

In the Midst of Challenges: Keeping the Parent-Child Relationship in Focus
Track E11 – Home Visiting and Family Child Care
17th Annual Virtual Birth to Three Institute

Operator: Good day, everyone. Welcome to the Virtual Birth to Three Institute In the Midst of Challenges: Keeping the Parent-Child Relationship in Focus webinar. Today's webinar is being recorded, at this time I'd like to turn the call over to Kelly Claire. Please go ahead sir.

Kelly Claire: Hello everyone and thank you for joining. Before we get started, I just like to go over a few housekeeping items for us today, if you have any questions for the presenters we will address those at the end but please don't wait, enter them as you have them.

If you look down towards the lower left of your screen you will see a tab marked public and private. If you click the private tab, choose leaders and assistance and send your questions that way.

That will assure that we will see all questions being sent in. If you're having any technical assistance you can also send the questions the same way through the private, chat tab, and do leaders in assistance. With that, I would like to turn the conference over to Mary. Mary, go ahead.

Mary Block: Thank you, Kelly. We welcome all of you to the final webinar in the home visiting track and in virtual Birth to Three. We hope that you've enjoyed any webinars and webcast that you've experienced today. We have great guest for you today to talk about in the midst of challenges, keeping the parent-child relationship in focus I know that all of you have been in a situation or work with staff which work with families.

These challenges have gotten in the way of staying focused on the child's development. Today we have David Jones, Home Visiting Specialist from the Office of Head Start, and Patricia Brady, Mental Health Consultant Supervisor from the Family Connections Program, Children's Hospital Boston, to have a conversation about the Early Head Start home-based option and meeting the families needs while keeping the child in focus. Thank you for being with us today, David and Patricia.

And remember to follow your viewer's guide that you can download with the link that's in chat, in case you haven't downloaded it yet. By the end of the session, the participants will be able to have a greater understanding of the focus of the home-base – program option. You will be able to identify all of the different ways you can engage and support the parent as the child's first

teacher. And identify specific strategies for keeping the focus on the parent-child relationship. When the family is experiencing so many immediate challenges as they often do.

To give us a sense of the true nature of home visits today we'll going to have a couple of voices from the field read by Claire Seagal. The first is from Joanie Ruiz from New York City, Claire.

Claire Seagal: The home visiting that we do is pretty much the basic. We have no more than 12 families per home visitor and we do once a week home visit, we go to the home. Some of the families live in very cramped areas. Because of the issue of gentrification in New York City and the fact that it is just so hard to find a place to live. It's just that there is no space.

We have had actual families where they have a three-bedroom apartment with a living room and an atrium, there's an entire family inside of it. And so, we'll have three bedrooms, and in each room maybe four or five members of the family living, the living room as well. The only common area is really the kitchen and the bathroom.

So, doing a home visit in that kind of environment is really challenging and very hard. We may have to, sometimes in warmer weather, take families outside. The socialization groups that we do twice a month is really important to some of the families. It is their chance for their children to get together with other kids plan an early childhood environment, have toys. The parents come together, they feel like it's a community, it's something that is really, really important to them.

We had one child who is basically living in such a cramped environment that we had to decide maybe center-base is better for him. And within two months of coming in to our program, he no longer needed early intervention services. His physical delays were due to the environment. And so, those are the types of things that we have to deal with.

Mary: Thank you, Claire. David, after hearing that story, do you have any thoughts or reactions?

David Jones: Sure. My – experiences have taught me that home visitors are like magicians. They respond to challenging environments every day. They are masters of illusion pretending not to see, dealing with distractions and synthesizing so much information to draw upon that one right thing to say or do. That to me is the epitome of flexibility which is what home visiting is about.

The observations and assessment of the child, and how living in a cramped space affected his development is the work. It enables programs that the supported development by referring a family to the right resource and prevention and enhance the school-readiness goals.

Mary: Patricia, this Joanie story brings any familiar thoughts or feelings to you?

Patricia Brady: It just reminds of the – the hot summer days in Boston running into some home visits where, you know, parents are very stressed and were looking at us as – an intrusion in their day. And it reminds me of how important it is not to be – to avoid judgment and to really meet them where they are even if it means perhaps buying a flush with them, enjoying a flush with them. And just sitting and chatting on a park bench, or in one of the sprinkler parks in our city.

And that's how we begin by building relationships really going outside of traditional role begin a magician to use David's words.

Mary: I'm sure with the heat, as it is right now, everybody can relate to that.

Patricia: Indeed.

Mary: When we're thinking about how to work with families with infants and toddlers, especially like those that need reflections, why home visiting? David, how do we know it's the right option for Early Head Start programs?

David: Well, simply a program self-assessment and community needs assessment should inform the decision to provide home visiting, you know, data like your community demographics, high school dropout rates, unemployment, [inaudible] health, child birth data, that kind of thing.

Mary: Okay. So David, you talked about why home visiting might be the best option for programs that you get from the community needs assessment but, can you tell us a little bit more about the purpose or goals of home visiting. And who a home-based option is best for? I know that some programs have parents in home-based while they wait for center-based but are there parents who really need and want only home-based?

David: The purpose is to meet parents and the families where they are and provide culturally responsive, individualized child development services within the home environment. The model reinforces the notion of parents as a child's first and most important teacher. Because the process is conducive to partnership, staff elicit from parents what they know about their child and they help them to find goals.

Home visiting should not be thought of as a secondary option or with patients the center-based care nor should it be an alternative option. It is a viable option for families and communities depending upon the circumstance. Like family child care, home visiting is sensitive to families needs. It is respectful, flexible and convenient for families.

Home visiting and family child care are viable options that have several unique characteristics. For instance, it works within the environment with children and families are most comfortable and familiar to support learning opportunities.

It provides flexibility to offer support and child development services at times that are convenient to families. It engages families whose life circumstances might prevent them from being able to participate in more structured settings. It supports families living in rural communities who may not otherwise be able to receive services.

Some families are interest in center-based. So, it meets that need. Some families really want to spend time with their child and it supports the family's home language.

Mary: David, I know there's research to backup these findings and Early Head Start has done a lot of it on their families and services. Could you talk a little bit about that?

David: Sure. The research tells us that it is important to have a clearly conveyed program purpose. By clearly explaining the program to families some challenges can be avoided. So, the notion of this is evidence-based work and a model fidelity means that families receive and participate in all components of service provisions so that means you have clearly conveyed the program purpose.

There's an emphasis on the needs of the child. What are meaningful outcomes, that's sort of some conversation and explanation about what meaningful outcomes might be. And also, whether or not the outcomes are actually benefiting the child and the family.

Mary: And how do the Head Start Program Performance Standards support and guide this home-based option?

David: Well, the Heat Start Program Performance Standards – there are approximately 46,000 children and families enrolled in home-based and Early Head Start programs. So, our programs implementing the home-based option must meet all of the Head Start Program performance standards.

The home-based program option is defined in HSPPS-45CFR-1306.33. So, the requirements include a weekly 90 minute home visit and a twice monthly socialization. And then there is specific requirements that speak to the home visitor's role. So, the home visitor is really suppose to support and strengthen parents or expecting parents' skills and their abilities to nurture, help the development of children.

Their responsibilities entail: maintaining an average caseload of anywhere from 10 to 12 families, a maximum of 12 families per home visitor. They are to introduce a range and or provide Head Start comprehensive services in collaboration with community partners. And also adhere to guidance in the Head Start Act 645A, which really talks about the standards for training, qualification and the kind of the home visits shall include content that's related to child-focus home visiting that promotes parents' ability to support the child's cognitive, social, emotional and physical development. Effective strength-based parent education, including methods to encourage parents as a child's first teachers, early childhood development with respect to children from birth through age three.

Methods to help parents promote emergent literacy in their children from birth through age three, including use of research based strategies to support the development of literacy and language skills for children who are limited English proficient.

After training with health and developmental services the family receives, and working with providers of these services to eliminate gaps in service by offering annual help, vision, hearing and developmental screening for children from birth to entry into kindergarten, we need it. Of course they must engage in strategies to help families cope with crisis and relationship of health and wellbeing of pregnant women to prenatal and early childhood development.

Mary: Thank you David, that was really helpful. I know that sometimes the Performance Standards, particularly around the home-based option, can be a little confusing. And you made them really clear and specific, and obviously it's really child development based as well as you pointed out. We have a little bit more from Joanie about her experience of families choosing the home-based option. Claire...

Claire: We have families that we've offered center-based too, and basically they said no, they don't want to leave home-based. And we, ourselves, were surprised because we have other families that are just dying to get in.

We have families that we've transferred to center-based that want to go back into home-based. And so, we really try to analyze that and say, "What is going on here?" Well, it seems that more

than just a work, it's really letting them feel like this is something that they want for themselves.

I think that it's just a fact that the relationship coming in to your home, the natural feel of it, the way that they can learn, how to let their home – how to let their home be the learning environment and that they can use things that they bring to the table to help their child. It's like a partnership.

We try to let them know that they're the first teachers and that what they're doing in the home, we're just there to try and enhance it. And so, it makes them feel like they are the teacher as well. It also brings the other families in to get involved. I think that something – that sometimes in center-based can get a little bit lost but when you have, especially in working with migrant communities, whole families in different generations living together, you know, grandma seeing what's going on, dad is seeing what's going on.

And so, the mom is not in her own trying to say, "I have these new ideas. I have this new ways of thinking of how to play with the baby." And the other family members listen to it because, you know, a child is raised, or we think, by a village. So, in the home-based you can reach the whole family, I think, in a really broader way.

Mary: I think any of us, who work with home visiting have experienced what Joanie's work described. I think working with immigrant families is particularly challenging for that reason but it's also particularly rewarding because you do work with the whole family. Thank you, Claire.

David, based on what Joanie was talking about, what's the home visitor's role in engaging and supporting families?

David: Early Head Start and home visiting is grounded in the notion that it is essential that the home visitor partner with the parents in an effort to build relationships based upon mutual respect. When we partner with someone we are placing ourselves on – equal footing. I believe I have to be grounded in the notion that each individual can contribute to the partnership in a meaningful way.

As any partnership, there are places along the continuum where relationship will begin and a place where it will end eventually. And visiting must be able to not only accurately plot the partnership on a continuum at the beginning but have a vision for where the partnership is going. They must also be able to convey this to the parent and compromise along the way.

The end result, hopefully, is a partnership where all contributions are respected. You know, it's important to – to note that sometimes home visitors may need to do more in the beginning unless it's a partnership with parents evolved.

Mary: So David, I know you've talked about potentially increasing the number of home visits at various times and decreasing them with others. Could you explain a little bit more how that would work?

David: Well, – you want to provide staffing parents an opportunity to build trust, which takes time. What you're looking for is a firmly established partnership, what they're discussion and they're sharing knowledge. They are sort of thinking about the plan for the child and for the family. And they're embracing the family's culture, their values and their beliefs. You know, we have to keep in mind where the home visitors are in their experience.

Some of them are beginners, some of them are in the moderate place and then you have a very seasoned home visitors. So, their role will shift depending upon their experiences. For example, if we're talking about a situation where they're working with their family and there is a domestic violence situation.

In most programs this is one of the required trainings for all staff but especially home visitors. They are also instructed or they should be told to never go beyond their comfort zone.

For example, saying to a parent, you know, we really discussed a lot today and in order for me to identify the most appropriate resources I'm going to get back to them and when I go back to the program and I'm going to talk with my colleagues may needed to read up on some additional literature, you know, this may require that the home visitor actually has to go back and visit that family the next day or at least, you know, later in the week with information or a more concrete plan.

And I think this is where flexibility comes in, in a situation like this. In some programs obviously there's sort of a mental help team, also there may be some case conferencing that takes place. The family partnership manager and supervisor may need to be brought in, the entire mental help team could potentially be involved.

Mary: Patricia?

Patricia: The home visitors develop a relationship, first of all, on the view the parent is the expert on their child. The child's behavior and interacts – interactions help to inform the dialog

which hopefully is respectful, responsive and spontaneous that really follows the behavior of the child.

The home visit provides an opportunity to value the relationship between the parent then home visitor. For example, when the child maybe, you know, unusually fuzzy, parent may become anxious about that feeling somewhat judged. It's helpful when the home visitor can validate that for the parents how difficult those days can be. In doing so, the home visit can encourage resilience acknowledging the parent and child strength, recognizing the courage in families and commit to joining with family a respectful and empowering way.

Through the home visits, the home visitor develops relationships to each transition and support the development of positive outcomes to children and families. It's important to know that that initial home visit is simply involved breaking the ice, coming with an activity design to break the ice and serve an important basis for discussion allowing for the completion of that home visit.

Mary: Patricia, could you talk a little bit more about what you mean when you say Head Start staff can encourage resilience. Also, and at least, I think of resilience as being inherent or something you're born with and it's such an important characteristic for all of us to have. But, particularly children and families under stress. So, if you could tell us how to develop that, that would be really great.

Patricia: Sure. In our work with Early Head Start and Head Start families, of course meeting is not necessarily at the home. And typically involves us sponsoring a coffee or a drop-in session so we are not strangers to the family. The drop-ins often involve a social interaction around the worthy activity are times assisting the family and child at the time of crisis.

In one instance, on one of our literacy activities involved a milk and cookies evening where we came and read bed time stories together. And that was our first introduction to many families. In Boston, for example, we have just experienced the trauma related to a terrorist act.

This incident shook all of our families and the staff. We're having the drop-in session for staff and families and a program we recently started rocking in. This crisis has provided an opportunity for us to meet our families and walk with the staff as they reach out to a family where the parents suffered a serious injury in – in the recent event on Patriots day.

We anticipate meeting with the family in the home and visiting the victim in a medical facility, and his or her home. Again, this isn't, you know, kind of outside of the typical wall but it's important in the building of that relationship.

In this respect, we're assisting the staff in supporting the family in overcoming the adversity, which shook our city in such a profound way. Through the outreach and support we forge an alliance. The parent can trust enough to return to life on very, very different terms than they had envisioned and, you know, hope for.

The staff, along with our mental health consultant, serves to scaffold and support the family, the same background on new charted territory. Now, dealing with the family member who [inaudible] difficult questions when the child asks them, you know, these are really difficult times for families and often times, you know, they rent instruction books, they come with parenting.

Through this crisis the staff helps the family realize their strength thereby supporting them on their life journey. This process embodies what it means to be resilient.

Mary: Thank you, Patricia. That's such a meaningful and certainly relevant example. David, what role does the parent play – in increasing the odds of a – successful home visit?

David: The parent's role may change overtime, although it's our goal for the parent to be the teacher during the initial visits while home visitor is investing in a relationship, building this might not necessarily happen. In addition, depending upon the parent's age, the past experiences and understanding of this role. It might take considerable time. So, this is where a skilled home visitor's paced and lead family – families.

During the visit there is an admin flow between the parent and the home visitor in relationship to the child's developmental needs...

Patricia: The more engaged the parent is during the visit the better the outcomes. But, as David said, this is not easy for all the parents that we encounter in Early Head Start and Head Start programs. Do we need to acknowledge even the smallest stuffs in this direction?

Our goal is for the parent to be an active participant and tell us what she or he wants to work on with their baby.

Mary: So, we've talked about the role that the parent and the home visitor bring to the home-based option. Is there really any active role played by the baby in this experience?

Patricia: Oh, as I mentioned earlier, the child's behavior in the interaction help to inform and lead the home visit. The baby is always at the center of the relationship and the focus of the home visit should be on the child. Every parent we know wants the best for their child. And this is shared goal of everyone it really had start.

Mary: Well, I know that we often work with parents who are actively engaged with their children and that's probably that – in the largest majority of cases and they thrive on the idea of being their child's first teacher. But what do you do when the parent announces, as many of us have heard, when somebody – when you go to the door "Teacher's here" when you arrive, and the parent tends to get on the phone or starts to clean while you work with the child or even says they're leaving the house.

So, we're going to have poll now, and we'd like to find out what the – from the participants what you're biggest challenge is to having a successful home visit. And, unfortunately, you can only choose one because I know you probably feel many times like you have all of them. But, choose your biggest challenge and we will take a look at them afterwards.

Kelly, could you bring up the poll?

So, the question is, what is your biggest challenge in having a successful home visit? and its parents distracted by other issues going on in life, family is not available for home visits, parents not engaged with the child during the home visit or the phone and TV interfering during the home visit...

...So, you have... choices there and, as I said, I'm sure we've all experienced all of them during the home visit but you can only vote for one, so please vote now...

Kelly, Can we see those results?... OK. So, let's go back to the poll. I'm sorry, so we have 15 percent of you who would say parents are distracted by other issues going on in life, 11 percent say that family is not available, 15 percent say parents are not engaged, and eight percent say the phone and TV.

Are there any surprises to either you David or Patricia from this poll and why do you think families might not available – be available? And can you offer any suggestions for families to present these challenges? And Kelly, we'll go back to the presentation now.

David: Well, Mary, you know, there are a variety of reasons why families may not be available. But as we spoke about earlier, it really helps when you can begin by being clear about the home visiting program, the expectations, you can hopefully avoid some of these issues. Sometimes

we need to step back and remind families about the expectations, what they signed on for because, you know, they may have an immediate crisis when they first come into the program, they may be referred to the program but not a full understanding of what their signing on for.

Whether your program uses a verbal or a written agreement or something that's referred to as a client contract, parents sign on to do certain things when they enroll. And I think it's really important for home visitors to help them take ownership for that. That's an example for the aspects of their lives where they're going to have to contract and sort of, you know, hold to those agreements. And I think the relationships that home visitors develop with parents, working within the conflicts of their home, sets the stage.

Those relationships are key and we have to have – ensure that home visitors are using them to their advantage...

Mary: What about you Patricia, do you have any thoughts on this?

Patricia: You know, as a home visitor, there's always going to be crisis and challenges in our work with families. And I always say to the social workers who I supervised "try not to take it personal." You know, try not to go in prejudging and – drawing conclusions based on that television or the distractions.

You know, from a professional point of view, you know, the crisis or challenge should be viewed as an opportunity or multiple opportunities for corrective experiences. And it really is the heart of it all goes to building that relationship. Now, as David mentioned, you know, relationships are key factor in managing these challenges.

For some of the suggestions that I would, you know, propose to you is effective ways to mitigate these challenges include just establishing a friendly relationship with parents. A smile goes a long way. Simply saying hello and good bye, general greetings, they show respect in a way that maybe some of our Early Head Start and Head Start families aren't accustomed to. Start by mentioning some of the child's strengths and the parent's strengths.

When you have a concern about his or her child, you know, it's really helpful when you start with what positives you can, you know, can show and speak to. Because, you know, what parent doesn't light up when you talk about what beautiful eyes their child has or look how adept the child is that's cruising about. Or look how nurturing you were when your baby was struggling. You know, parents really enjoy hearing some positive feedback. You know, be authentic, and try to give some examples when you see them.

Try to find the common goal. Think about the well-being of the child, every parent we know wants the best for their child. And that's a shared goal at Head Start. Not to be repetitive but that's a really important, you know, piece to remember in our work. You know, no one comes in to this process without the best dreams and hopes for their children. You know, plan ahead, spend more time thinking about what it is you want to say to a parent, especially when sharing difficult or sensitive information.

So, for example, if you're going to be making a referral to Early Head – during, you know, early intervention for some reason. You know, you want to think about why this could be a positive resource and how the family doesn't need to be threatened by it. Carefully choose the place and time, and manner. Ask parents questions, if you are angry, are you busy, or scared, you know, don't approach them at those times, because, you know, that's when you're not going to be [inaudible].

Another – think about whether another person at Head Start can speak to the parent and, you know, be an – another bridge in the process.

Mary: Excuse me. That's really helpful Patricia, thank you. One of the poll results was parents not being available for home visits and I know staff can get really discouraged about that. What are some of the reasons that parents might not be available, are they just being resistant or what can you tell us about that?

Patricia: Great question. And one of my favorite experiences was – in a city from here in Boston, and I had a few failed attempts and the chuckle was "And you kept coming back." Then I said "I did." And I think it was the coming back that helps bridge that relationship. So, home visits can be really challenging when families do not let you in, when there are cultural barriers.

You know, in one of our programs we encounter the young expectant mother in this particular family we're working with – with a woman identified as depressed and culturally at risk because she was so – excuse me, she was isolated. In this case, we went out of our – outside of our traditional role and worked with the case manager in establishing a relationship with the family.

We walked with her to the department of Transitional Assistance to access support. She was scared, she was homeless, she was worried about how she was going to feed her baby and we walked that – that journey with her. So, in that process, trust was formed and she allowed our mental health consultant and the case manager in. And the required ages and stages questionnaire was completed over time for her other child.

In this case, the crisis provides an opportunity when the new baby was born. The transition to the family-based child care was less traumatic for mother and baby because she trusted the relationship as we valued her passion...

David: So, Mary, I'd like to just add something 'cause Patricia just reminded me of something important that sometimes, their not being available could also be about testing and they could be overwhelmed with something particular that they may not be ready to discuss with you. And also, they could be holding on to something that was said or done in a previous visit that they were offended by.

And this is where the home visitor's skill comes into play because it's important that when you are able to finally meet with that family again, not be afraid to explore with them and bring up the conversation. Is there anything that happened the last time we've met that you were challenged by?

Mary: Yeah, but I'm really glad you brought that up 'cause I think so many times that we don't realize that we're making a mistake or is it – or once we do, I think we feel like, you know, what do we do about it and there's no – one of the things I remember Brenda Joan [inaudible] talking about is that one of the advantages of home visiting is that there's always room for repair. And I think that's one of the good things that – about home visiting is you always go back.

And I also remember a couple of years ago in one of the parent plenary that one of the parents talked about the – well, actually a couple of the parents talked about the – they thought that the home visitors have been trained by the FBI because they were so persistent in following them. And I think that was really a great – analogy to remind people that that's a good thing. It's not a bad thing to be so persistent.

So, what are some other reasons why parents, you know, they may allow you in the house but they may not be ready to be their child's teacher. We think of parents as being the child's first teacher but they may not be ready to do that or to follow through what you just suggested. I know that sometimes the – they let us in the house but then there's the question of – of not being – not really being ready to be the child's first teacher.

The parent may be resisting that role as well and it maybe, you know, there're some reasons for not being ready to be this child's first teacher. What have you found about that?

David: Okay. So, an important point that we learned within the Head Start research is that what keeps the parent engaged in the Early Head Start program is they want to support the child's

development. Head Start programs often serve as anchors for parents as key components of the model support their ongoing commitment and growth.

For example, the research houses said that it is important to focus on building solid relationships. So, at times when parents may not quite understand their role as a primary educator of their child, teachers can be subtle in terms of how they have those conversations with them and move them to a point, then when we talked about the continuum in the very beginning, move into a point where they slowly begin to take on more pieces of – of that role.

I think maintaining a consistent visit schedule is essential so that we – you can help the mom or their dad depending on who the visits are taking place with. Prepare for the visit using anticipatory planning and share with them what their plan is going to be for the next visit so that they'll be ready.

Even just being ready, being on time, being prepared that's part of that sort of seeing themselves in that role. And then, creating that partnership with parents where one week, you know, you may want to lead a specific developmentally appropriate activity for the child. And in the next – at the end of that visit you may say, "Okay. So, mom and dad, what would you like to do for our next visit?"

Patricia: Great points David. And, you know, what comes to mind is something that T. Berry Brazelton always say is, you know, engaging parent is very difficult and challenging because we don't want to fail as professionals in this work. And, you know, parent – parents, you know, sometimes aren't emotionally and mentally and physically available for the home visitor. And it can relate to an underlying depression.

And a lot of the research we have done has shown that depression is a significant factor impacting families in their ability to engage. You know, some important facts to know about depression is, depression is most often seen in people ages 16 to 24. After age 15, girls and women are twice as likely as boys to become depressed. 20 percent of all Americans become depressed in their lifetime, and 24 percent of all adults may experience a moderate depression.

48 percent of eligible Early Head Start and Head Start mothers experience symptoms of depression. You know, and I think it's important to step back and think, imagine what it would be like to be in some of their – these family's shoes. And depression, you know, comes with its own stigma. But often it's important to remember that, you know, we may look the same way if we were in the same situation with the same limited resources.

So, you, as the home visitor, really have – have an opportunity to help reframe an experience for families. You know, 18 percent of Early Head Start fathers show signs of depression and it can be a recurring illness for everyone.

Mary: Depression really is a major cause for parents not being engaged in home visits because we know, from the Early Head Start research that it is a major risk factor, particularly for Early Head Start parents. And obviously your data shows that it's a lot higher than it is for the general population.

But we know that there are also other destructors from keeping the focus on the child during home visits. Can we talk a little bit more about those and some reasons why parents may not be able to keep the focus on the child?

Patricia: Yeah, sure Mary. Those are great questions. If there are many immediate destructors, of course the TV, the telephone, and neighbors drop-in by, you know, those are some of the risks that come up, or for example multiple families living in the home with fear and risk of homelessness, teen parents, substance abuse. You know, all of those can result from their own early experiences, their own attachment experience and, you know, they remind them of their weaknesses.

We often see the multiple generations as a strength and in our work really we – we'll highlight that with the grandparents. So, you know, these reminders are also opportunities as well.

Mary: That's great. Thank you. And how do you address these issues with parents but make sure that you spend time on child development activities?

David: So, Victor Bernstein from the University of Chicago, at the Erikson Institute, talks about pivoting back as a strategy to use with families when there are challenges or crises. And it's somewhat – somewhat of what I was eluding to a little bit earlier.

What he means is that in the midst of these challenges and crises, the home visiting needs to listen respectfully and acknowledge the parent's current problem or concern. And then, attempt to pivot or focus the attention on how this affects the relationship with the child.

So, asking questions to the parents such as, how is, you know, whatever the issue may be related to your child. How does this particular issue impact upon your child? And, have you noticed any changes in their behavior? How does this issue affect or make you feel about your relationship with your child? You know, I concur wholeheartedly with this approach and I frequently encouraged former staff to use this technique.

One, it demonstrates an important capacity, which is to listen intently to parents' concerns. And then secondly, remembering what they say in the moment or in a previous visit, and pivoting back helps parents, who can sometimes be overwhelmed with the challenge or crisis to focus on the child and in some instances regulate their response to the crisis. You know, a simple suggestion can help them begin for planning and strategize how they will move forward, and at the same time shield and/or buffer their child from the stressor...

Patricia: And, you know, when faced with the crowded home situation, you know, as we talked about earlier, and I'm sure we've all encountered many times, it's so important to remain respectful and not to impose our values. There're been many of home visits where we've sat on broken chairs or milk crates. The reality is, is that – if a home is crowded, generations really have come together to care for one another. This is – this is something to be valued.

Distractions can be challenging. So, how do we reconcile this? Here are some strategies. In the first meeting, we do not ask the parent to adjust the TV. But rather, we begin by asking to share expectations. These expectations exercise helps create a foundation and a dialogue. One expectation might be established for future meetings which would be to provide an activity that requires the television to be turned off. Sharing these data and expectations in the first meeting sets a foundation.

Of course, there's no guarantee. But if the television is on for the next visit, perhaps there's an underlying insecurity or control issue, which will need to be attended to. These expectations exercise provides the parent a heads up, and it helps them see what to expect.

Mary: That's a great transition to thinking about what now contributes to a positive social, successful home visit. And we'll going to have another poll to start with that. So, what constitutes a successful home visit? And if you select your best answer...

...we have again four choices. So, what constitutes a successful home visit? The home visitor completes all the required paperwork and submits to a supervisor. The mom, while cooking, listens in and watches carefully while the home visitor interacts with the child. The home visitor guides developmentally appropriate activities and a home visitor explains how the child is prepared for school. OK. Kelly, can you bring up the poll? Oh, I'm sorry, the results?...

...Looks like its pretty evenly – oh, there we go. No, not at all, started out that way. Okay. So, the home visitor guides developmentally appropriate activities and watches the parent-child

interactions. Boy, that's – that's pretty dead – dead on. Okay. Kelly, so – let's – look at the poll and we'll go back to the presentation.

So, the poll shows what the ideal would be, that the home visitors, the guide or the mentor, but what about some of the other responses. What does it look like when the home visitor is the facilitator?

Patricia: You know, in this family connections model, we work to create a partnership between families and – and the home visitor, and ideally the EHS program or Head Start program. So, right from the start, this is – there are shared goals. All staff collaborate with parents towards those goals. We step back, we reevaluate them and we check them.

We know families are active partners, not passive recipients of services. You know, with mutual respect and trust, parents and families, and staff are more likely to work closely together and share responsibility for children's learning in their developments. Sharing their responsibility is particularly important for families facing adversity when Head Start and Early Head Start support systems are needed the most.

You know, each interaction is not simply an opportunity to influence others because whatever others do influences you as well. I always say, "I learned the best lessons from the families that we work with." You know, develop a third ear, where you listen to yourself. This means to develop that capacity to listen to yourself attentively, to reflect and to utilize your supervision, and use your experience of maturity.

You bring a lot to the table because each opportunity of supervision, you know, is a good chance to practice the important skill of active listening. You know, we all bring our own culture and experiences and opinions and biases to the work.

Mary: So, it sounds like the home visitor, not surprisingly, is expected to be a social worker or a child development specialist, the teacher and home interventionist and a parent educator, all while taking care of their own needs. How do you find home visitors who can play all of those roles?

Patricia: Great question. Jack of all trades. In the family connection model, we work across this system, working with parents, staff and children. A wonderful work example of our work involved the tragedy for a family, where a mother of this toddler died due to complications with cancer. You know, this is really the unimaginable for everybody, you know.

Through our work, we were able to provide emotional support to the teachers and provide a space with the answering spoken and unspoken questions the children had. Many children struggled when their parents became ill or when the teacher became ill. "Does this mean you are going to die?" was often a question we would hear. Through reflective supervision and perspective taking, we were able to support the staff so they could support the children in making meaning out of the unimaginable.

We used workshops, offered some family connections including talking about difficult topics, engaging parents, depression, to name a few. We contemplated the realities of this tragedy and engaged with all members of the early education program.

Mary: So, it sounds like reflective supervision played an important role in the success with this family.

Patricia: It did. It meant for us – meant that we were collaborating all the time. We were collaborating – I, as a supervisor, with the – on the ground workers, the program leadership, the staff, the case workers and even of the community members. But what I – I think of reflective supervision, it really means stepping back from the situation. Problem solving and of – of course the supervisor and consultant having a relationship founded on honesty and trust.

Earlier, we talked about how, you know, we sometimes make mistakes. The good thing is we always get a chance to come back. And that's – that's a valuable, valuable lesson. And supervision provides a reminder of that, because we can expect that we don't always have the answers in the moment. But we get to come back to it and say, "Gee! I was reflecting on what happened."

That sends a message to the families that they're important, that we think about them, not just in the time that we're there visiting. Supervision needs to be regular and predictable so that the supervisee develops thoughtful questions and formulates various hypotheses and outcomes which are realistic, and provide options.

Collaboration with other members of the team so that responsibility is shared and expectations are established. You know, implicit in collaboration involves active listening, listening to one another to produce stimulating conversation, whether it's not a right or wrong answer, and I often say it, "Judgment free zone." You know, concurrently we'll work – we work with the children through story telling and reading.

Similarly, reflection of the children [inaudible] by the developmental function is in – enhances their ability to process what is occurring. You know, we'll create art activities to help remember the mother who passed. And this – you know, creation served as a wonderful keepsakes to the surviving child. It took the form of a life book, some photographs and some, you know, famous pictures that the child had created.

You know, in this situation the home visit was extremely important to building relationship with the father who was devastated over the loss of his girlfriend and the mother of his children. You know, in this family, we conducted home visits with the father and extended family, you know, a little bit more frequent than we might have. But we were willing to do that. We shared with him the cards and letters children had created for their friend.

This bridge allowed this dad to trust our home visitor and the case manager, and teacher enough to allow his child to return to the program. You know, we work outside of our traditional role. We were able to demonstrate what it means to support a family though an enormous crisis, but we use it as an opportunity to develop an important relationship.

This work was incredibly taxing for the staff on an emotional level, underscoring the importance of reflective supervision. In our work, we are meeting the parents where they are. This father, you know, being devastated, was able to support his daughter in returning to the program in spite of their loss. The home visits met him where he was and continued to provide a lifeline as we collaborated with many other community organizations to support this family in their time of need.

All of our work is principled on being non-judgmental, supportive and promoting mental wellness of all members of the family, staff and, of course, the children. In our work, we strive to develop relationships with a strength-based model, thereby avoiding protective service involvement or supporting the family with scaffolded – scaffolding provided by our consultants on the grounds.

David: You know, home visitors, programs implementing this model, at least in my mind, are optimist. They embrace challenges and view crisis as opportunities. It is often when they do their best work. You know, I'm frequently amazed at how, as I stated earlier, they developed a capacity with time and training and wonderful reflective supervision to draw from their collective experiences and knowledge and do what is necessary in the moment.

Sometimes in conversations with them later on, they had no idea why or how they did what they did. You know, as you bring this discussion to a close, I think it goes back to having

program and individual goals and objectives for the home visit shared philosophical approach, specific goals for the child and for the family.

There has to be a mutually agreed upon purpose that is supported by critical components of the model. Components that are based upon sound evidence and respectful relationships with parents...

Mary: So, it sounds like the message is, among other things, that it's important for home – visitors to know they're not alone. They can use their peers, reflective supervisions, the structure of the Performance Standards and their supervision – supervisors and other managers to support them and helping to keep the focus on the infants and toddlers despite the stressors and needs of the family.

They can, and should, use community resources. And the research shows that this is what families want. They want the home visits to provide child development support to them. And that's something that's really important to keep in mind because I think we get so wrapped up many times in the family's issues that we do forget that the parents really do want us there for the children and do want the child development support.

And that's what clearly the research shows that the – the most successful home visits are those and the home visiting experience is – they're those that focus on the child.

So, we thank so much David Jones, the Home Visiting Specialist, from the Office of Head Start and Patricia Brady, the Mental Health Consultant Supervisor, from the Family Connections Program, at Children's Hospital in Boston.

And we have some questions and answers now. So, I would like to – get to those if we can... The first one I think is for David particularly. If you're allowing flexibility in home visit frequency, what effect does this have in meeting the Head Start Performance Standard of weekly nine-minute home visits?

David: We could do nine-minute home visits. Well, I mean clearly, it's important that you have to meet the standards. If you're Early Head Start program, you're a year round program, so that means you should try, as best you can, to conduct the minimum of 48 visits per year.

The flexibility comes into play where, let's say, if you had a mom, if you are serving pregnant mothers and she was enrolled and then she delivered the baby and you wanted to begin immediately, you know, serving her through the home-based option, specifically for the new

born, you have to sort of work with that parent to make sure that she's ready that her house is, you know, set up.

She is – she is going to be inundated with family members who may want to come over and provide support, in-laws, you know, give her some time to attach and bond with the baby. So, that type of flexibility is a negotiation. It's where you again draw from the relationship that you've developed with this parent.

And as long as it's well-documented, I think you – you know, you're well within, I think, the partnership and the collaborative effort, and to support that parents wishes and needs. But as you know, as quickly as you possibly can, you want to move to sort of a regular schedule of home visits that meet with the standards.

Mary: Great. Thank you. And this one is related. Are drop-in sessions considered or counted as a home visit or socialization.

David: My response would be no. A home visit is a home visit. Socializations are experiences that are created for a group of parents and children that come in and it's usually focused on, you know, specific topics that are related to parenting and child development.

Drop-in sessions are what they are. You can take advantage of those opportunities to strengthen the relationship with the family to address any challenges that they may have, let's say, this is a parent who has been missing home visits, as we discussed during the webinar, this may be an opportunity to have that conversation about where the "disconnect" occurred or they may explain to you that "Well, I haven't been able to participate in home visit because I was – with – in the shelter system, or something of that nature.

You can sort of definitely connect it to your work with the family and seek out additional ways where you can provide support and resources but it does not take the place of a home visit nor does it take the place of a socialization.

Mary: Thank you. Patricia, would you like to comment on that, since you – you've talked about drop-in sessions. How do you manage that in your Early Head Start program?

Patricia: Well, you know the drop-in sessions are really to – to take the – the fears away, to let people see who we are as consultants. To give, you know, faces to families – they could really be uncomfortable with the authority that they believe the programs and the staff have. And, you know, that can be really threatening.

So, I see the drop-in – is just an extra step in establishing and building the relationship so that you can then have an effective home visit because it does indeed become frustrating when you do multiple home visits and feel like you failed. You lose – time, you lose energy and you lose the focus. So, the drop-ins, I think are a great opportunity to break the ice, so to speak.

Mary: So, you use that as sort of an entree to the home visits.

Patricia: We do.

Mary: Great.

Patricia: Yes.

Mary: Okay. Thank you. This is probably for both of you. In the opinion of the presenter, what is the best type of training ground or method of professional development for creating a positive person, a fabulous, sensitive and gifted home visitor?

Patricia: Great question. Well, you know, we talked a little bit about this, I think, when we were through preparing for these sessions. We really look for someone with a very strong family systems, background, and we work to provide the kind of basic overview of child development. And then we bridge it with – expanded training through touch points, and we really look at the principles and assumptions of guides in everything we do.

But I think your– you know, as a foundation of it all is real strong family system's understanding.

David: I would add – in addition to what Patricia just shared, which I concurred with a hundred percent, – that home visitors of this magnitude – it's developed overtime. It begins with supportive training, reflective supervision, mentoring, coaching.

I think a strategy that I particularly used when I was a director of a program, and I think is really useful, is that you have to kind of dare your staff and challenge them to go beyond the comfort zone to really consciously talk them about growing and envisioning themselves doing more and what they're currently doing and allow people the room to grow.

I think that's what really important and, I think when you do that, they embrace the work. They're willing to – they're willing to take risk and they actually become comfortable with

making mistakes because they know that they have a supportive team around them that's going to help them move beyond that.

Patricia: And just to add to that a little bit, one of the things that I often say to – to prospective home visitors and [inaudible] supervisors is expect to make mistakes. I think that when we put that out there, for the social workers, that we expect that – that there's going to be struggles we may take a little bit of the pressure off.

Mary: That's great because I think that is a lot of – a lot of stress on a home visitor trying to be perfect all the time and always say the right thing and think the right thing, and respond appropriately to the child and respond appropriately to the parent, and it's just not possible all the time.

So, I think that accepting that they're human is – is a really important – and being able to reflect on that when they get back what – wherever they're working and reflect on it with other staff as well as supervise – and supervisory staff is great.

Please share some recommendations for engaging families and socializations that are held in a centralized area. We live in an extremely rural community some families are 45 minutes away. And they don't have transportation or have other children they can't find care for.

David: Wow. That's a great question, and I know it's something that many of our programs [inaudible] with. I think first and foremost, socializations again, when you're explaining your program option, socializations are one of the requirements for programs enrolled in, in a home-based option. And I think, when you're talking about the type of logistical challenges that's connected to this question, you have to be creative.

You have to think, you know, outside of the box, if it's feasible enough to cluster families together and a community center is somewhere you can sort of take the socialization to a small group of families and meet the need in that way.

I just think that, you know, it's – this is so community specific and so individual. I think that it just requires some thought with respect to how you would meet that need but I think it's important also to do whatever you can to ensure that those socializations are occurring on the schedule of frequency in a flexible time, so that parents – you increase the likelihood that parents can attend...

Mary: Any thoughts, Patricia?

Patricia: You know, as I was thinking, one of the outreaches that we have done has been kind of to meet in a park with it, you know, we go to them but it – it is difficult in the rural areas if there isn't a park closely – approximated to the families. And we'll often be creative and call them brown bag lunches.

There have been occasions when we have supplied food as an incentive to get people there but it really is – it can be challenging but it really requires people to go way outside of their traditional role.

David: Also, another thing I like to add that I probably should have mentioned is, I think this is one of the reasons we established community collaborations because sometimes they are beings that we can't necessarily address within the context of our program and I think partnering with churches, community centers, recreational centers, places like that may afford you an opportunity to have those mini socializations or smaller socializations that are not necessarily within the walls of your program.

One would not believe that in New York City, you would have an issue like this because of the transportation and accessibility of transportation but there were some housing developments where, you know, people that live in one housing development weren't welcome in another housing development that they have to pass through to get to our program.

And so, we would have smaller socializations in the community center and the housing development where a few of the – parents lived so that they could come in at that socialization experience, their children would be able to interact with other children, parents would be able to share concerns and talk about other things with other parents and learn from each other. So, I think that's part of the creativity in thinking outside of the box.

Patricia: David, that's a great point and it reminds me that in the preparation for home visiting and how we engage families. What we have done is we have collateral provider meetings that are community-based so that we're always communicating with one another and not seeing the other – one program as, you know, sighting for tourists.

This is really about our effort to engage families that are all of our families. So, we – we sit down and meet as a community – on a community basis and plan strategically our activities and invite one another to share them.

For example, we – we just did a scavenger hunt in the community. And, you know, it brought out people from all parts of the city. Certainly that may not apply to the rural community but it – the discussion is really about collaboration and doing it in a very playful way...

Mary: Great. Thank you, Patricia – And also, I guess, I have another follow up for you from the previous question. Can Patricia say more about what it means to have a family systems background and why it's important?

Patricia: Well, the reason I think it's important is with family systems training you have a deeper appreciation for the multi-generations that are living there and how they all interface with one another based upon their prior histories.

In addition, how those families have worked historically with other agencies and community organizations. You want to know – you want to understand the value that those early experiences have because it provides you some guide as to what you might need to overcome. For example, if another family member had an unpleasant experience with Early Head Start 10 years prior, that early experience may impact this new team parent and how they approach the work.

Or somebody else may have had, you know, difficult experience with the protective service agency. And the fear is that, if you let anybody in to do a home visit, you know, bad things will happen. Understanding those dynamics, you know, or the heart of family systems work and being able to bridge those challenges are really critical.

And, you know, what we find is having that knowledge ahead of time, whenever possible, helps you be prepared for the barriers you could have presented with – has presented to you when you arrive.

David: Also, I think – many Head Start programs sort of engaged in sort of cross disciplinarian and multidisciplinary training for staff, you know, just to get back on a topic this noon dear to my heart, working with families and fathers play a pivotal role in terms of the decisions that are made in the services of families engage and participate in.

And sometimes just because a father may never show up to your program, it doesn't mean that he is not sort of advising and having conversations with the mom about the services that she is participating in.

So, understanding sort of mental health, social service, health education afford us an opportunity to look at the total dynamics that families are engaged in. Just like we look at the

whole child, we have to look at the whole family, the entire family within the context of the community where they live in.

You know, some things like sociology and psychology kind of gives us an appreciation for a culture and the various cultural values and beliefs that impact the point how families move through the community and within their homes. So, I think having that social service background and understanding them that is essential.

Mary: Well, somebody says they agree with family dynamics being the core of a great home visitor but wonder if OHS is moving towards the early childhood degrees as being a requirement.

David: I'm not quite sure I follow what they mean by that question. I mean, I think that parent, family and community engagement really means understanding all of those systems that families move through.

And so, I think education is going to give you a foundation that's going to look specifically at, you know, child development, ages and stages of development and those type of things where if you're looking – if you're, you know, being schooled in sociology and psychology and mental healthy, it's going to give you a broader perspective in terms of working with families.

So, I think, we're still focused on looking at the entire family and the whole child.

Mary: And this is a little bit similar follow up. Do you think it works to have people filling the job of classroom staff as well as doing a portion of the home visiting case load?

David: Again, you know, not to draw from too much of my own personal experiences, but I think there are things that can be learned from that.

We – when I was a director of an Early Head Start program, it took about five years while – center-based program to be implemented and we had teachers who were educators. Who were trained to work in classroom settings conducting home visits and initially they struggled with that because some situations are not necessary conducive to do those individual child development activities.

But with support and training, and we've got the supervision, they've got to a place where they were really competent at being able to do that. When they finally transition back into the center-based option and began servicing families in the way that they had initially been trained, the first thing that they recognize that they miss was an opportunity to have those long

conversations with parents to really engage on what was going on, not just about the child's development in education but about the whole family.

So, I think it definitely makes sense to have classroom staff focusing on, you know, what happens developmentally with children within the center-based setting, but also to conduct home visits. I know, personally, that children are very different in their natural environment than they are in the center. And you learn things about how a child interacts with their siblings, their parents, just as well as you learn how to interact with other children in the center.

Mary: Great. Thank you. Patricia, this one probably would be good for you. How do you support the parent whose child is ill or who passes away? That sounds like you've had a lot of experience with this. How do we keep the focus on the relationship between the parent, child and home visitor and not focused on the illness or loss?

Patricia: Well, I think it begins with validating how hard that is. And with – ideally having – the ability – to prepare for it and prepare with them, so that you not just coming in the moment of the crisis, and usually in the – you know, Early Head Start/Head Start model, we should have some preparations for those kind of tragedies.

You know, in the case with the mom whom we lost in the program that was a situation where we – we were aware of her illness, and had started to talk about illness and depression using literacy. And we find that the literacy work was very helpful for everyone.

Certainly there were child – children's books that we were reading but in that process it was calming and it was soothing. So, that was kind of a hands-on activity that we did and we repeated several times.

Unfortunately, this mom's health turned very, very quickly when it came to – to an end. And that was traumatic for everyone because we all – that everyone was dealing with what we – we didn't get to this, but we still did everything we planned for in terms of make – we created a memory book.

And I used my training in working with life books to help memorialize the family member who we lost. But – and to send messages and to make it really a story. So, it followed the work that we started through the literacy and then we created their own story. In addition, we bridged with other community agencies where they – they did outreach around death and dying in families. And that was also helpful.

It was sort of more difficult for the family to access. But nonetheless, we used their expertise to augment what we were doing.

Mary: Right. Thank you so much... David or Patricia, do you recommend home visitors to visit moms at the hospital?

Patricia: When possible, yes. Yeah. Whenever possible, yeah.

David: I would say, you know, in terms of planning, you know, [Inaudible] and haven't happened, you know...Yeah, I would just say again using the relationship basing on respecting parent's wishes if that's what they would like for the parent's to do, I mean for the staff member to do, then I think it would be okay.

Mary: Thank you.

Patricia: Yeah, I would agree with that. When possible we would – we would always like to meet the parents because their still the child's parents. And oftentimes they just need someone to help them create a message, if you will, for their child...

Mary: Okay. Now, we're going to get back to a little more practical kinds of things. Many programs are unionizing and have limits on the hours that staff will be available to work, such as not after 4:00p.m. and or allowing flexibility in schedules to meet family's needs. How can programs have successful home-based programs that meet the Head Start Performance Standards and families' needs without having flexible staff hours?

David: Well, I think for me, a piece of the answer is in that question, is – it's really almost impossible to be responsive to families if you can't have those flexible hours. I think – the fact that, you know, programs or organizations, or agencies are unionizing, it adds another level of complexity to the way in which you are providing services.

For me, it would mean going back to the drawing board looking at shifts and dynamics that are within the community. The community needs assessment and really see whether or not this is now still the most appropriate or best option for us to be providing service [inaudible].

If we can't adequately or appropriately meet the needs of families because of the union then I think we need to rethink how we are providing those services.

Patricia: The only thing that I would say, from a practical standpoint that we did because we ran into this... They did not want to have to pay overtime for – for staff to attend, say professional development. So we ran, you know, the programming, the training on conducting an effective home visit, twice. And it meant juggling staff coverage... But we did it. We made it work.

We – we just rotated teacher coverage per – per center, per – per home, so that everyone was given the very same training...

Mary: Thank you, that's just nice, to have at least an example of – of somebody who's done it and managed it. So, there're so many challenges in – in all of this. It's great to hear from both of you.

So, a couple of other practical issues. Could do home visits completed by a home-based supervisor, to provide additional parenting training, count as part of the 48 minimum home visits?

David: – Wow... Prior to additional parenting training and have that count as part of the 48 minimum visits... A parent training is not a home visit. So, again I – I recognize – I think we recognized that it's challenging to try to get in 48 home visits, parents, families situations come up.

They cancel visits and technically if you are visiting every week you would have 52 visits. And we know programs close for a couple of weeks during the years. That sort of comes into play. So, we're allotting for the fact that some families have been – missed visits.

The thing is that Early Head Start home visiting is an evidence-based model. You know, we provide comprehensive services for families, and in order for a family to really get the full benefit of the service, they have to participate in all of the home visits and a socialization experiences, as well as whatever parent training that we deem appropriate, or comes with a policy council as training at the parents who like to engage in.

So, I think again it's just – we know that programs are over burned and we get it. There's a lot that you're ask to do. But it's really, really important that you, you know, look at the standards and do your best to meet them...

Mary: What do you do in the home-based option when the parent is consistently not available for home visits? Can you remove them from the program at any point?

David: So, again, if a parent, family inconsistent or consistently not available for home visiting – My first thought would be to find a way to obviously have a sit down meeting with that family. And really begin to assess whether or not home visiting is still the best and most appropriate option for that family to be in. If they're missing a visit, if they're no longer available, there's a reason why. And until you get to the bottom of why that is, think you're going to be fishing.

So, it's really important that, you know, I have seen some situations where families situation change, where they really needed to go to work – or to work or something came up and had to go to a particular training and they just could not do home visiting anymore.

The program also had center-based care and they were able to actually negotiate, you know, enrolling the child into a center-based option. We've seen families in center-based moved into home-based when center-based no longer work.

So, I think again, it's really getting some understanding of what the issue is. And then if the family really just no longer feel that home visiting isn't meeting their needs that's acceptable. You cannot, sort of, just put a family out of the program because they're not meeting that requirement unless you sit down with them and have some real, serious conversations about what the problem is and really document all your efforts that you went through to support that family through that situation...

Mary: Okay, we have just a couple – time for just a couple more. We will have questions archived if they – we cannot get to them during the session. So, don't feel like you have missed out if you didn't get your question answered during this time.

Can you explain if there are home-based programs to have home visitors serving birth to five? How does that look, and how are those visitors trained?

[Inaudible]

David: Wow. OK, that's a really tough question. Explain if there are... I know that there was – a funding announcement that went out recently for programs to serve the – the zero to 5 continuum and I think this is fairly new. And I know – so, there are different requirements if we talk about home-based for zero to 3 and 3 to 5.

So, again, it would look different across programs that are doing this. But if you are servicing families that have children from birth to 3, you have to meet the Early Head Start home-based requirements, and if you are serving the families – from 3 to 5, then you have to meet the

Head Start home visiting Performance Standards.

Mary: Okay. We have one last question that I think is a great one to end on. Can you give some tips for home visitors that are certainly appropriate, during home visits over the summer with schedule changes and many siblings present at the visit?

Patricia: I think being creative is always helpful for example being willing to sit outside while the children may be in a waiting pool and engage in a home visit outside. Bring – an activity where the children can – make their own sand and if you know that the other siblings are there it can't hurt to bring an activity, one for each of them.

Those have been really effective ways that we have kind of bridged the difference when we have inclement weather or when this is helpful quite frankly. But it's always important to prepare ahead of time and always ask who might be visiting, it could be step-children there for the week or – so know – know your audience before you arrive and – and, you know, using – activities to bridge the time has always been effective for us.

David: And I would add, to what Patricia just shared sort of scaffolding a point a little bit, planning and preparation, and conversation. To me, I think it's incumbent, again, to revisit the recruitment discussion, the contracting discussion that spells out exactly what the model is and how services are supposed to be provided. I think parents do a phenomenal job at managing, you know, multiple children.

And this is an opportunity to revisit that discussion to plan that, you know, when we're conducting these home visits, we're really here for Johnny's development and we'd really need to focus this time on what's happening with him and the parents shall [inaudible] and then the family goals.

But you could bring some age appropriate materials, you know, so that the older siblings can participate in some activities of their own. But engage that parent in some conversations so that she could sort of do some anticipatory planning, have those – materials ready and available so that when you're there, it could be a moment where everybody's together and they're having some dialogue.

But then you really need to sit and focus on the identified child [inaudible] any option.

Mary: Okay. I think that – as I said, that's an appropriate place to end. And if we have not gotten to all of your questions we will have them archived with the session. And again, I thank

David and Patricia so much for joining us today. I think it's been a really rich conversation. And I also want to remind participants of our wonderful parent plenary tomorrow at 2:00 p.m. eastern daylight time.

So, please be sure to join us. I'm sure that you will enjoy listening to the parents and also learn a great deal from that experience we've all been – had that – be one of the highlights of our Birth to Three. And thank you so much all of you who have joined us during this – the last couple of weeks in our virtual Birth to Three and hopefully you will join us tomorrow at 2:00 p.m. eastern daylight time. Thanks so much.

Operator: This does conclude today's conference. We thank you for your participation.

Mary: Thanks so much.