

Parent-child Relationships: The Cornerstone to School Readiness in the Home-based Option

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Jennifer Boss: Hi! I'm Jennifer Boss, Director of The Early Head Start National Resource Center.

Connie Phillips: And I'm Connie Phillips, Early Head Start Director of the Onslow County Partnership for Children located in Jacksonville, North Carolina. Connie and I will be your moderators for today's webcast. We have a real treat in store for you today. We'll be joined by a great group of professionals who will talk with us about the home-based option in Early Head Start. Our speakers will be discussing why we focus on social and emotional development with infants and toddlers in the home-based option, what it looks like on home visits, and what happens when parents are challenged to engage with their child. In the webcast, we also have the opportunity to see home visitors talking with the key presenters about what it's like to implement the content and home visits on a day to day basis. Additionally, we'll see video examples of what school readiness for infants and toddlers looks like in actual home visits and group socializations. But first, we'd like to introduce Angie Godfrey, the Office of Head Start Infant and Toddler Program specialist to give us an overview of the relevant Head Start Program Performance Standards and the key messages for today's webcast. Angie?

Angie Godfrey: Thank you Jennifer. Hello everyone. On behalf of the Office of Head Start, I would like to welcome you to today's webcast, Parent-child Relationships, the Cornerstone to School Readiness in the Home-based Option. Today, we're going to look at the home-based option in Early Head Start. Families enrolled in the home-based program receive services through regular home visits and socializations. There are several standards in 1304 and 1306 that provide regulations for implementing the home-based program. CFR. defines the program option for Head Start and 1304.21 contain standards for implementing education and early childhood development in Head Start and Early Head Start. One of the most wonderful things that I think you will learn from today's panel is how unique each home visit is. Home visiting has the potential to impact parenting and the relationships with parents and their children in transformative ways. Today's panel will discuss the approach for working with children and families in their home and meeting families where they are in their parenting and their expectations for their very young children. Home visitors come into the home weekly exploring with families how their home environment and their relationships in that environment can support their child's development. The role of the home visitor begins with establishing a relationship with the family, working with them to understand their hopes and expectations for their child. Sometimes, digging deep with them to discover what those are in building a relationship that supports the family's understanding of their child's development and their home as nurturing and learning environment. The Head Start Act, Section 645 A one and two, A to G sets forth very clear guidelines for conducting home visits. The Act requires structured child-focused home visiting that promotes parent's ability to support the child's cognitive, social, emotional, and physical development. The visits are strength-based building on the parent's role as their child's first and most important relationship. The home visitor supports access to health

services and know strategies for working with families in crisis. The language in the Head Start Act is a wonderful guide for supporting both babies and toddlers and their family in the home visits. The standards for training, qualifications, and the conduct of home visits include: content related to structured child-focused home visiting that promotes parent's ability to support their child's cognitive, social, emotional, and physical development; effective strength-based parent education including methods to encourage parents as their child's first teacher; early childhood development with respect to children from birth to age three; methods to help parents promote emergent literacy in their children from birth to age three, including the use of research-based strategies to support the development of literacy and language skills for children who are dual language learners; ascertaining with help and developmental services the family receives; and working with providers of these services to eliminate gaps by offering annual health, vision, hearing, and developmental screening for children from birth, two, and three, and to kindergarten when needed; strategies for helping families coping with crisis; and the relationship of health and wellbeing of pregnant women to prenatal and early childhood development. I would like to finish by reminding you of the key messages in this presentation that health programs and staff understand how important home visiting can be for children and families. First, school readiness in the home-based option takes place in the context of the parent-child relationship. Second, social-emotional skills are the foundation that infants and toddlers need to develop for later school and life success. Third, the skills and dispositions that the home visitor uses to engage parents during the home visit are critical to the success of the home-based option. Fourth, in the absence of a secure attachment, there are strategies that home visitor can use to encourage the development of the bond that is key to learning and exploring even when the parent is not emotionally available. There will be many strategies discussed today, and as I said earlier, it's the time to watch, and listen, and reflect on what home visiting means to you and the families you work with. Thank you for joining us today.

Jennifer: Wonderful. Thank you, Angie. Now, let's turn to hearing from two of our presenters. We'll begin with the presentation by Kadija Johnston, director of the UCSF Infant-Parent Program Day Care Consultants at the University of California, San Francisco. She will be joined by Brenda Jones Harden, associate professor at the Institute for Child Study at the University of Maryland College Park.

Connie: Together, they will have a conversation about how school readiness takes place in the context of the parent-child relationship in a home-based option. Later in the webcast, Brenda and Kadija will be joining by two home visitors, Sylvia Ramos and Joyce Bennett. Let's listen to Kadija.

[Music]

Kadija Johnston: We all, I am sure, share a deep appreciation of the power of early relational experiences. Research on early brain development has confirmed what our grandmothers and their grandmothers before them knew all too well. Newborns come into the world pre-programmed to seek interaction. They literally come looking for us. Practitioners and

researchers alike agree that the quality of an infant's relational experiences shape all spheres of development with the most profound effect evidenced in the social and emotional domain. When speaking of this area of development, we're also talking about infant mental health. Each refers to the feelings, thoughts, attitudes, and expectations that children develop about who they are and what the world has to offer. The first sense of self and world view is determined in large measure by the messages a child receives in caregiving relationships. If her coos are understood, she comes to see herself as a competent communicator. Admired, she feels herself admirable. Properly protected, she trusts the world to be a reasonably safe place to explore and master. These ideas about who one can be and how adults respond are over time, internalized. By the time a child reaches school age, she's developed attitudes about learning, how enjoyable it is, and whether or not, she's good at it. She also has established the sense of her ability to regulate emotions, communicate her needs, and wait her turn. Through this same relational lens of expectation, she'll enter school seeing her teachers either as allies or obstacles to learning, people who aid you in the fragile business of controlling impulses, cooperating with rules and other children, or exactly the opposite. These now tucked inside notions are expressed as behaviors, actions that inform us of how poorly or how well a child's development in the social-emotional domain is preceding. These views of self and other impact each child's readiness to succeed in school and perhaps more significantly to thrive in any of life's important endeavors. This knowledge also informs how we structure home visiting programs, how and in what we train home visitors, what type of supervision we provide, the curriculum we choose, and how we use it. Towards whom our intervention and attention is directed all depends on the centrality we ascribe to the caregiver-child relationship. Recognizing that early development is supported or derailed in the context of primary relationships influences our home visiting practice. From this premise, we as home visitors aim our intervention at the relationship. We don't choose the child or the parent as the target of our teaching.

We aspire to cultivate a state of shared attention not splitting attention between parent and child, but creating an inclusive circle of interaction. We avoid the pull to make ourselves the most lively engaging figure in the room, instead helping to shine a light on the parent's prominence in their child's and in their own eyes. Preceding from a relational perspective, our activities are aimed at supporting, or if need be, enhancing the parent-child relationship. Focusing on the parent-child relationship in the way that I'm suggesting may to some of you sound painfully indirect and therefore, potentially ineffectual in readying the child for academic pursuits. When worried or uncertain about the efficacy of working through the relationship on behalf of babies, we need only to remind ourselves of the power of the moment-to-moment interactions that occur between parents and their infants. Our hope is that what has been offered affords all of our children a view of themselves as confident, competent, maybe even charming, and a view of the world as a place of promise ready to support their infinite potential.

Brenda Jones Harden: Kadija, there was so much you said that I resonated with. I thought about so many things. But, maybe we can start with the issue of the school readiness skills because one of the things I heard you say was that really, the social-emotional skills that children get

really are important for their school readiness. So, could we just sort of think about that a little bit [inaudible]?

Kadija: I would love to. Yeah.

Brenda: For a home visit.

Kadija: Exactly. Well, you know, I was thinking, I mean I don't know what your thoughts and I want to hear about those, Brenda, but I was thinking about, like, how we think about the social and emotional centrality of every aspect of learning. But I think we often can get caught in thinking that learning is a completely cognitive endeavor when I would suggest that especially in the beginning, that the ideas about the ways in which children feel like they can start to control their impulses, the ways they can take in and attend to another, the ways they can cooperate with. All that's entailed in learning that is so newly developed but relationally influenced, that we -- I think we often miss even in categorizing what is in the social and emotional domain that we miss? How important those capacities, those developing capacities are, for every domain of learning. But, but there's no way that you -- even if we think about language development, that a -- what inspires a child to learn language. And that if, as an infant, what they learned was is that they're babbling was responded to with babbling, you learn that language is a communication. But if your cries were not responded to contingently, you don't learn that language has meaning so why would you develop language? And yet, I think when we're looking at children say with the language delay, I'm not suggesting that you wouldn't also think about other contributors to a language delay. But we often don't think of the social and emotional contributors to language development or cognitive development. And yet, I would suggest they're the underpinning of all learning.

Brenda: Oh absolutely. I mean, one of the things we know is that languages is a social process and that children don't get it without some kind of relationship. But the other thing that your comments made me think about is, you know, this whole new move about executive functioning and frontal lobe processes, like persistence, and sustained attention, and capacity to regulate, and capacity to focus, and we know that those things are critical for learning.

Kadija: Oh, definitely and I think one of the things that we often think about that in discreet bits, I think, that the ways in which learning will occur in early relationship is substantially different than how it occurs later on. But the ways in which a child learns from the very beginning about whether or not there is shared attention. You don't start to learn about sharing when you get into preschool. If somebody waits for your, for you to take a turn and then I wait for -- back, that's where you learn about turn taking and sharing. It's-- and if you'll expect that, you'll expect that from all subsequent relationships. But I think we have to be very aware that the opposite is also true. If from their early relational experiences, what children has learned is that adults don't share the stage or that they never give you a turn or they don't help you to modulate your emotions, you can't afford to be curious and wonder and master? And isn't that what learning is? Which is [laughs] the engrained curiosity.

Brenda: Sure. And I was thinking about what you were saying about turn taking. I mean, there's so much home visitors can do with moms and infants or dads and infants about turn taking. Even during the neonatal period when I hear a home visitor say to me, "What am I supposed to do about parent-child interaction when all the baby is doing is sitting there and asking to be fed and changed?" And I often say to them, "There's a lot going on in that neonatal period." And certainly even thinking about turn taking, showing mothers that if you open your mouth a little bit, the baby might imitate you and so you want to wait. You open your mouth and then you wait and see if the baby gives you a response and then you might change a little bit and give the baby another response. So really, you learn turn taking, what you're describing from the first moments of life.

Kadija: Yes, that all of these things start from the very beginning and some of us would even contend that they start earlier on because parent brings attributions about who their baby is going to be.

Brenda: That's right.

Kadija: And how you are seen from the very beginning and interacted with as a child makes a difference in terms of what you learn about turn taking. But I think what you just were talking about, Brenda, is just that it also speaks of an orientation. What I was trying to speak about earlier is just that the orientation of the home visitor is, what are they watching? Are they watching the child? Are they watching the parent or hopefully broadening of the lens where we're watching both. Because to have what may seem simple, which is to be able to notice, to notice when a baby imitates, to think about how the parent responds. That observational lens has to be the one that surrounds the parent-child relationship.

Brenda: Absolutely.

Kadija: And then, you can now begin to talk to a parent about what you see in their baby and what you see in their response.

Brenda: Yeah. And, and your comments just now make me think of something that I've worked with home visitors a lot around, and that is how they view themselves, what their role is as a home visitor. And the way you describe it is one in which they really are observers of parent-child interaction and scaffolds of parent-child interaction. Like, one of the things you said is that they have to resist trying to be the most lively one in the room and I know a lot of home visitors feel like that's their duty. They've got to, you know, be there and get the baby excited and the mother excited about learning. So then what happens is the child wants to interact with them and not the mom. And the thing that I often worry about is I know many of us, including myself, are in this work because we love children and we love babies even more, right? The younger they are, the better. So, when we experience that in a home visit, it's hard to resist because it's so gratifying to have a child smile at us and want to play with us. So, I wonder how we can one, help home visitors really work on resisting that but really get in touch with the inner parts of them that really make them want to be the ones that the baby responds to.

Kadija: Well, I think the important part of what you're mentioning, Brenda, is just that the beginning is to be aware, to be aware of. And I think in what you said, you described two or three what I see as tensions and I don't think of tension as an inherently negative thing. I think if we embrace tension, we can learn about what those poles are. But one of the things you talked about was the tension to be a doer?

Brenda: Yeah, yeah, yeah.

Kadija: The tension to be active and I think even in our mandates for home visitors is just that some of that pressure is external. We're asking them to be doing and so even how curriculum is used or how the doing is used is depending again on your orientation. But I think if we can begin with helping home visitors to be aware of those tensions, internal tensions. The tension to want to be with the baby as you said as opposed to wanting to be with the parent or to be with both and to make the in-between available to each of them. The tension to do rather than to observe and to notice and to mention and to scaffold. If -- and I think home visitors will all deserve to have somebody to think with over time about what those internal pulls are because all of us know we have to be aware of them in order to resist those pulls.

Brenda: Right. Right. I'm reminded of something that I heard you recalled [laughter] and you know exactly what it is.

Kadija: We're going to say that.

Brenda: Don't just do something, stand there. Right.

Kadija: Exactly. Brenda: To be a witness, if you will, to the experience that the mother and baby or the father and baby are having together, and to use that experience to promote school readiness. And school readiness for babies, I would argue, is just what you said. It's really those core developmental processes like language and emotion regulation and relationship building, and attachment that really are the most important school readiness milestones for young, young children.

Kadija: And I think that what we're having finally is some research that supports what you're talking about and whether it's the overall brain development research that shows us that it's the experiential parts of infancy that cause the circuitry to even be wired in the way that it is.

Brenda: That's right.

Kadija: That's the precursor of academic success. But even more specifically that there is -- we have seen research on home visiting that suggest the causal pathways between improving, or enhancing parental capacities and children doing better in school. But children doing better in school in the ways that we're talking about, Brenda.

Brenda: Although I just read a study which made me jump up and down that teachers -- and this is in like K to three classes -- who are more responsive. Socially and emotionally, it's using a

particular curriculum but it's really about reflecting with children about emotion, giving children positive language. All the things that you and I we consider important that one of the findings was that children had better math outcomes. So, hallelujah!

Kadija: Okay it does translate directly.

Brenda: That's right. That's right. And what you're describing is really getting parents in the practice, in the routine of supporting their children's development. And there is research even out of Head Start that suggest parent engagement in that process really can sustain children's positive development over time. So, we're really talking about an approach that has more long term implications. If you're getting parents to the point where they can attune to their children, where they understand their children better, where they know what's important for development. And even in some interventions which I really like where they situate their teaching about development in the context of the interaction. So they don't start with this didactic notion of, you know, when your child is two, they all have two-, three-word combinations and you want to push your child there. They start where the parent and child are and say, "You see what you're doing? You see how you're talking to him about his shoe? That's going to help him with language and that's going to help him with his reading." So they start there, and I think that is the way we should be doing parent education really in the context of what's going on. And I think that will also help parents internalize our developmental messages more instead of, you know, sort of giving them instruction. And this makes me think of something else you raised, one of the most important things I thought you said and you said several important things. But, how you talk about how you deliver the curriculum is important. And that it once again reminded me of something [inaudible] had said that how you are is as important as what you do.

Jennifer: So Brenda and Kadija brought up some really great examples of behaviors to look for in home visits that speak to the social and emotional skills needed for school readiness. We have some video clips that illustrate some of these points. So let's take a look now at the first one, where a toddler and a group socialization clearly demonstrates Brenda's examples of persistence and sustained attention that's characteristics of school readiness in very young children. The length of the video has been reduced but keep an eye on the time stamp to see the elapse time of the experience.

[Video Clip - Inaudible Discussion]

Connie: That's amazing to see the level of persistence demonstrated in such a young child. You can see the value of the relationship with the nearby important adult, his mother, in sustaining his interest for a long time.

Jennifer: And the other thing that came to mind for me when watching this and talking about school readiness in a home-based option is that we sometimes hear about how challenging it is for programs to engage in ongoing assessment in this option. And I was really struck by the

number of opportunities for observation in this group socialization piece. And I'm wondering if this clip brought anything to mind for you related to observations.

Connie: It did. I was thinking as I watched how the home visitor had the chance to observe the child for extended periods of time in a group socialization. I also noticed the multiple opportunities for interaction with other adults and children that may not be available in a home. In addition, I realized how many other observers there are who can provide additional information.

Jennifer: Yeah, I was thinking the same thing. So tell us about what socializations look like in your program, Connie?

Connie: In our program, we have three distinct areas that are set out for infants, young toddlers, and older toddlers. Each of those areas are based on school readiness skills and age-appropriate materials. So for our socializations, we have a theme that is usually around school readiness, safety, nutrition, and we have activities that are in those areas that also help to support that activity. There's times when the parents are working with their own children, times when staff are working with the children and have opportunities for the parents to observe, opportunities for the children to interact with other children, and of course, opportunities for parents to interact with other parents all in the safety of an age-appropriate environment.

Jennifer: Wow, that's really fantastic. And, you know, I also found it interesting when Kadija talked about shared attention and the process of learning to share starts way before preschool. And she said that if somebody waits for you to take a turn and then I wait back, and that's where you learn about turn taking and sharing. And we have a video clip that's a really great example of how early that starts and what school readiness actually looks like in a very young infant. [Video Clip -Inaudible Discussion] I love seeing a parent recognize how social even a young baby can be. And I like the fact that the home visitor just sat back outside of the video and let it happen and didn't try to be the most entertaining thing in the room, as Brenda and Kadija mentioned.

Jennifer: I agree. So let's go back now to Brenda and Kadija talking about the how of the home visit and of enhancing social and emotional development.

[Music]

Kadija: So Brenda, we've been talking a bit about school readiness as connected to social and emotional development and the centrality of early relational experiences in supporting that school readiness. But I think what we were just kind of transitioning to is this idea of conceptually, that can be clear. But translating those concepts when you're in the moment of a home visit can often be complex. And so, maybe what could do is to talk a little bit about how. How we engage parent participation in the home visit? How do we view the intervention being an intervention with the parent and child together rather than isolating either partner? How do we keep our focus on the parent-child relationship?

Brenda: You know, Kadija, one of the first things that I want to say in response to you is to underscore your complexity word. It is really hard to do and when I share with home visitors my own experience, I often tell them I am completely exhausted when I get out of a home visit because I have to watch always what's going on. Be a really good observer not just of developmental issues, but what the parent is doing in response to the child, and look for teachable moments -- opportunities to intervene. So I'm constantly vigilant for that. But at the same time, I'm trying to intervene, so your brain has to be doing two things at once. So we really, really have to leave all of our stuff at the door and all of our worries at the door because it's impossible to have the psychological energy to do that. The cognitive space to do that when we're thinking about where we're going, and how much our gas cost and, you know, all these kinds of things. So it takes some doing. But the first thing I would say to home visitors is that you have to put yourself in that space and have to be really focused on that parent-child and let everything else go. But one of the other things that I think is really important particularly in Early Head Start is we have to use what families bring. So not only what they're interested on working on with their child. I think yes, we might want to go to language but if they want to play that game with their child, we have to put the language in around that game. We can't say, "Okay, can you stop playing that game?" So now, we can talk about how you can stimulate your child linguistically. But another one of my pet peeves actually is when we come in there with all these bright, beautiful toys that cost an arm and a leg. And, you know, I've done this myself. I have a big old African bag that I used to cart my toys around and then lost many toys because the kids would keep them 'cause they like them so much. But, you know, I often think is this the way to ensure that families are going to replicate what we do with them when we're gone? No, because they're going to say, "I don't have that nice, you know, red truck that Ms. Jones had to kind of push things. And I don't have that see and say toy where I can teach my baby about cause and effect. And right now I don't have the money to buy there so I'm just not going to do it." I'd much rather us use what they have, like using pots to teach baby about perceptual skill, you know, that the smaller one goes in the big one. You don't have to have those beautiful cups that you can buy at the store. You can use pots for that. You can teach kids about, you know, in means by going through a box. So I really think that we have to be a little more creative about how we help parents learn about child development by using the stuff in their homes. And then if we're not creative 'cause I'm not the most creative person in the world, I mean I have found just a range of good resources that tell me exactly what to do with cardboard boxes, and pots and pans, and things like that, so that I don't have to know that, too, on top of everything else I have to do.

Kadija: I was thinking of -- well, I was thinking about so many things as you were talking but I think that one of the things was this that what message do we send if what we're doing is to bring things from the outside? Whether shiny things or almost anything, but what we're suggesting then is just that what's going on is dependent on something out there. And I think what you and I have been talking about so far is this -- the message that we want to send as complex as it is to enact every time is this that what's going on is already right here?

Brenda: That's right.

Kadija: And it's inside you as a parent and it's inside your baby as a baby. And so, I feel like as a home visitor, you have to have all of that knowledge, all of the knowledge of brain development and all of the knowledge of curriculum and all of the knowledge of means and ends. All -- you have to have it all tucked inside yourself. But we don't -- I think that what we're suggesting is we don't lead with it, we figure out how to identify it and maybe amplify it when we see it happening between a parent and child.

Brenda: That's right.

Kadija: Or, if we don't see it happening as much as we would hope, how do we work with and through the parent to begin for them to read their baby's cues and to find responses that are congenial for them?

Brenda: Well sometimes, I think it's good enough just to narrate what goes on. Just to say, "Oh mommy, I see now, he's playing with this toy. Oh, now, you're playing with that toy with him." And I really often say to home visitors, "Don't feel like you have to make all the interventions in that moment." Yes, we're looking for the moments but sometimes, it's okay to go back and think about the brain development literature with your peers or with your supervisor. Because that hopefully is what happens in supervision where you can talk about those moments and talk about the meaning of those moments so you can be prepared the next time to go in and say, "You know, I was thinking about what I saw last time with you and the baby. Let's try that again." And then, you have another opportunity 'cause one thing about our families, they give us many opportunities, so we can always go back.

Kadija: Yes.

Brenda: There's never an end so we don't have to know everything in a moment but you're absolutely right. And somehow, you got to connect what you see with what you know and you owe that to a family.

Kadija: Yes. And at the same time, I'm thinking, we should probably think about because I do think that it is often hard for people to always go in and follow the lead of the interaction. And that at times, people do bring their own ideas and activities in curriculum. And maybe we could talk a little bit about how if people are compelled to bring an activity or how we can still, still -- still involve the parent.

Brenda: Yes, and I think sometimes, it is fine to bring a curriculum. I think, to be honest, when I'm tired and I know, because as you described, the work of coaching a parent through a parent-child interaction and promoting development in that way although we know that's the way to do it and we know about the outcomes you describe, it is really hard, and it takes a lot of skill and a lot of emotional energy. So sometimes, when I've had a rough day of, you know, dealing with this family, dealing with that family, maybe I will rely on my curriculum. And I think

sometimes, home visitors do that when they feel anxious about a case or when they feel uncertain and unsure again which is why supervision is so important to sure the home visitor up. But I think it is okay but your point about how it becomes important. So for example, if I'm going through a curriculum where I'm talking to a parent about, let's say, language because you raise language as being so important and you're right. Just literacy and to behavior problems, language is so important. Well, I want to stop for a moment and say to a mom, "So let's, you and I, do this together where we can think about how this applies to your child and to what you do with your child." I think we should always try and get the kernels of that curriculum out without necessarily going through it one by one because the other thing we have to do is individualize. For example, if your curricula is talking about motor development and we got a child who is like running and he's only months of age, why are we talking about motor development? But this child might really have some language delays. So we might want to take the tenants of that curriculum and really think, what activities do they describe for me that I can do with this parent that will allow that child to get those language outcomes? But then, more importantly, how can I be the kind of holder scaffold coach that you describe that is constantly looking for that parent to be responsive to that child, to be nurturing to that child, to be supportive of that child even while I'm working on language. I don't think the two are inconsistent at all.

Kadija: And you were starting with also, Brenda, about talking about what are the various reasons that we might decide and it could -- and as long as -- to me, as long as it's intentional that -- where there are various reasons that we might decide to interject an activity to follow a particular curriculum. But it seems like you were saying one is when we're kind of exhausted or when maybe we're lost a little bit that we don't know where to go with this family. I can also think that from a family's perspective, that there are times when bringing something to do can be an organizer. But if we have decided that there's an intention behind why we're doing it, then I think that gets conveyed to the parent. And one of the things that you said is that you start with, in what I would say, you were talking about is, you start with the parent, not the child.

Brenda: That's right.

Kadija: You start with the parent even in a way of, in my view, asking permission that you're, you know, if we want to bring a beautiful batch of bubbles to blow with the baby who we think is having difficulty with fine motor or language development. Lovely, but let's start with the parent and ask their permission to setup this hypothetically messy activity in the middle of their room. You also talked about the ways in which you're wanting to not just describe why we're bringing the activity although I think we should. I think we should disclose the parents, why do we think this is something useful for them to be doing together? Making those connections about what we've seen and therefore, why we're bringing this particular. I've noticed that it -- that you've been interested in how Johnny is beginning to talk and yet, you're telling me he's talking a little bit less than your other children did at this age. I'm thinking if you had some ways to move his lips, [laughter] that that's a way to make those connections. But we want to make those connections overtly with the permission of the parent. And you suggest that the idea of how do

we find their place in it? And that we can do that before the activity even begins so that it's again, not that everything is based on the doing of the activity but all of how we lead up to and include the parent in and asked them. And, you know, even when I used the word include, it's as if, it's my choice.

Brenda: Right, right. It shouldn't be.

Kadija: And I think it's not the right way to think about it, it really is how do I understand a way to include myself in –

Brenda: In their experience, absolutely. And, and I think the Head Start Performance Standards really do support what you're saying because the curriculum, the visit should be planned with the parent anyway. So it should be something intentional that occurs with the parent perhaps at the last visit or even at the start of this visit. But one of the other things that I often like to do in home settings is look at care giving group teams and how parents, you know, bath their children, feed their children, clothe their children, groom their children's hair, all those kind of things, diaper their children, and really think about helping them promote development in those contexts. And that may not be a curriculum but it's certainly what parents are going to do times a day. So if we can help them to think about using every one of those opportunities as a chance to teach language, or a chance to work on emotion regulation, or a chance to do expressive, effective interaction, then probably, they're going to do it over, and over, and over again. We're giving them tools that are part of their normal experience and that's what I think you're describing, entering into their space. Now, yes, that makes it hard for us because again, we have to be a little more creative. But again, that's why I think observation of self is so important and one of the things that we've been doing a lot with home visitors is videotaping them, and then using that in supervision to say -- because it's hard sometimes to be able to do all of that at one time. But in supervision, to say, "Here's an opportunity, what do you think you could do?" So we're holding them and we're helping them, again, in the same way that we want them to be holding and helping the parents that they're working with. It's the parallel process that we all talk about.

Kadija: Exactly. You know, I wanted to go back because I wondered if you and I could talk, and you could describe a little bit when you think about the caregiving routines that you talked about that not only are they going to be done a hundred times but they have to be done. And so the way in which they're done is what we imagine will be internalized by this baby. But I think you must also find a way to describe to the parents why you're following them to the couch for a diaper change. Or -- so that I think as home visitors, we also -- again, this idea of how do we make explicit why we're doing even the entering into these routines, because as we know parents have their own lens of interpretation. And often based on their own histories, unless we describe why we're interested in what we're interested in, that for a parent whose lens of expectation because he or she has been criticized for their parenting from the very beginning, If we come over to watch a diaper change, what's their expectation of what we're looking at? So I

think about, do you have ways that you talk about how to describe why you want to be involved in diaper changing or?

Brenda: I see, you know, I hearten back to my early training as a social worker and I one of the things I learned in social work 101 is the importance of having a contract with families. Those -- that was the word we used back then. But what that meant was that we explicitly describe to families what the intervention would look like and why and we got there buying for that early on. Now, we had to revisit that over, and over, and over again, so you always go back to what you said at the beginning and say you, "Remember that part of what I want to do with you is really think with you and all those good things that you do with your child everyday like moms and dads have to do taking care of the baby all that stuff. How we can do all these wonderful things that the brain development literature and everything is describing." This is a collaborative experience. Think together how we can reach your goal for your child, not my goal, your goal. And if you ask parents about their goals, you always get something that you can use to provide a rationale for why you do what you do. 'Cause they'll all say I want my child to be good in school or I want him to be a good person and you say, you know, that stuff you're doing with diapering, when you show him that you say, "Oh, I know it's so cold, I'm going to put a blanket over you so you won't feel so cold," or "I got to hurry up 'cause I know you don't like this," or "Oh, I'm sorry I stuck you a little bit with a pin [inaudible]." That you're showing a parent that that kind of stuff really helps a child to understand, "I as your mom or dad, I'm empathizing with you and I don't want you to feel hurt and I'm the place where you can come." That if we can say the parents that it's in those contexts that you're going to do what you want to do to help your child get ready for the world, I think it makes much more sense to them.

Kadija: And I think that one of the things that it also does is this that underscores our idea of these are the important moments. It's not when you're doing something extra or extraneous, it's these are the most important moments. And it also gives us an opportunity both to point out to the parent what's already happening. For me, it also gives me moments to what I call speak for the baby. So that it's an opportunity to say to a parent, "Oh, when you bent down, you couldn't see this but when you bent down to get the diaper underneath the couch, his little face was just like the world ended." And it kind did 'cause you are his world but you can speak for that internal experience of the baby in a way that maybe imperceptible to a parent. They don't have time to look, they never imagined that baby's have this complex ways of relating and experiencing. So I like to think about those moments once we've gotten permission, made it explicit that there's moments where what I can do is both point out to the parent what is genuinely so important about who they are and to also speak for the baby's idea of how important that all is.

Brenda: Well it is that phrase you used, "you are his world," I though how powerful is that? Particularly for our parents that we might work within Early Head Start who feel like they're not the world to anybody, not to their own parents, not to their spouses maybe. Certainly, not to many of the professionals with whom they've worked but what a powerful message to say to a parent that you mean everything to this little person. And I can just put myself in the shoes of a

parent and feel like, I would feel so much better about my life if my home visitor not only said that to me 'cause the words are important but also, acted in that way in her behavior. That she said, "I want to keep coming back to see you even if you're not nice to me, and I want to comment every time you do something wonderful for your baby because that's how much I think of you." That I think what a powerful message the parents, and how much psychological energy they could get from that that would allow them to do what we need them to do for their babies.

Kadija: Yes, yes.

Brenda: But another thing you were making me think about is how sometimes like you said, "We don't see what we want to see." So, one of the things I'd like to think about with home visitors is finding the one moment or the two moments in the context of that visit where we can see what we want to see. And almost every parent will give you some moment that you can celebrate with them. So, focusing on their strengths, focusing on the positive, focusing on when they do something well goes a long, long way. And you can see it in how their affect changes and how you'll see them try to repeat what you just celebrated again. Sometimes, when they shouldn't be like, you know, they're pushing it and the baby's moved on but they got such gratification from us saying to them, "Look at how you made your baby smile." That they want to get that gratification over and over gain but that's a sign of movement and we celebrate that and we look for opportunities to be that person for that parent. And that becomes, to me, almost more important that the lesson and that goes back to what you were saying earlier about the how in the lesson. The lesson should not be didactically delivered by us. It should be delivered in the context of what we see. So again, you use the curriculum as a foundation particularly if we can't remember all that child development, all that brain development stuff. We got it right there in the curriculum but if we use it at a time when it relates to some behavior in the parent, then, they're going to internalize it more instead of this sort of sitting there and listening to us talk about developmental milestones. And I think what we're talking about can seem so simple, and I want to underscore again that it is the greatest skill to be able to draw from what a parent is already doing with or being who they're being with their child. And I think one of the things as I was listening to you, I was thinking about, what does one have to do to get oneself in that space? And I think if you're worried, if you're preoccupied as a home visitor which can -- our home visitors can have good reason to be but if we can't get our worry out of the way, it's impossible to see a parent do something that's meaningful to a baby because it rarely will measure up to our aspirations. And even what might be doing something remarkable for this family doesn't look any thing like doing something remarkable for this -- in this family. That the idea of -- that you see that a parent turns to her baby to put the blanket over them before turning back to you to talk about how difficult her jobs search has been. To isolate that moment when she turned to that baby to see it and notice it is hugely meaningful to that baby but we got to be able to be in a place where we're not thinking that's meaningless and it has to be genuine. I think parents have or very adept at knowing if we're being genuine or not.

Brenda: And as a home visitor, you have to know -- you have to keep that in your mind at all times because it gets hard. And you feel like, "I'm not getting through, and I'm trying so hard." And all of us are in this work because we care about parents and we care about children. But I often say to home visitors, "You got to do it over and over and over again and you revisit that every time you do a visit in every activity, in every piece of the curriculum you're going over in every interaction you have with parents. You are constantly emphasizing how much they mean to the baby, how important they are to their baby's development, how what they're dealing in the moment matters for a lifetime." So there's certain kind of tenants that you're right, you got to keep giving voice to but you got to show it in your response to parents and it can even be, you know, "I like your baby." Because sometimes, parents even get jealous of the time we're spending with the baby and not with them. So then, they act out and they don't want us to come back, and we are like, "What -- we were doing is well." So you have to really be mentally vigilant about what you know is going on with the families with whom you work all the time, all the time. And again, that's why having an opportunity to reflect on that and supervision becomes so important because when you're in the moment and you're trying to do a million things there. You know, five siblings in the house, and there are people going in and out and you got this little tiny space in a one-room apartment where you're trying to do home visits, and it's just hard, it's just hard. It's hard to keep all of that in your mind.

Kadija: Yes, yeah.

Jennifer: Let's listen to Brenda talk about working with families at-risk in the home-based option, and then we'll hear the other presenters, home visitors Silvia Ramos and Joyce Bennett reflect on their own work with families.

[Music]

Brenda: Many children who come into our Early Head Start programs experienced a lot of early adversity. So, one of the things that we as home visitors have to do is really try to adapt our home visits specific to the risk factors that our families present. So, for example, if our family is presenting with maternal depression, we really have to not only think about making sure that family gets connected to a treatment center but also to think about what depression means for their parenting and how we can use our knowledge and skill around maternal depression to help the mother be more responsive to her child. The other thing that I have found to be really, really important is to really zero in on parental affect particularly when you think about mothers who have mental health problems or fathers who have mental health problems. They often don't really demonstrate the kind of affective range that their children need not only to understand the rules of affective expression, but also to begin to understand the rules of relationships and the rules around how to regulate your own affect. So one of the important things I think we have we do as home visitors is to really be attuned to what parents feel, and what they tell us non-verbally, and what their facial expressions are. And put that on the table so that we can help them think about what that means for their children. My training is really is as an infant mental health person from a psychodynamic perspective, but I have learned that there are

many skills from a cognitive behavioral approach that we can use to address some of these families who have risk factors. Particularly, parents with mental health problems like ways to think about meditating to help them to calm themselves down or ways to think about being more appropriate in their discipline of their children. More positive in their management of their children's behavior that really, we can use in the context of their interactions. The other thing to think about and this certainly is from an infant mental health perspective is what that child means to their parent from a psychological perspective. Like I've had many parents who said, "Oh, that baby looks so much like his dad or his mom and I can't stand the dad or mom anymore." And so helping parents to understand that feeling that way about children really does impact how they interact with them and how we know that that's not really where they are. If you ask parents, most of them will say, "I want my child to have a different experience than I had." So certainly, we can help them think about how they can stop themselves when those kinds of things happen, not in a judgmental way but in a way that supports them. The other thing that I think is critical is really to use every moment with one of these families. So the moments look very, very, very small. So it could be when a child touches a mother or it could be when a baby whimpers when they are just beginning to get hungry. Or it could be when a toddler is walking around with a soggy diaper -- that those tiny moments or times when we can say to a parent, "Here is your opportunity to show your child that you are tuned to him, that you're paying attention, that you want to nurture, that you want to do something good for them." And what we do as home visitors is celebrate every small, small moment that the parent uses to show those kinds of things to their child, even if the moment is fleeting. The other thing I really like to help home visitors think about is our engagement strategies. I think we have to really individualize them based on family risk factors. For example, one important thing is to think about perhaps increasing the frequency of initial home visits and perhaps, home visits throughout the course of the case. But certainly, in the engagement period, to try and see if we can't go out to families time and time again to show them that we are very serious about trying to support them. And to be able to say to them that even if they don't let us in the house or they don't want us to stay so long, that we really are there to support them anyway. The other thing that I think for these families is that you really have to give them many more concrete incentives for their participation so things like giving them diapers and car seats and things like that really go a long way to get them engaged in your program. And finally, because our parents who experience these risk factors often experience stressor after stressor during their day, even trying to get somewhere, trying to wait for the bus and they miss the bus. Every moment is a stressor that we can help them find joy in their interaction with their babies. That their babies are something that they created, that they contributed to the world, and that in the end will give them the things that maybe the rest of the world won't.

Kadija: Thank you so much Brenda for introducing us to those families whose challenges are often extreme and often chronic at the same time. And we have the privilege of being joined by two home visitors who, for whom, those kinds of circumstances are probably more ordinary than any of us would ever hope. And thank you for joining us to talk about the wealth of

experience that you bring. I would like to begin by, Sylvia, introducing yourselves to us and to the audience.

Sylvia Ramos: Hello. My name is Sylvia Ramos. I'm a home visitor for the Lourie Center, Early Head Start here in Maryland. I've been in the program for five years, and we worked with a diverse population. Most of them are Hispanic and African-Americans.

Kadija: Thank you, Sylvia.

Sylvia: You're welcome.

Kadija: And Joyce?

Joyce Bennett: Hi, I'm Joyce Bennett and I'm a home visitor from the Morgantown, West Virginia area, Early Head Start-- Daybrook Early Head Start and I have been with Early Head Start for 17 years.

Brenda: So now, we're going to entertain some questions, the four of us from home visitors around the country.

Home Visitor: Our question for you is what are some strategies in talking to families in a non-offensive way about the seriousness of their child's brain? And, how to not miss those windows of opportunities even when you're dealing with extreme crisis situations? We would really like some help on this. Thank you.

Kadija: I guess, one of the things that struck me is how do you make a baby's ordinary needs compelling during a time of what she calls continual crisis. That the parent's needs are rightfully so intense that I think about as home visitors, how do we find a way to give the baby a voice while still attending to and giving the proper due to the parent's crisis situation? Not that I think I would talk about brain development in those terms but I think what she was expressing is how worried we can get about babies getting lost among the parent's own having to survive.

Sylvia: I think that [inaudible] the ability -- it is very important to nurture the parents first and then the child, I would think, in the same moment. You know, listen to the parent and see their needs and also, you can look at your baby with this. You know, like give an example in the right moment.

Joyce: Absolutely. Put that baby on that mom's lap with a book and you're dealing with brain development. You don't necessarily say, "Okay, we're going to have a lesson on brain development." But you're going to read to that baby and stimulate that baby's brain and talk about how important it is for that baby to be exposed to books and to words. And, and hopefully, engage that mother in that moment that it's not about what's going on right now with me but it's my baby on my lap and it's just watching that child react to that book and to the mother's voice as she reads that book. And so, I think that's important, too. I think from every

home visit is centered around books and, you know, then that can introduce brain development when you talk about what's going on with that baby with that book, and that makes it easier.

Brenda: Yes, I agree with everything that's been said. And I also think that if we look hard enough, we can find instances where the mother is naturally promoting brain development. And sometimes, we look-- we have to look really, really hard but we can find those times when she says something to the baby. That we can point out to her and say, "Look, what you were doing, you were stimulating your baby's brain by, you know, talking to him when you changed his diaper or when you smiled at him." I mean, I, I really want mothers to know that even the ordinary things that they do with their babies, if they do them consistently, that they are stimulating their baby's brains.

Joyce: As simple as holding your baby and feeding your baby a bottle rather than propping a baby on a chair with a blanket tucked around him to drink from that bottle.

Brenda: That's right. Joyce: And sometimes, the mom needs to know, you need to hold that baby and put that -- talk to that baby and sing to that baby, and that's all part of brain development and stimulation, too. And some moms don't know that.

Brenda: That's right, that's right.

Kadija: And in addition to information, when we think about what is known and what is unknown, that I think we also want to add in that what we're looking at is what are the reasons that one mother does it or one father does it in a way where as you said, Joyce, it may not be what we would think would optimally support that child's development, the propping of the bottle, the not reading of the book. And that we're also wanting to think about what are obstacles to that parent being able. In addition to information, I often think that for families who are in continual crisis that usually, it's a whole history of experiences that the baby may not be able to even come into focus because what's seen about relationships or what's known about relationships from their own history doesn't allow them to see that baby's need for the way it's being expressed. And sometimes, I think, it's the home visitor who for the first time, offers a relationship to the parent such where they can begin to view the possibilities and pleasure of relationships that in turn, they can pass on to their baby. So if we see the parent, they in turn, might be able to see their baby.

Joyce: Right. And what happens when you -- maybe you have a new family and you start doing home visits, the parent is excited because the parent will say, "Oh, your teacher is here. You're teacher is here to do things." And so for us to say, "You're your baby's first teacher, you are your baby's best teacher." And if you can get a mom or a dad to understand that, that opens up a whole new world to them because they don't see themselves as that teacher. They don't see the importance of their words. They don't see how important it is that they are the ones who bring that to that baby's world. That you are that babies teacher.

Brenda: Right.

Joyce: Not me, you are that baby's teacher.

Brenda: And I think that is such an important thing for home visitors to keep in mind that our roles really are to support the parents, to be the best that they can be for their children.

Sylvia: Yes.

Brenda: So it's okay to kind of selectively attend sometime and shut out the noise of what's outside and really experience the joy of being with this little one who looks at you like you're the best thing since life's prayer. And one of the things I just was going to mention about one of the families that we have worked with recently is that once she made the shift, she was complaining that the baby was more clingy to her. That was the complaint, right? But what we had to think about helping her see is that baby was giving her a message that mom I've learned to rely on you in a really different way. And we flipped it for the mom to say to her, look at the power of what you've been able to do which is the same thing you were talking about, about being the first teacher and being so much more to those babies.

Kadija: Absolutely, absolutely.

Home Visitor: Hello! As a home-based area manager, I would like to know how to better assist my home visiting staff with their own mental health wellness when they are constantly dealing with families under toxic stress. Thank you.

Joyce: Well if we had the answer to that, we would be very rich. [Laughter] We could market that. I think first of all, when you're in helping profession, you have to know how to help yourself. You first and foremost find outlets that will help -- be a help to you within our program, there are several things that we were able to do. We have weekly staff meetings where we have a support staff who for the mental health specialist, we have a nurse. We have an education specialist that they consent. If we have questions or we have things going on that we can -- we can air those things during staff meeting. And then we have a monthly staff meeting where we're also able to with the entire program discuss needs. And then, there are different opportunities throughout the year that we are able to have maybe a day retreat and just have some time. But I think it's important if you are in the helping profession that you allow your staff to have some time to laugh, to have some time for friendship. And those are really important parts of keeping yourself healthy.

Sylvia: We have amongst a reflective supervision where we get the chance to talk about the families. And, you know, listen to ourself because the psychologist is like she's reflecting back to us and we're like, "Mm-hmm, I didn't thought about that." And, you know, it's like you take off the [inaudible] this a lot from the families. And also, I will say ask for help 'cause sometimes, we -- especially when we start work in this field, we feel that we can do everything. And we need to make sure that we get the help, you know, like if you have a parent that has a health issue, you have to help one another, bring them in. You know, get others involved.

Brenda: Sylvia, I just want to underscore your point about reflective supervision because I think no home visiting program should exist without providing reflective supervision to their home visitors. And I would argue that it needs to be every single week, because I feel like this is probably the hardest work because you're out there pretty much on your own without the support of the agency. I mean it would nice if we could carry the agency with us into those neighborhoods and into those homes and those communities, but we cant. So it is so important for us to have a secure place to go back and not only to think about, you know, how we can improve our skills and all that kind of stuff. But to have a place where you can just say, "I'm tired," or "this family scares me," or "I don't like this mom." Where you get somebody who says to you just like we want you to do with the families, I care about you and I don't want you to feel so stressed out. So let's think together in a collaborative way about how you can manage this case so that it doesn't feel so badly to you. Or let's think about the pieces of you that are getting away, or let's think about your boundaries. All those things at all of us, in this field unfortunately deal with throughout our careers because working with families make those kind of things come up. So, I really am happy you raised this issue of reflective supervision because I really think you can't deliver home-based services in an efficient, effective way without that kind of scaffolding no matter where you are in your career.

Home Visitor: I'm a family advocate supervisor. The family this question is about consists primarily of a mom with three young children under the age of three. Immigration issues are present, she seems to be depressed and trapped by her circumstances and is very isolated. This week, mom shared, she is leaving the baby in the crib at many hours of a day and letting him cry for minutes to an hour at a time before attending to him. It is painful for the home visitor to get mom to focus any length of quality time interacting with her children on the home visit. What are some strategies you would recommend using to help this mother see and respond to her child and children's need?

Kadija: So we hear about circumstances combined in this case, perhaps mental health difficulties, in terms of depression. We hear about the influences of extended family. We hear about influences possible of immigration altogether culminating in a situation with the baby where leaving moms unable to attend to him in the way that probably she herself would wish to be able to. And I wonder, we are asked to think immediately about strategies and yet, it's hard for me to start there. But rather, to ask about the ways and which when we hear about those family circumstances, how we think about -- what would we be thinking about and what would our approach be? What would we be paying attention to if those were what you were hearing from family and experiencing? What caught your attention?

Joyce: Well, I think that certainly helping her brainstorm ways to help take care of those children but also being able to find out what's going on with her above and beyond. If she's post partum, then there are some really common things that she can do but she does need it's probably see her OB, to get some help first and foremost. And then ask the home visitor help with these other issues, with immigration, with dealing with the in-laws. There's a lot to deal with that family.

Kadija: But it sounds like Joyce, for you, what came first was the depression and what came first was thinking about supporting that mother, so she in turn could be available to her baby. And I don't know, Sylvia, if those were the same things that struck you.

Sylvia: The -- I was concerned about her mother and I agree with her that maybe she's having a depression. But also, concerning the safety of the children for being in the crib for that long and crying, so that's something that I would address right away.

Kadija: When we think about it, it's so interesting to think about that we each kind of get pivoted. We each kind of attend to a slightly different part but I think between the two of you, it talks about the ways in which we have to be thinking both about the mom's experience at -- and the baby's and you bring that in from different perspectives.

Jennifer: Wow, there was so much brought up in just those few questions. I wish we have more time to address them. But I like talk a little bit more about the last question about addressing multiple needs in the family in greater detail because that's one at so many home visitors can attend with and also, it kind of gets to the essence of all the other questions.

Connie: One thing that struck me that I see with my own home visitors and supervisors is that even very experienced professionals, they'll pull to many directions. I think this dilemma goes back to the beginning of the webcast, when Kadija talked about broadening of the lens were you are watching both the parent and the child.

Jennifer: And it also brought to mind for me Brenda's references to Victor Bernstein's concept of pivoting were you start with where the parent is and you understand what the parent is struggling with and then you pivot to help the parent focus on their child. So in this case, you'd focused on the mother's concerns around her in-laws and the immigration issues and her mental health. And then, you pivot to wondering how all of this is affecting the baby. So this mom has a lot going on, so how are all these things impacting her children?

Connie: I agree.

Jennifer: So the Early Head Start Research and Evaluation Project found a high rate of depression among Early Head Start families. Although, Early Head Start did not have a significant impact on reducing the depressive symptoms or on increasing the use of mental health services, the program did help parents and relationships with their children. Positive impacts were found for parent-child interaction and children's social and emotional development. Connie, how do you support your staff in working with families with multiple needs and still keep the focus on the children?

Connie: In our program, we have various levels of support setup for our home visitors. We have a home visitor supervisor who goes out with the home visitors and models, parent-child interactions to her facilitation. And also, provides reflective supervision to the home visitor when they returned from that visit. We have managers and case management at least once a

month to work on the issues that these families may be dealing with. And our most important thing is that we teach all of our home visitors that when they go out on a visit, they're taking a backpack as support with them. That backup includes a home visitor supervisor, myself, our coordinators and all those community partners that can help us with providing resources to the home visitor and to the families in which we served.

Jennifer: Wonderful. Thank you Connie, I'm sure those who are watching have learned a lot from us today.

Connie: And thank you so much Jen for allowing me this opportunity to participate in this experience.

Jennifer: And thank you so much to our wonderful faculty and thank you for joining us today. Now, I like to introduce David Jones, senior home visiting specialist at the Office of Head Start who is going to give us some final words on the Office of Head Start perspective on parent-child relationships, the cornerstone to school readiness and the home-based option.

David Jones: On behalf of the Office of Head Start, I like to thank our wonderful presenters, Dr. Kadija Johnston, Dr. Brenda Jones Harden, Jennifer Boss, our home visitors, Sylvia Ramos, and Joyce Bennett. Our program director Connie Phillips, all of the home visitors who took the time to call in with questions, and of course, and Angie Godfrey for those inspiring opening remarks, as well as reminding us of our need to adhere to the Head Start Performance Standards. Each of our presenters who gave us much to ponder when considering parent-child relationships, as a cornerstone to school readiness within a home-based option. This option is filled with complexity and yet, offers many opportunities for wonderful intersections between relationship development, partnership, trust, and triumph. Home visits provide a truly meaningful service for children and family across the country in a variety of settings. It's not a secret to anyone who has invest at time and energy into developing a home visiting program that this option is viable and it contributes in meaningful ways to enhancing and supporting the overall development of children and families. It is my belief, flexibility and service provision, the mere fact that one can be flexible creates opportunities to be open to partnering with the parents. Flexibility is an essential component of partnering which supports family engagement. In order to partner with someone, we must believe that they can make a meaningful contribution to the partnership. To fully appreciate that the home is a learning environment and that staff can begin to discuss and share their thoughts about approaches to learning. They must help parents fully embrace their role as a primary driver of the child's education and development.

Engaging and partnering with the parents results in their actively taking part in discussions about their children's development. It is important for parents to understand that they help children develop a sense that the world is reasonably safe by the way they respond to their child's needs. The caregiver-child relationship is a primarily relationship where children first learn about attachment and bonding. When their social-emotional needs are being met, babies learn to regulate their emotions. The social and emotional skills they are developing are

important for school readiness. When they cry, they are communicating and they begin to appreciate when the caregivers respond in a timely fashion that language is a social process. When home visitors share these kernels of the curriculum with the parents in this way, they are open to discovering a variety of topics and sharing concerns. As educated consumers, it becomes easy for parents to recognize and better appreciate how depressive symptoms and family stress can adversely impact their availability, communication, and interactions with their children which can also enhance their understanding of how to support their children's transition through the various developmental stages. These concepts are important because they become part of your family partnership agreements. The individual activities within the home are directly related to the goal plan and are tied to the programs and individual child school readiness goals and outcomes.

It is also important for home visitors to be aware about the tension between doing enough and doing too much. As stated so eloquently by the presenters, parents are the primary facilitators of the children's development. They get to displace sometimes on their own but most often, do the partnerships, conversations and interactions with home visitors. One of the best gifts a home visitor can give to a parent is their ability to let go of everything else that may be going on and focus on the home visit. Then, they would be able to step back and find comfort and not knowing everything or having all the answers. Sometimes, it's important to support the parent and finding their own answers and/or solutions. Some strategies for engaging and partnering with the families: contract with families so get their buy-in and revisit the contract periodically; Model fidelity means providing at a minimum 48 visits and by weekly socialization experiences; front loading visit which is more labor intensive initially however, can be beneficial for some families; supporting families with challenges, mental health or developmental reminds us of our need to meet families where they are. It encourages us to do what is reasonably expected. It helps us to pace and lead and also reminds us to consider involving other supportive family members and community partners.

Home visitors must remember to take care of their own needs through supervision, peer support, family support, exercise and healthy eating. It helps to be physically, mentally, and spiritually strong. The Parent, Family, and Community Engagement Framework underscore what we know to be best practice approaches to supporting families. When respectful, trusting relationships is a goal, all families have the potential to be engaged which opens the door for many amazing possibilities. Possibilities that are actualized and realized by investing in the home-base program option. I hope this webcast would be viewed again and again, and seen as a wonderful resource supporting your work.

Thank you for all that you do for children and families across the country.