

## **Partnering with Parents to Create Physically and Emotionally Safe Learning Environments: Home Visiting Webinar Series**

Angela Fisher-Solomon: Good afternoon. I'm Angela Fisher-Solomon, and I'm a Training and Technical Assistant specialist for the home visiting work here at the National Center on Early Childhood Development, Teaching, and Learning.

Welcome to the Home Visiting Webinar series, Partnering with Parents to Create Physically and Emotionally Safe Learning Environments. We're really excited that you've chosen to join us to discuss this important topic, and I want to thank those of you who joined us early and began putting your contact – your information in the chat box to let us know where you're calling in from and what your current role is.

We are super excited to have you. And I'm really honored to introduce our presenter this afternoon, Nancy Topping-Tailby, the project director from the National Center on Health and Wellness.

We are – I just want to go over this afternoon before I turn it over to Nancy to review a few housekeeping items with you about the platform that you will see on your screen. You will see multiple applications, that are actually located at the bottom of your screen, and we will be using some of the features of the web – of – on this platform to help us interact. So, each of the widgets are resizable and moveable for a customized experience, so feel free to move them around to get the most out of your desktop space. Simply click on the widget, move it by dragging and dropping, and resize using the arrows at the top corner. If you have any questions during the webcast, you can submit them through the purple Q&A widget. We will try to answer these during the webcast, but please know we – we do capture all questions.

If you have any technical questions, please enter them in the Q&A, as well because we do have technical support on this call. A copy of today's slide deck and additional resources are available in the resources list which is in the green widget. We encourage you to download any resources or links that you may find useful. Throughout this session, we will be using the blue group chat widget to engage with each other. You can also find additional answers to some common technical issues located in the yellow help widget at the bottom of your screen. Finally, if you have trouble trying to refresh your browser, just simply press F5 and be sure to log off of your VPN and exit out of other browsers. We've found that that's helpful in correcting minor technical issues. But now, I'd like to take this opportunity and turn it over to Nancy who is going to take us deeper into our presentation this afternoon.

Nancy?

Nancy Topping-Tailby: Thank you so much, Angela, and hello, everybody. I'm thrilled to be here with you this afternoon. A little bit about myself. I lead the team for the National Center on Early Childhood Health and Wellness that focuses on safety and injury prevention, but by training, I'm a mental health clinician who has worked with young children and families for over 40 years, and was a mental health consultant in a Head Start and Early Head Start program then I actually became the director for in southeastern Massachusetts that had an Early Head Start home-based program. So, I've done lots of home visits.

I've done home visits myself as a clinician, and I've worked with some of the Maternal and Infant Early Childhood Home Visiting Program, or MIECHV Program, so I am passionate about the work that you do as home visitors, and I hope that the information that I share today will be helpful to your work. So, I have a lot to share, but we hope – I'm planning I'll be able to stop and have time for questions. So, here's what we're going to cover. We're going to talk first about what are the most frequent causes of childhood injuries, and there are six of them that I will highlight. I'm going to talk about some

conversation starters that you can use to engage families in discussions about injury prevention and keeping their children safe.

I'm going to give you an opportunity to look at just a few checklists, but checklists are a great way to help families find and remove potential hazards from their home. We're going to talk about some resources that you can use to support physically- and emotionally-safe environments. And then, really, we're not going to do anything but present a tease, just to highlight mindfulness as a strategy to promote adult and child wellbeing that I think, my understanding is you'll have an opportunity with others to talk about in more detail in a later webinar.

So, starting with this wonderful picture. You know, we know that children learn best when they are emotionally and physically safe, and that means that the adults in their environment need to keep them safe and teach them about the importance of safe and healthy behaviors and routines. So, at our center, we want to help you in your role as home visitors teach families, and this is the concept that we think about – how to maximize learning by reducing risk.

So, what I mean by that is that we want families to be able to identify what the types of objects and situations are unsafe for their children, and then make the environment safer by removing hazards before an injury occurs. But that doesn't mean that we prevent children from exploring developmentally appropriate challenges because children, as we know, need to experience a wide range of learning opportunities to help them develop safely in all domains. And so, this type of learning happens best in the context of nurturing responsible relationships with adults who can teach children how to explore and experiment safely.

So, there are two important facts to know to keeping young children safe, and as you become a safety champion, keep these in mind. One is that – and this won't come as a surprise to any of you, I'm sure – young children are very vulnerable to injury and, not surprisingly, because that's where they spend most of their time. Right? Most children are actually injured in their homes. So as a home visitor that means that you play a key role in injury prevention with the children and families that you work with. So, I always like to start with data so we know what we're talking about. So, let's look at some of the data. So, here, you can see is the rate of non – unintentional injuries. So, you know, these injuries didn't happen because someone was intentionally trying to hurt somebody. So, unintentional injuries are all children between the ages of birth and 19 years old.

So, tell me what you notice about this. If you could use the group chat, I think, tell me what you notice about this chart in terms of looking at it and seeing who is most vulnerable to injury. So, Angela, I'm not seeing anything in the group chat. Is that because I'm not seeing anything, or is that because people are not writing? There might be a lag.

Angela: Nancy, I'm – I'm also monitoring the group chat as well, and I don't see a response yet.

Nancy: Oh, okay. So just – Just a heads – I'll keep going then. Thank you for clarifying that, but just as a heads up –

Angela: Oh, Nance – And I actually – and Yes. Now you can see – Yes. Now people are responding. I think it just took them a few minutes.

Nancy: So, I think – That's good for me to know. I'm new to this platform. So, I see lots of people are commenting, and people are saying that the data is really interesting, so I'm going to thank you and keep going. So, yes, look at that! So, kids who are birth to four, who are the age group of the children that we work with, other than the, you know, really older adolescents who often engage in a lot of risk-taking behavior, have more injuries than any other age group. So, I think that that's a very important piece, a data factoid, to keep in mind.

So, now that we've established that the kids that we work with are getting hurt so often, what do you think makes young children be more vulnerable to injuries than older children? Why is this age group at risk? What do you think, guys? I'll give you a moment, because now I learned that there's a little bit of a time lag. Neglect? Parent neglect? Thank you, Guadelupe. Lack of coordination. Accidental injury. Lack of supervision, absolutely. So curious. They sure are curious. They like to explore. And we want them to explore. They don't know danger. That's right. They're still learning. Right? These are all great answers, and there's no one answer, you know? There's lots of different answers, so I would agree. You know, they're naturally curious, they don't know hazards just by looking at them, they're still developing their ability to judge what's safe to do, and that's where the role of adult caregivers comes in is to teach them what's safe. They need more time to learn safety rules, and I'll tell you a really interesting fact later on about children and safety rules.

And, even if a parent or caregiver has taught them safety rules, they may not remember them because they're young kids, and if they do remember them, they may decide that they're not going to follow them. What a surprise, right? So, what do you think are the most common causes of unintentional childhood injuries during the first five years?

So, you think about infants up to the time that kids go off to Kindergarten. How are they most likely to be injured? Yes. Not getting down on a child's level. That's a great strategy for childproofing is to get down on a child's level and, you know, see what – what is at their eye view versus ours. Falls. Yes, falls! Oh, you guys are great. Suffocation, absolutely. Lots of comments about falls. Choking. Stairs, yep. Drops, yep. Yep. This is great.

So, let me show you – And yes. So, we will talk about the role of supervision. I saw poisoning and cuts. So, let's look. So, there's six common causes of fatal – you know, so, these are injuries that actually result in a child dying – and then nonfatal injuries to young children. Number one is falls. Oh, I see folks are putting in berries and grapes. We're going to talk about safe foods. So, falls is number one. For adults, too, I might point out. Drowning. Fires and burns. Poisoning. So, you guys were – really got them all, I think. Suffocation. And then motor-vehicle crashes. So, those are really the big ones.

So, we're going to just talk about them very briefly in the interest of time, just, you know, to – to give you some ideas about each of these childhood injuries, and then lots of resources that you can share with families and use yourself to learn more. So, this is really a high-level overview. Okay? So, starting with falls, almost half of all injuries to young children – 44 percent, according to the Centers for Disease Control and Prevention – happen because of falls. And so, some of the research has done – has looked at how do children fall, or where do they fall from by age group. And so, for really young kids that you are working with, young children primarily fall off of beds, sofas, tables, and chairs. So, that's why as a home visitor, you can talk with families about the importance of, first of all, you know, don't change a child on a high surface. But always keeping a hand if a child is on a higher surface, whenever they're on a raise surface, such as a changing table, bed, or a sofa, so they don't fall off.

And also being mindful of trip hazards for children and adults that can cause us to fall. So, again, you know, I made the point earlier that we don't want to unnecessarily restrict opportunities for children to explore and learn, so I want to be really clear that the goal is not we're going to prevent, ever, 100 percent of all injuries. The goal in injury prevention is that we want to reduce the likelihood or the risk of injury by, number one, ensuring that environments are safe, and number two, that adults are actively supervising, because as you all know, you know, you can have a safe environment, and sometimes things just happen, and so it's the – it highlights the importance of adults who actively supervise.

So, I also wanted to share with you briefly that they're doing more research about mild concussions that can occur when children get what might seem like a simple bump or blow to the head. These mild

concussions are also called mild traumatic brain injuries, or TBIs. And concussions are higher among children ages 1 to 4 than at any other age group. And they're almost twice as high – the number is almost twice as high as the rate for teenagers and young adults who are 15 to 24.

So, that just, you know, it's a reminder, and then, this data confirms emergency department visits by age group. So, this is the reminder about how vulnerable young children are to falls. So, drowning is the primary cause of death when a young child is injured unintentionally. And children ages 1 to 4 have the highest drowning rate, which I think is quite sad. In 2014, among children who were ages 1 to 4, one-third of the – of children who had an unintentional injury and died, died because they drowned. Children can drown in only a few seconds and in as little as two inches of water in bath tubs, swimming pools, even they – you know, they can fall into a toilet or even a bucket because – and their heads are so big, they're kind of top heavy, and they can't right themselves. And what the research shows is that infants, generally, when they do drown, they drown in a bathtub, while toddlers are more likely to drown in a swimming pool. So, what – what we want to teach families is that it's never, ever safe to leave an infant or young child alone in the water for any reason, even for a few seconds.

And so, adults should always use touch supervision, which is why I love this picture. I mean, you can see that, you know, the caregiver has a hand on that child's arm whenever a child is in or near any body of water, the importance of staying within arm's reach.

So, young children actually are more likely, if they have a burn, to get an injury from a scalding than from a hot liquid than an older child who's more likely to be burned by an open flame and direct contact with fire. So, that's why we talk at our center about the fact that it's never safe to hold a baby or a small child while you're cooking, or you're carrying your hot coffee, or any other hot foods or liquids. And simple safety tip is, like, testing the temperature of the body of the bath water, making sure the children don't play in the kitchen unsupervised, making sure that pots and pans – the handles of pots and pans are turned towards the back of the stove so that they're not within reach, for a young child to reach up and grab them. Keeping cords to appliances out of reach all help to protect children from burns.

So, here's a picture of...candy! But if we go back, this is a picture of laundry detergent. So, the folks in the injury-prevention world were not happy when somebody got a great idea to market laundry – soap pods, you know, for detergent that look so much like candy. According to Caring for Our Children, the top four items that most commonly result in a poison exposure to young children are our cosmetics, our personal care products. And then the ones that probably won't surprise you are cleaning substances and medications. Caring for Our Children, which I hope you all know, has a nice chart to help families identify plants, both indoor and outdoor plants, that are poisonous, and we like to encourage families to post the number for Poison Control in their home, and then also store it on their mobile devices.

So, as you all know, young children want to put everything in their mouths, and so two things that I wanted to call to your attention that are ingestion hazards are, one, high-powered magnets, which is the picture on the left, because the Consumer Product Safety Commission is letting us know that a lot of children are swallowing these magnets that result in serious injuries. And then the picture on the right is lithium batteries that are really dangerous. If a young child puts them in their nose, or their ear, and if they swallow them, they can cause really terrible burns – tissue burns that can actually be fatal if swallowed. So, I don't know if you use – when you work with families, if you use any of these small-object choking tester, or I call them choke tubes.

So, you know, we have lots of conversations with parents about small parts that are unsafe for children under the age of 3 because it's commonly marked on toys. But, you know, what if it's a small part? So, you can actually buy these choke tubes from a variety of vendors. I looked up a couple before I joined you today and found one that sold a set of three for about \$6. So, anything that fits in the tube is too –

which is, you know, approximate to the size of a child's trachea – is too – is not safe for a child to use if it fits in the tube.

So, if you don't use them in your program, I would encourage you to talk with folks about buying them because they're not very expensive. So, some of you talked about suffocation when we were talking about one of the common issues, and as I'm sure you're aware, infants are most likely to suffocate when they're sleeping, and Sudden Infant Death Syndrome, or SIDS, is the leading cause of death among babies between one month and one year of age, although most of the deaths happen when babies are between 1 and 4 months of age.

So, as a home visitor, you want to make sure that families have a safe crib for their baby, and that what goes in the crib, or, more importantly, what doesn't, keeps children safe, as well. So, this concept of bare is best I think is hard for a lot of families. You know, they want to put blankets and stuffed animals in the crib, and so there's lots of information, and I put links on the slide to where you can find really great information for parents, for grandparents, in multiple languages about the risks of sleep-related infant deaths. So, you know, how to address suffocation.

So, something covers the baby's face and nose so they can't breathe, how to address issues of entrapment, which is why there are new crib standards so that the baby can't get trapped between a mattress and a wall where they can't breathe, or strangulation, where something actually gets wrapped around the baby's neck so the baby's airway is blocked. And I wanted to call to your attention that in 2016, the American Academy of Pediatrics updated its policy recommendations for a safe infant-sleeping environment, and among other recommendations, they encourage parents to provide a separate sleep surface in the same room for at least the first six months, and optimally for the first year of life. So, you know, I know this is a big issue for the Head Start community because it doesn't – the American Academy of Pediatrics, it doesn't consider in this recommendation, because the evidence is so overwhelming about safe sleep practices, that for some families saying they want to make other choices based on their cultural beliefs and traditions, but I think it's important that you know what the latest sleep research is so that you can share the information with families and help them to make the best decision for their family. So, for the person who I saw – is lying by the comment about choking of foods – you know, choking hazards in terms of types of food, there are two great resources, also from Caring for Our Children that I've highlighted here, one addressing small parts, and one addressing foods that are choking hazards.

But an easy rule of thumb is to help parents know that if you cut food into quarter-inch pieces for infants, and half-inch or smaller for toddlers – so, these pieces are pieces of food that are small enough that a child can swallow the food whole, that's the best way to prevent choking on food. And then lastly, I wanted to talk about motor-vehicle crashes, which is the last one on our list, which is also a leading cause of death, and something, you know, that is really very easy to fix by using a car seat, a booster seat, or a seatbelt that is right for the – a child's age, height, and weight, and developmental needs. And I think these numbers are really compelling. So, if you use the right seat, and you put it in the car correctly, which I'll talk about in a little bit, and then you use it every time a child rides in a vehicle, it reduces the risk of death by 71 percent for infants under the age of 1, and by 54 percent for toddlers ages 1 to 4. So, those are huge numbers. So, I think, you know, it's important to keep in mind.

And then in a little bit, I'll share a resource because what we've learned is that lots of parents are using car seats, but they don't actually install them correctly in their car, and so they're not really doing the best job that they can to protect children, so I'll talk to you a little bit about a resource for that. So, one thing that, you know, we always want to highlight in terms of thinking about safety and vehicles is the "look before you lock. Where's baby?" to make sure that no child is left alone in a vehicle because children's bodies overheat three to five times faster than ours because they're still developing their

ability to control their body temperature, and when children get seriously overheated, they can experience hyperthermia, which is the most serious form of heat injury, or it's called heat stroke, is the medical emergency, and children can die.

So, again, you know, arming yourself with the facts to share with families that a vehicle can go up 20 degrees in internal temperature in only 10 minutes, and that we know 70 percent of heat-stroke deaths affected children who were younger than age 2 because – I know how tragic this is – a caregiver, often because there was a change in routine, and somebody just wasn't, you know, used to picking up or dropping off, a caregiver forgot the child was in the car. So, you know, you'll be able to see when you look at your slides that I gave you some tips that were developed by the Administration for Children and Families, Safe Kids Worldwide, which is an organization that works on safety issues, and the National Highway Traffic Safety Administration has tips for families about never leaving a children alone in the car, and the big ones are, you know, keeping the car locked so kids can't play in the car, and – and leaving something that you need when you get out of the car, like your phone, or your pocketbook, or wallet, next to the child's safety seat, so, you know, there'll be prompts for you to turn and look in that back seat – that back seat because that's where children should sit. It's not safe to put a young child in the front seat. So, I've given you a lot of information, and I've gone pretty quickly, and now I'm going to talk a little bit about an injury prevention framework.

So, now that you know this, what – you know, how do you use this information and share it with families? But I want to stop and check for questions. So, I'm going to look with Angela. I think most send questions over.

Angela: Yes, Nancy. There – there was a question around sleep – the sleep facts, and how they tend to be a topic of discussion. So, someone is asking you for your take on SleepSacks, whether they're safe or they're not.

Nancy: So, I told Angela before I started today that if there's something that I really want to get the latest research about, I will do that rather than answer right away. So, there has been research on – on SleepSacks and also kind of cartons that are – are big in Denmark – you know, sleep kind of boxes. So, I will post that information on – on the Home Visiting Community in MyPeers for you, because I want to be able to quote the research, and I can't do that off the top of my head. I – I can tell you where to get choke tubes. I won't recommend a particular site, but I can mention I found three or four different vendors that sold them. So, I'm happy to also put that on MyPeers. So, I'm making a note to myself about choke tubes and the SleepSacks, and I'll post the other information about the – the – the boxes that are used in Scandinavia a lot, and Sacks. Anything else, Angela, before I move on?

Angela: And there – there was a great comment I wanted to bring to your attention. There's a discussion from one of the programs that they're saying they hire a person who's a specialist with car seats, and that person comes to their program to actually assist and support parents in installing car seats properly. So, in the group chat, if you – you know, people were saying how that's a great idea, and I think others are taking note of that.

Nancy: So, I – I'm gonna tell you a resources where – which will tell you how to do that, because I think it's a great idea to have passenger-safety nights, you know, where you can invite families in and partner with a – Child Passenger Safety Technician, CPSTs, and I'll tell you where to find them. And so, Martina is saying you can get – So, these baby boxes or what I was talking about, in terms of the boxes, for free. And somebody – I can't see it anymore – said that – and I probably shouldn't say this, but you can get choke tubes on Amazon. Yes, you can, but they're more expensive, so I'd get those from another resource, but you didn't hear me say that, where you can get them for less money than on Amazon. So, I'm going to keep going, okay?

Nancy: So, now that we've talked – but we'll have more of a chance to – to – to chat at the end, too. So, it's not your only chance. So, keep asking questions. So, now that we've talked about, you know, the types of injuries that children are most vulnerable to, I want to, you know, help you figure out – so, what do you do with this information? So, at the National Center on Early Childhood Health and Wellness, we think of this injury prevention framework that some people have referred to as the injury triangle, and in every injury, there's three major factors – You have a child, you have an adult, and you then have the environment that they both are in. And so, an injury happens when a child interacts with something in the environment that isn't safe, and then the result is that the child is injured.

So, even though all situations have some level of risk – because remember I said we're never going to be able to prevent all injuries. We believe at the National Center that if you know how and why injuries happen, and you can recognize the most common causes of childhood injuries, you can then give that information to help families, to share it with families, and help them to protect their children. So, here are a couple of important facts. The first one is that injuries are predictable. So, they don't just happen. A lot of people refer to injuries – I used to do this myself. They refer to injuries as accidents, but they're really not accidents, and the reason that they're not accidents is because most injuries are predictable and most injuries, because they're predictable, can be avoided.

So, you can look at this picture and see, you know, if you're a child, or even a grown-up for that matter – adult – and you're climbing on some wet steps, you know, that are covered with leaves, and there's nothing to hold on to, you are more likely to be injured than if you were climbing with an adult next to you, being able to hold onto something on a dry surface. So, what we know is that injuries don't just happen, that they are predictable. The second thing that we know is that a lot of injuries are preventable. So, if we're trying – If the goal is that we can't reduce every injury, but we're trying to reduce – make it less likely that injuries are going to happen, you know, think about smoke alarms, and bottles, you know, that are child-resistant and also resistant for some adults, because I have trouble opening some of those bottles. But there has been a tremendous – And even car seats, there's been tremendous research that has amazingly reduced the number of injuries because they're preventable, and there are now safety devices. And so, one of the things, I think, that's so important as home visitors is to help connect families to resources that they don't have.

Carbon monoxide detectors, or they don't have working smoke alarms, or they have smoke alarms, but they haven't checked the batteries, so they're really not working, et cetera, et cetera. And then, we think about using an individualized approach to injury prevention. So, what I mean by that is knowing what children can and can't do and how they're most likely to get hurt, which is why we started where we started. Knowing that, you know, based on temperament, some children are observers, and they're more likely to hang back, and some children are really impulsive, and are really – they're kids that you have to be more watchful because they're more likely to get into something. So, understanding the degree of a child's risk based on their temperament, and then anticipating that children are going to grow and change and it's important to think about, "What's that next stage of development before it happens," so you're not retrofitting the environment after a child, you know, who wasn't able to crawl is now mobile, you want to do that childproofing before. And then we'll go back to what I said before. You know, being also mindful that children don't understand everything that we think they're going to understand. And so, there have been a couple of great studies that tested, you know, the rule, for example, "Don't run with scissors in your hand," and actually tested to see how much of that – of those rules did children actually understand.

So, I'm not talking about choosing to be non-compliant, but actually fully understanding why you shouldn't run. You shouldn't run because you can trip and hurt your head, and that's not a good thing to happen. And so, they found that preschool children who are older than toddlers understood only about

half of the home-safety issues that – that parents thought they had been able to teach their kids. So, I think that that's really an important fact. And then, that gets it into what are the three ways that most parents try and keep their kids safe. They teach kids about safety. You know, don't touch knives or don't touch something hot. They modify the environment. So, they get rid of hazards or active hazards.

So, for example, they might put locks to prevent children from getting – being able to open a drawer with knives, or we talked about cleaning products, you know, that children can access, and actively supervising. And this is new research that Morrongiello just published in 2018, and I wanted to share this with you, because I thought this was so interesting, that if parents rely primarily on teaching safety as the main way of keeping their kid safe rather than supervising and removing hazards, kids actually are more likely to get hurt. So, what this study found is that the two best – not that it's not – I'm not saying or suggesting, let me be clear, it's not important to teach children safety rules, because obviously it is. But if that's the main thing that you're doing, and you're not at the same time being really attentive, and supervising, and removing hazards, children are more likely to get hurt. So, I think that's an important point just to keep in mind.

And so, that brings us to active supervision, and that means being within reach, and watchfully attentive on a continuous basis. So, that means, you know, being able to keep an eye on a child and not, you know, thinking you can hear the child from the other room, but you're actually in the same room as the child, which, you know, can be hard to do sometimes, but supervision has been shown, in study after study – is so important for child safety. So, how do you talk about this with families? Because I can share with you, as a clinician, you know, I always wanted to be respectful of families, never to give them the idea that I didn't think that they knew what they were doing, or that they didn't value their child's safety, or that they weren't competent caregivers, but I felt like I had information, and it was a – a partnership with families, you know, about how I could share what I know to enhance their understanding so they could do the very best job that they could do.

So, I wanted to talk with you a moment about, you know, how do you start a safety conversation with a family that's going to be an effective conversation? So, for me, you know, there's certain principles that I always use that I'm sure you do, as well, you know, that is child- and family-focused, that I want to be very respectful, and that I want to be mindful and aware of the cultural beliefs and traditions of that family. So, I'm going to stop for a moment, and I'm watching the time, but I think we have time to do this. I wanted to ask you, again, if you would share in the chat – think about a tough conversation – doesn't have to have been about safety, but any conversation – conversation that you had with a family that was – was what you would consider, you know, a tough conversation. Maybe one you were nervous about bringing something up? What did you do that made that conversation be successful? And then, relatedly, we'll talk about what did the family do that let you know that it had been successful?

So, let's start with what did you do that made the – the conversation work with that family? Now, I'll wait a minute and see, and then I'll give you some ideas to put into your toolbox, hopefully. Behaviors. Talking about behaviors. Hygiene. That is a tough one, yep. Family goals and timelines. Oh – Making it – Domestic violence, those are very tough conversations, I agree – Not bathing. Attendance. Listening. Yep. Bath time. Looking for strength. So, some of you are also talking about drug use while pregnant. Child needing special services. Those are always tough conversations to have.

So, what – How – Well, now, what were you able to do? Was there something that you did that you thought worked really well that you could share with one of your colleagues in the home visiting community, and that – and you knew because of the family's reaction or the way they responded? I want to go up and see what – Patience. Motivational interviewing. we're going to talk about that in a minute, yep. I'm sorry. I'm missing some of the comments. Just thank you all for participating, they're flying by so quickly.

Angela: And Nance – Nancy, some people are writing in the Q&A about summarizing – as home visitors, to summarize what they heard the parents say.

Nancy: Mm-hmm. Mm-hmm.

Angela: As a strategy.

Nancy: Okay, so, let's go ahead. So, you know, we want to facilitate conversations – facilitate change in conversations that help. So, one of the things – Thank you for those of you who are continuing to – to comment in the chat. I'm going to move on. We want to be able to help families be in charge of these conversations so that they can set the agenda. So, our colleagues at the National Center who work at Georgetown University have done some work around conversations that help, using motivational interviewing. Summarizing is one of those strategies. And motivational interviewing, for those of you who know it, you know, are founded on the fact that the family is in charge, they're the decision-maker, and so those conversations are respectful of the family's autonomy.

You start a conversation by asking permission. Unless there's an immediate safety hazard where somebody could get hurt, because you walk in the kitchen and you see that there are cleaning materials, and there's no lock, there – and you need to move them immediately, but in general, you want to ask for permission to have a conversation, and in my experience, even if parents say no at the moment because they're not ready, it doesn't mean that you don't have another opportunity to bring it up another day and revisit the issue. And you use open-ended questions and reflective listening skills, which I think is what some of you were suggesting in the chat, to encourage families to learn how to protect their child. And these strategies are really based on motivational interviewing skills.

So, we have a resource that is actually in the process of going live and being updated, A Home Visitors's Guide to Safety Conversations, that has a discussion of some of these conversation-starters. The new title will be A Guide to Safety Conversations. And I wanted to point to something that we call OARS, which comes from motivational interviewing and communication skills. And so, OARS is an acronym that says when you are having these conversations with families, you use open-ended questions, you affirm and validate what you hear from families, you use reflective listening to make sure you've understood correctly, you know, what they've said, and you repeat back what you're hearing, which – in the beginning, when you're – when you're first learning, it can be – it can seem awkward, because it seems like you're just repeating, but you can do it in a way that shows you're really attentively listening so it doesn't sound like you're just repeating what somebody has said back at them.

And then, summarizing at the end, which one of you mentioned, as a way of indicating that you have really heard what they said, and you're summarizing, which can also be a really helpful way of agreeing, if you will, on next steps, and what the family is going to do, or what you're going to do as a follow-up. So, here are some examples of conversation starters. Parents often ask – So, this is me, you know, and I would be a home visitor, and I might say this to a family. Parents often ask me how to make sure their child can explore safely. "Would you like to spend some time talking about any concerns that you have?"

So, this is really getting at the asking for permission. You know, you're saying, "I'm not having this conversation with you because I think you don't know what to do, but lots of parents are – are interested in this topic. Is this something that would be of interest to you, too?" Many – So, the next question is a similar kind of question. Many families have questions about everyday items that can be dangerous to a young child. Here is one that points to the issue of emerging skills. Your baby can roll over now! This means crawling and walking aren't too far off. A lot of parents like to plan ahead but wonder how to prepare. Do you have questions about what to do next? So, they're really respectful ways of being able to introduce the conversation. So, then there are two others, but in the interest of time, I'll let you read them later, but, you know, we recognize that there are special circumstances.

So, you know, what if you have a parent who's living in subsidized housing, and there, you know, are broken tiles, and the property manager where she is called repeatedly, is not fixing them, or you have a teen mom, and she's living with her grandma, and otherwise, she'd be homeless, and her grandma smokes, and she really doesn't want her baby to be around all of that second- and third-hand smoke, but she – but she doesn't know how to bring that up in a – in a way with her grandma that won't insult her grandmother.

So – So, there are some examples of conversation starters for how to open a conversation, if you will. And motivational interviewing is something that you really have to be trained in and you have to practice. But it is an evidence-based practice which started in the addiction field, with adults with substance-use histories, and it has a very clear line of research that shows it's quite an evidence-based way of engaging families. I think it can be hard for us, you know, because we like to help, and we often – speaking for myself, you know, it took me a while to figure out that I didn't need to be in charge, and that our partnership really involved a reciprocal relationship where I wasn't telling a family what to do because I knew best, but I was really helping them discover at their own rate, unless there was an immediate safety injury. So, here are some resources on the ECLKC that you can use to find out more. I'm trained as a motivational interviewing – interviewer, and I really use it all the time.

The other thing that's in this resource are checklists, and I think checklists are really a great way to help families evaluate the safety in their environment. And there's all different kinds of checklists. Some are organized by the age of the child, some are organized by hazards, so you might find a checklist that speaks to drowning risks, or something that speaks to...poisoning. So, that's by type of hazard. And then some of them are organized by either room or area. So, there might be a checklist for a living room, a checklist for a bathroom or kitchen. So, there isn't a right one, but there are different ones to use, and we up at the National Center have tried to use ones that we've identified, based on caring for our children, that are more evidence-based.

So, there are examples in the resource that I shared about the safety conversations. They give you some examples. Here's an example from Nemours KidsHealth system, some safety checklists that are organized by... by the room in the house, which is one of the ways you can organize something, a checklist. So, just for you to take a look. And if you are interested in checklists, or in checklists that are available in a specific language, just write to us at the National Center, and we'll share what we know. Here's another example of a household-safety checklist. So, let me stop and say, "Now, what has worked for you to engage families in a discussion about home safety? How could you use some of the ideas that we talked about today?" Or are you using them? Or are you using different strategies that work well for you? Please share.

So, now I'm going to go back, and you can take a peek. "Always listen and affirm." "Our checklist includes all rooms in the house," that's great. I think it's really nice to be able to, you know, look at some of these checklists, and then if you developed a whole new growing tool in your program, you can compare and see which ones that you like. Oh, that's a good idea, "Checklist at the enrollment." That's great. "We usually share during socialization class." That's a wonderful opportunity because then you could have a group conversation, right, with all of the family. "Use P.A.T. handouts," right. I know I've used Partners for a Healthy Baby, and they have some nice resources, too, so your home-visiting curriculum may have resources to bring with you.

So, a number of you are saying that you used in a socialization – Jeanette, I'm so glad that you're going to use open-ended questions and asking permission. Thank you very much. That's great. Somebody said they love Partners for a Healthy Baby, too. They recently updated their curriculum, I noticed. You know, and somebody's talking about fire safety month. There are all kinds of months where you can highlight

different resources because it's – you know, it's a month that's devoted to oral health, which is February, or fire safety month.

So, here, towards the end, I gave you a number of resources that are on the ECLKC, and I'm going to whip through these pretty quickly, because I want to stop and go back to questions. So, here is a tool. And I should say that if you haven't already downloaded the handout, I gave you three. So, I gave you a PDF of the slides, then I gave you – you know, so you wouldn't have to go into the PowerPoint and take one by one all the links I gave you, just a Word document that has all of the resources I'm about to show you now and the links. And then I gave you an updated safety and injury-prevention resource list that has general websites to use for sort of overall good safety information, and then some resources by topic. So, if you want – you know, if you're going in to a home where you know a family has guns, and you want to talk about storing guns safely, and making sure that they are not loaded guns, you know, there are resources around gun safety.

Or as you are looking at families that are living in apartment buildings, and you're worried about falling out of windows, there are resources for that. So, those are the resources that I gave you. So, here is one around tips for keeping infants and toddlers safe, and it really looks at daily routines and elaborates on some of the topics that we talked about in terms of keeping kids safe when they're sleeping, and when they're eating and when they're playing, et cetera. We have a home safety webinar that we did when we were at the National Center on Health that has – I think is really quite good. Maybe some of you have seen it. If you haven't, I would encourage you to check it out. It's available at the URL.

This is the safety and injury prevention resource list. Just a snapshot of the page, but you have the whole list in your handout. So, I worked with one of the pediatricians who is actually a national expert in child-passenger safety, and we developed a guide for families and caregivers. It's designed as a flip chart. So, you would hold one side, and the family would see mostly pictures with a few talking points on the other side, and it addresses how to choose a car seat, how to install a car seat, and it answers questions like, "Is it safe to use a used car seat?" "If your car seat has been in an accident, is it – in a motor-vehicle accident or crash, is it safe to re-use?" "Why is it important to register your car seat?" Because they actually expire after a certain period of time. So, it's a great resource to use as families. We do say, you know, that it is a life-and-death matter about being able to share information about keeping children safe in cars and trucks, so we encourage programs, as we were saying earlier, to partner with a child-passenger safety technician, which is actually a joint program that's funded through Safe Kids Worldwide, and the National Highway Traffic Safety Administration.

They're not in every part of the country, but they really are pretty widespread, and so there is information in the flip chart about how to find a child-passenger safety technician, or you could just put – you know, Google that, put it online in your browser, and you can find a number where you can look for one and think about having somebody partner with you in your program. CDC has – the Center for Disease Control and Prevention has some great safety resources, particularly focused for assisting toddlers. Here's Safe Kids that I was telling you about, and they actually have safety tips around a whole range of topics, and in multiple languages, and they have some nice videos that would be fun, you know, to watch with families and talk about them, if you have – if you bring your... cellphone, or an iPad with you, and are able to do that. Visits from the Consumer Products Safety Commission, it talks about 12 safety devices that protect children, and it's colorful, and I think it's quite nice, if you haven't seen it. And then here's a number of resources around safe toys for young children.

So, NAEYC, actually, has – the National Association for Education in Young Children – has a nice resource on good toys for young children by age and stage. KidsHealth, which is Nemours, where I showed you the safety checklists, has a resource around choosing safe baby products. And then ZERO TO THREE just came out with a great new resource around tips for choosing toys for toddlers. So, I thought I would

leave you with those suggestions, as well. And then close, and we'll get back to the questions by talking about mindfulness.

So, what is mindfulness? And Jon Kabat-Zinn is often considered the father of mindfulness, and he describes or defines mindfulness as – Yes, I'm sorry, I'm distracted.

We do have safety month, but I guess that's something you should talk about constantly. Oh, I'm so glad that you said that. So, yes, and I apologize that I got distracted, but if there's one takeaway from today's conversation, I hope it's that it is not a once-and-done conversation, you know? Children are always changing, and so, you know, what you talked about, you know, three months ago, just because of adult learning, right, you know, we don't learn something by just hearing it once, but a child now, who has a whole new set of skills, you need to have a different safety conversation. So, I love that you said that. Mindfulness means paying attention to what's happening in the present moment. So, you're really focused on the here and now, and it's a very non-judgmental, accepting of whatever you're experiencing and feeling, and it's one of the things that we – I know that the National Center on Early Childhood Development, Teaching and Learning and also our center is really starting to promote as a way of helping deal with stress, and for goodness sake, parents are very stressed, and you yourself and your own work of many responsibilities, that can cause stress, as well.

There are wonderful mindfulness tools, both for children and for adults, about how to apply mindfulness. So, here are just a few takeaways, and, again, I think that you will have opportunities to talk more about this topic again. But listening to your child with your full attention. You know, I can think of myself, you know, at times when I was trying to cook, and I was half-listening, and it's hard to be mindful, but trying to be present for your child. You know, being kind to yourself. We all make mistakes, and so trying to show some – some inner compassion towards yourself. Imagining your child's feelings and then try to match your response, which can sometimes help us.

You know, when we try and calm ourselves down because we get angry about something that's just happened, and we're not thinking about the fact that, you know, the child didn't mean anything, he was just asking a question. Being able to regulate our own feelings and reactions, and, again, this – this idea of compassion for yourself and your child. So, this is a – some of these tips I can't take credit for. Rebecca Parlakian, who works with us from ZERO TO THREE on our center and some of her colleagues at ZERO TO THREE just published in December this wonderful resource on mindfulness for parents, and I think it's great, and I really encourage you to check it out. That's the URL. So, we got one minute. [Laughter] I'm going to pause.

Angela: Nancy. Nancy, in our – in – at the end of our time, I would – Is it possible we could address one question from Amanda? I just sent it to you, and if we don't, we could definitely circle back, but she visited a home today as a new home visitor, and was – she noticed cigarette butts on the floor, which is a fire hazard, as well as choking. And there was so much dog feces inside the home.

Nancy: So, I'm so glad that you asked that. So, I think that whenever I go into a home, and I see something that is unsafe, I determine then and there, "Is this something that I can leave, and revisit this conversation next week? Or do I need to leave that house that day knowing that I either, you know, was able to help that parent make that environment safer, and then can evaluate that child's safety in that home with that parent, or do I need to take immediate action?" And one of the things that I hope that all of your programs have are protocols. So, that's one of the pieces of work that I did when I was supporting MIECHV programs around maternal depression, you know, on a Friday afternoon, and you have a parent, and you're really not sure if they're safe. You can step out, and talk with your supervisor, and make a determination, but in that particular situation, I would – I would not ask permission. I would say, you know, "I realize I'm just getting to know you, but I see some things in your home that make me

think that they are not safe for your baby, and I'm sure that you – that's not something that you would want to keep here if you think – if you are aware that this is unsafe," and I would start to talk with that parent, and in talking about the concerns, and asking if we can clean up the dog feces together, and addressing the other safety concerns. If the parent is not responsive, then I would want to, as a home visitor, check with my supervisor about whether or not I would need to file a report with protective services.

So, I think, you know, addressing issues transparently and honestly, non-judgmentally, and engaging the responsiveness or the ability of the parents to take it in and how they respond to you are things that sometimes happens when we go into a home visiting situation. Let me stop. I know we're over, but do you think that addressed the concern, or are there other things that you might want to add?

Angela: No, I think that's great, and I also would encourage Amanda and others that, if you have additional questions, to please, if you are not a member of the MyPeers Home Community, we have over 800 members. So, to continue the conversation, if you have more questions where we could take a deeper dive, and others can respond, and perhaps give additional strategies along with Nancy's to join MyPeers, and then this way, we could engage in the conversation and perhaps go deeper in the MyPeers Home Visiting Community, because it's very active, the link is on the screen, and, Nancy, I think your response was very – I'm sure very appreciated, and I would like, also, to remind everyone about Dual Language Learners Celebration Week that is coming. That is on the screen, as well, and keep a look out for the Dual Language Learner celebration box.

And then, also, the evaluation link to this webinar, we really would like you to fill out the evaluation. It gives us information on how to continue to improve our presentations to support you in the very important work that you do. And, Nancy, we can't thank you enough for joining us today and sharing a wealth of information in support of home visitors and their practices. Keep a look out for our next webinar in April. Thank you, everyone.

Nancy: Thank you very much. Thank you very much. And I will post those answers I promised on MyPeers. Okay? Thank you.

Angela: Thank you, and there is the webinar link, as well. The evaluation link.