intervener, how are you going to know? So, you've got to have times on those.

Janice: Thank you. Again, I think the message is that we can't do it alone. We have folks we can reach out to, and in that, we're not having families do it alone. So, thank you very much. Unfortunately, that's all the time that we have for questions today. There – there were more, but that's all that we have time for today.

And I'd like to take this opportunity to thank all of our panelists for joining me in the studio today: David, Stephanie, Linda, and Nora. And of course, thanks to Angie Godfrey for giving our federal welcome. And thank all of you for taking the time to reflect with us on the relationship between home visitors and families. Until next time, take care.

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