

Intentional Home Visiting Practice: Getting the Most Out of 90 Minutes!

Marie Natrall and Donna R. Britt Early Head Start National Resource Center





Objectives

- Review key HSPPS
- Discuss the essential elements of a home visit
- Identify intentional practices to increase family engagement and child outcomes
- Identify strategies to use to observe child development within the home based option

Head Start Program Performance Standards





Head Start Program Performance Standards

§ 1304.21(a)(2)(ii) Parents must be:

(ii)Provided opportunities to increase their child observation skills and to share assessment with staff that will help plan the learning experiences:

§ 1304.52 Home visitors must have knowledge and experience in child development and early childhood education § 1304.52[g](2) When a majority of children speak the same language home visitor must speak their

inguage. 1306.20(f) Home visitors communicate with the families either directly or through an

6 1206 22/b\/1\

§ 1306.33(b)(1)

The purpose of the home visit is to help parents improve their parenting skills and to assist them in the use of the home as the child's primary learning environment. The home visitor must work with parents to help them provide learning opportunities that enhance their child's growth and development.

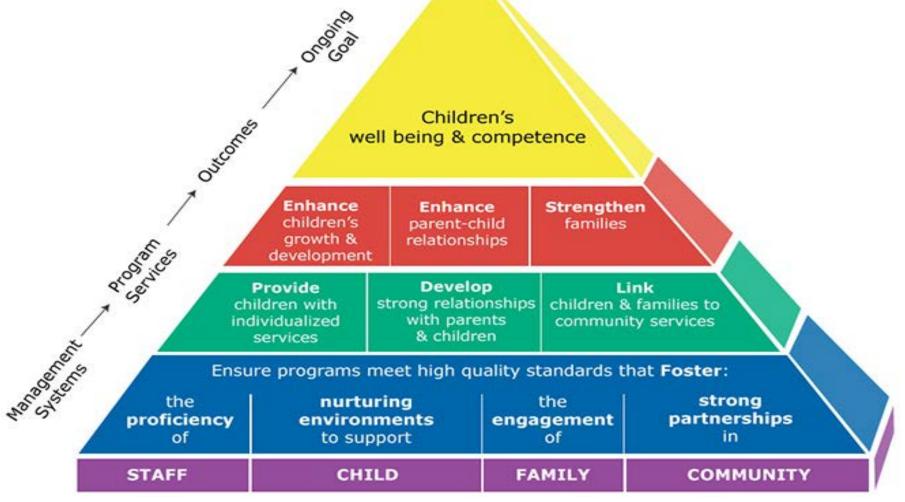
Section 645A. EARLY HEAD START PROGRAMS.

(b) SCOPE AND DESIGN OF PROGRAMS – In carrying out a program described in subsection (a), an entity receiving assistance shall –

- provide, either directly or indirectly or through referral, early continuous, intensive, and comprehensive child development and family support services that will enhance the physical, social, emotional, and intellectual development of participating children;
- (2) ensure that the level of services provided to families responds to their needs and circumstances
- (3) promote positive parent-child interactions;
- (4) provide services to parents to support their role as parents [including parenting skills training and training in basic child development) and services to help the families move toward selfsufficiency (including educational and employment services, as appropriate;
- (5) coordinate services with services provided by programs in the State (including home-based services) and programs in the community (including programs for infants and toddlers with disabilities and programs for homeless infants and toddlers) to ensure a comprehensive array of services (such as health and mental health services and family support services);
- (6) ensure that children with documented behavioral problems, including
- (7) problems involving behavior related to prior or existing trauma, receive appropriate screening and referral;
 (8) ensure formal linkages with local Head Start programs in order to provide for continuity of
- services for children and families;
- (9) develop and implement a systematic procedure for transitioning children and parents from an Early Head Start program to a Head Start program or other local early childhood education and development program;
- (10) establish channels of communication between staff of the Early Head Start program, and staff of a Head Start program or other local providers of early childhood education and development programs, to facilitate the coordination of programs;

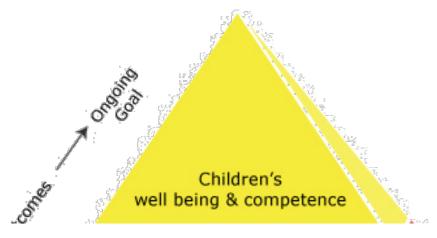


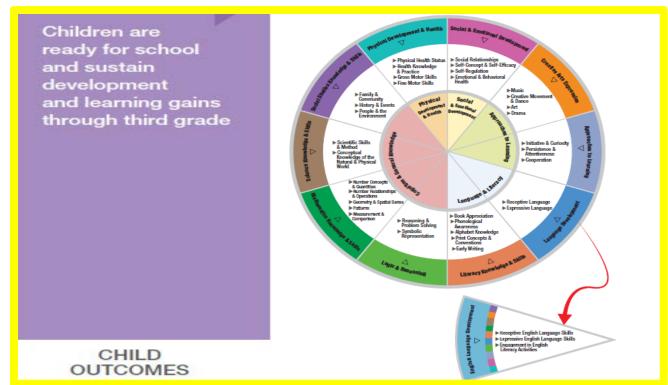
Program Performance Pyramid Model













Five Essential Domains For Birth to Five School Readiness Goals



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What do you think is the essence of the EHS Home Based Option?

Rap

- Song
 - Skit
- Drawing
- Limerick
 - Poem

Microsoft ®



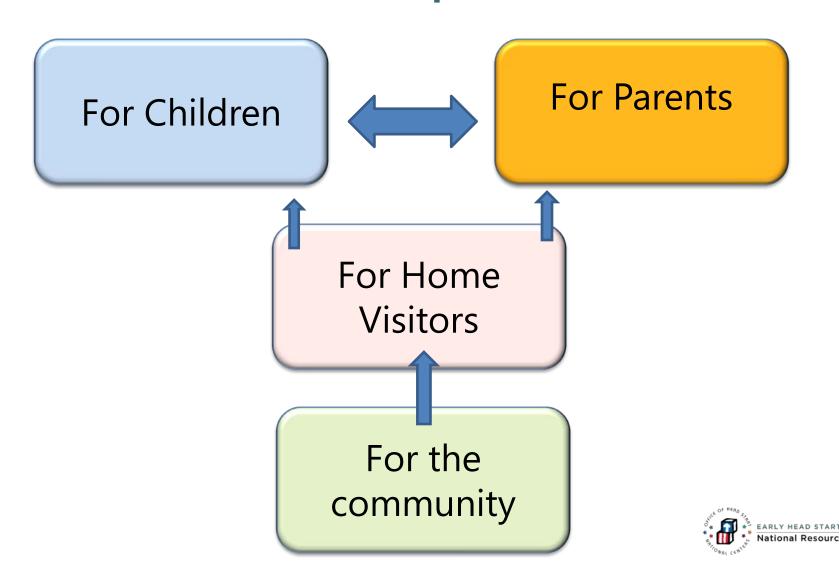
Aspects of EHS Home Visiting



What is unique about home visiting in Early Head Start?



What Makes the Home-Based Option Unique?

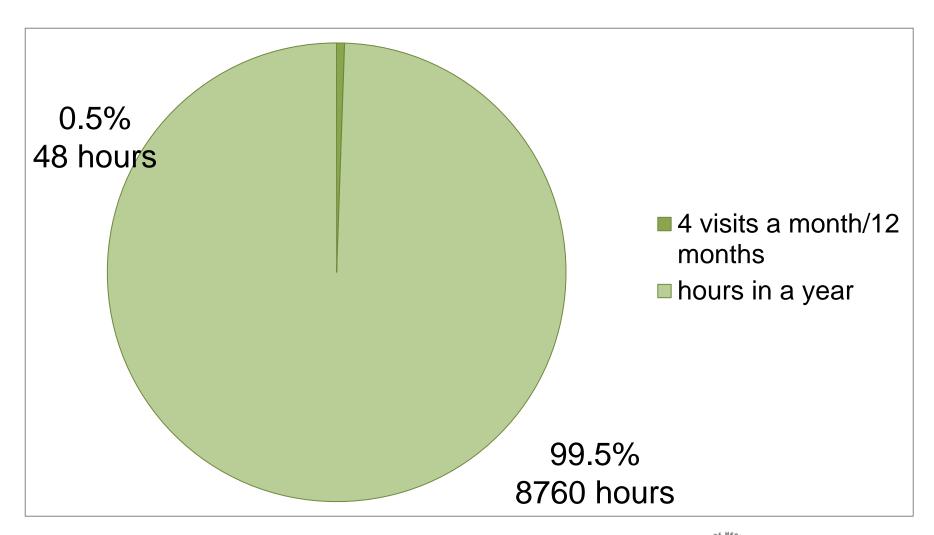


Advantages of Home Visits

- Increased comfort, openness, and trust on the part of the family
- Observation of parent/child behavior in familiar surroundings
- More flexibility in terms of time, space, and focus of work
- Incorporate the family's resources and needs
- Capitalize on natural parent/child interactions



Parent-Child Focus



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What do we know about engaging families?

- Adult-learning approaches that include active-learner participation produced larger effect sizes than those that did not. Dunst and Trivette (2009)
- When family members take the lead and make decisions about their children's learning, they are truly engaged. (HHS/ACF/OHS/NCPFCE, 2011)



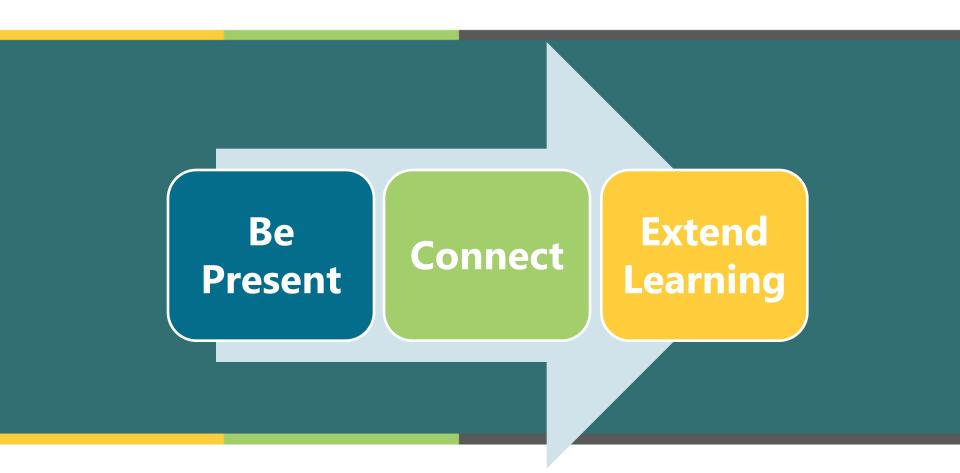
5 Tips for Engaging Families

- Convey program purposes.
- Build relationships.
- Be consistent.
- Focus on the child.
- Use materials found in home.
 - Brooks, Ispa, Summers, Thornburg, & Lane, 2003





Intentional Strategies to Engage Families and Promote Child Outcomes





Video



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What did you see?





Home Visitor Observable Skills



Courtesy of EHS NRC



Dyadic Interactions – What Adults Do

1 Set the stage for interaction

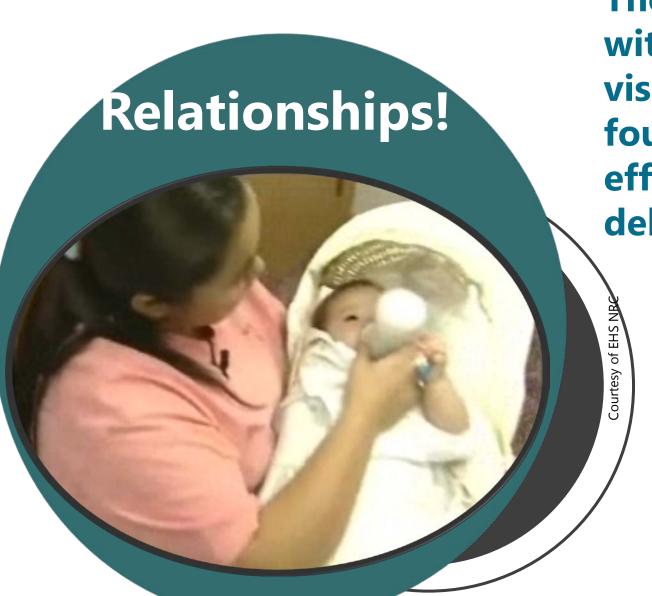
- 2 Maintain child's interest and attention
- 3 Turn taking (back and forth interactions)
- 4 Match and follow, support and scaffold learning



Triadic Strategies – What the Home Visitor Does

- 1. Establish a dyadic context
- 2. Affirm/acknowledge parenting competence
- 3. Focus attention & provide developmental information
- 4. Model & suggest





The relationship with the home visitor forms the foundation for effective service delivery.



Relationship Ready Home Visitors











Relationship-Ready Staff

- 1. Balanced, realistic view of relationships
- 2. Thinking and talking about relationships is comfortable
- 3. Have a generally positive approach
- 4. Assume relationships can survive
- 5. Sees others as resource
- 6. Puts effort into helping relationships work
- 7. Takes responsibility for their role difficult in situations (Reams, 2013)

Research shows that strong parent-child relationships link with positive cognitive and social emotional outcomes for children.

https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/docs/family-engagement-and-ongoing-child-assessment-081111.pdf



Three Core Concepts in Early Development

Serve & Return Interaction Shapes Brain Circuitry

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD

Center on the Developing Child 🐯 HARVARD UNIVERSITY



Using Child Observation

1304.21(a)(2)(ii) Parents ...

... must be provided opportunities to increase their child observation skills and to share assessments with staff that will help plan the learning experiences.

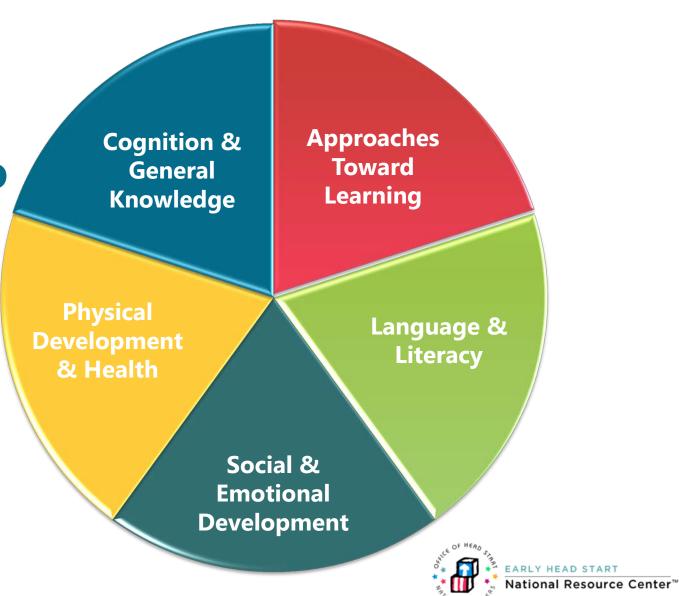
1304.21(c)(2) Staff ...

...must use a variety of strategies to promote and support children's learning and developmental progress based on the observations and ongoing assessment of each child.



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Five
Essential
Learning
Domains
For Birth to
Five



What Does Observation Look Like in the Home?

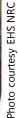


- An **instance** of regarding attentively or watching
 - Paying close attention to:
 - ✓ Short, spontaneous acts by children
 - ✓ Relationship-building interactions
 - ✓ Parent support of child learning & development

Observation in the Home...

- Is intentional
- Is strengths-based
- Promotes understanding
- Encourages
 sustainable
 learning and
 growth for adults









Observations In The Home



- Routines
- Interests
- Skills
- Cultural traditions
- Vocalizations
- Facial expressions



Why Observe?

- To plan and individualize learning experiences
- Measure and check progress
- Understand child's goals and intentions.
- Build relationships with family





How do you observe?



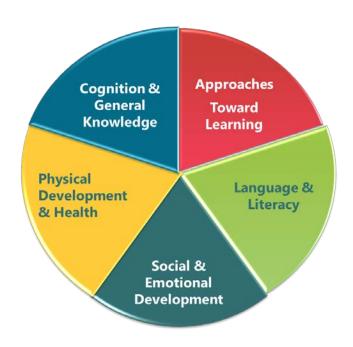
Courtesy of EHS NRC

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Observation

What indicators of development do you see? Hear?







Observations of Parent-Child Interactions



- What did the home visitors do?
- What do the parent do?
- What did the child do?

Observations of Parent-Child Interactions



http://csefel.vanderbilt.edu/resources/training_piwi.html



Engaging Families in Data Collection

Parent & home visitor exchange information based on:

- ✓ Observations of the child
- ✓ Ongoing infant/toddler assessments conducted by the home visitor or other EHS staff with the parents



Courtesy of EHS NRC



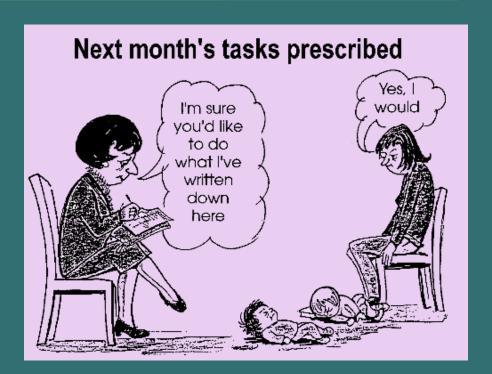
Joint Planning

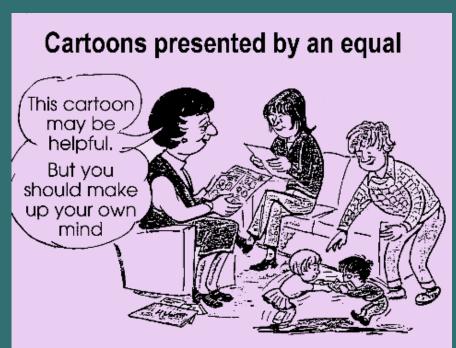
"The development of the young child across domains is exceedingly difficult to achieve without the support and well-being of the parent, even if the child participates in the highest quality intervention."

"Home-Based Early Head Start 'Kitchen Therapy'." Harden, Brenda Jones. Child Mental Health. Head Start Bulletin #73. HHS/ACF/ACYF/HSB. 2002. English.



Joint planning







Joint Planning



Video courtesy PIWI http://csefel.vanderbilt.edu/resources/training_piwi.html



Joint Planning

- How was the home visitor present?
- How did the home visitor connect with the parent? With the child?
- How did the home visitor extend the learning between the parent and the child?
- How did the home visitor include the parent in planning for the next home visit?



Ask Yourself

Does the parent make suggestions of things he/she would like for his/her child to learn or

do?





Joint Planning Strategies

- Review last visit
- Discuss activities over the week
- Observe experiences parent and child enjoyed
- Repeat experiences parent and child enjoyed
- Review joint plan made for this visit and why
- Plan for next visit



Supports for home visiting staff

"Family services staff and home visitors are often witness to the stories of trauma and hardship endured by children and families. For this reason, ongoing professional development strategies that include reflection and support are important."

Head Start Relationship-Based Competencies for Staff and Supervisors Who Work with Families. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/foundations/ohs-rbc.pdf



Systems That Support Home Visiting Staff

"For meaningful change to be sustainable, you need a work force of professionals that really understands child development, and you need policies that incentivize the behaviors that rely on that sort of expertise." James Comer, 2015





Family Partnership Agreement Process

Photo Courtesy EHS NRC



Staff Supports

Professional Development

Reflective Supervision







Thank you.

Please complete your evaluations.



REFERENCES

Dunst, C. J., & Trivette, C. M. (2009). Let's be PALS: An evidence-based approach to professional development. Infants and Young Children, 22, 164–176. https://depts.washington.edu/isei/iyc/22.3 Dunst.pdf

Head Start Relationship-Based Competencies for Staff and Supervisors Who Work with Families. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/foundations/ohs-rbc.pdf

Home-Based Early Head Start "Kitchen Therapy"
<a href="https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/Families-Parent%20Involvement/Home-Based/edudev_art_00109_072305.html;bW5ibG9jaw=="https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/Families-Parent%20Involvement/Home-Based/edudev_art_00109_072305.html;bW5ibG9jaw=="https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/Families-Parent%20Involvement/Home-Based/edudev_art_00109_072305.html;bW5ibG9jaw=="https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/Families-Parent%20Involvement/Home-Based/edudev_art_00109_072305.html;bW5ibG9jaw=="https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/Families-Parent%20Involvement/Home-Based/edudev_art_00109_072305.html;bW5ibG9jaw=="https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/Families-Based/edudev_art_00109_072305.html;bW5ibG9jaw=="https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/Families-Based/edudev_art_00109_072305.html;bW5ibG9jaw=="https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/Families-Based/edudev_art_00109_072305.html;bW5ibG9jaw=="https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/Families-Based/edudev_art_00109_072305.html;bW5ibG9jaw=="https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/Families-Based/edudev_art_00109_072305.html;bW5ibG9jaw=="https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/Families-Based/eecd/eecd/eecd/e

RESEARCH TO PRACTICE. Early Head Start Home-Based Services http://www.acf.hhs.gov/sites/default/files/opre/homebase_services.pdf



RESOURCES

- Head Start Relationship-Based Competencies for Staff and Supervisors Who Work with Families. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/foundations/ohs-rbc.pdf
- Lenette Azzi-Lessing. Home visitation programs: Critical Issues and Future Directions http://ecadmin.wdfiles.com/local--files/home-visiting/Home%20Visitation%20Programs%20-%20Critical%20Issues.pdf
- RESEARCH TO PRACTICE. Early Head Start Home-Based Services
 http://www.acf.hhs.gov/sites/default/files/opre/homebase_services.pdf





Head Start Program Performance Standards:

Home Based Option

§ 1306.33(b)

The home visitor must work with parents to help **them** provide learning opportunities that enhance their child's growth and development.

CONTENTS OF STANDARDS- The standards for training, qualifications, and the conduct of home visits shall include content related to—

- A. **structured child-focused home visiting** that promotes parents' ability to support the child's cognitive, social, emotional, and physical development;
- B. effective strengths-based parent education, including methods to **encourage** parents as their child's first teachers;
- C. early childhood development with respect to children from birth through age 3;
- D. methods to help parents promote emergent literacy in their children from birth through age 3, including use of research-based strategies to support the development of literacy and language skills for children who are limited English proficient;
- E. ascertaining what health and developmental services the family receives and working with providers of these services to eliminate gaps in service by offering annual health, vision, hearing, and developmental screening for children from birth to entry into kindergarten, when needed;
- F. strategies for helping families coping with crisis; and
- G. the relationship of health and well-being of pregnant women to prenatal and early child development.



Head Start Program Performance Standards:

Home Visitor Staff Requirements

645A(i) Staff Qualifications and Development-

(1) HOME VISITOR STAFF STANDARDS- In order to further enhance the quality of home visiting services provided to families of children participating in home-based, center-based, or combination program options under this subchapter, the Secretary shall establish standards for training, qualifications, and the conduct of home visits for **home visitor staff in Early Head Start programs.**

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1304.52(g)(2) When a majority of children speak the same language home visitor must speak their language.

1306.20(f) Home visitors communicate with the families either directly or through an interpreter.

§ 1304.52 Home visitors must have knowledge and experience in child development and early childhood education

Handout 2 - Relationship- ready staff characteristics

- 1. Have a balanced and realistic view of relationships including both positive & negative aspects
- 2. Consistently think about other person's feelings, wants, state of mind, etc. and take that into account in their actions without neglecting own interests
- 3. Have a generally (but not rigid) positive approach to other people, to themselves, and to the world
- 4. Value relationships and get rewards from how well relationships are going
- 5. Assume relationships can survive negative feelings and tend to communicate about them rather than withdrawing
- 6. See other people as a resource who can help them rather than as competitors, critics, or unavailable people
- 7. Put effort into helping relationships work
- 8. Thinking and talking about relationships is comfortable for them
- 9. Reflect on and take responsibility for their own contributions to difficult situations



Handout 3 - Relationship-ready behaviors

- In their job interview, are they successful in connecting with you?
- How do they relate to front-office staff or other staff they meet incidentally as part of the hiring process?
- In negotiating interview times or other parts of the process, do they do that <u>with</u> you or do they assume that either you or they will arrange it unilaterally?
- How promptly do they return phone messages?
- How well do they pick up on nonverbal cues you send automatically?
- When you are conversing do they effectively engage in a give-and-take with you?
- Do they make any minor social boundary mistakes (e.g. standing too close, giving an inappropriate compliment)?

From Bertacchi, J. (1996). Relationship-based organizations. Zero to Three, 17(2), 1, 3-7



Handout 4 - Interview questions to assess relationship-readiness

Part 1: Think of a client you have had a substantial relationship with before and then I am going to ask you some questions about that client and your relationship

Selected questions:

- Describe your relationship with this child?
- I'd like you to choose five adjectives that reflect your relationship with this child. This might take some time and then I'm going to ask you why you chose them.
- What was going on inside the child when he or she was upset?
- How did you respond when this child was upset?
- How did it affect you on the inside when this child was upset?
- Why did you choose this child to talk about?

Part 2: Think of a specific difficulty you have had with a colleague or supervisor

Selected questions:

- Please describe what you think was going on in that situation.
- What were your feelings?
- Describe how you believe the other person saw this situation differently from you.
- If you had the situation to do over again, what would you do differently?

Based on the Adult Attachment Interview developed by Mary Main



Handout 5 - Rating scale to quantify answers on relationship-readiness

How rich and elaborate are the descriptions of the other people?						
	unclear				vivid	
	1	2	3	4	5	
How muc about?	ch does the in	terviewee see	m emotionally	/ connecte	d to the people they are talking	
	distant			CC	onnected	
	1	2	3	4	5	
How mud	ch does the in	terviewee see	m coherent in	what they	are talking about?	
	rambling coherent				coherent	
	1	2	3	4	5	
How much does the interviewee seem to feel positively about the other individuals?						
	negative				positive	
	1	2	3	4	5	
How mud	How much does the interviewee communicate an interest in others' internal emotional worlds?					
	not intereste	ed			interested	
	1	2	3	4	5	



Handout 6 - Questions to ask references to assess relationship-readiness

- 1. Compared to other staff, how was this person at handling differences between themselves and other staff?
- 2. Compared to other staff, how much would this person think about how they could do their job better?
- 3. Did this person seem to work better with a certain sort of child or parent? How could you tell?
- 4. Compared to other staff, how was this staff at responding productively to frustrated or upset clients? What specific skills did you see?
- 5. What do you think was the hardest part of the day-to-day aspect of doing their job for this person? How come?
- 6. Over time, how did this person's relationships with co-workers change?
- 7. Was this person a worker who would use you for support and advice? Is yes, please give an example?
- 8. Describe how this person would react if you offered a suggestion that they had not asked for?



Handout 8 - Sample EHS Infant Toddler Questionnaire

We are interested in learning about your attitudes and values concerning infants, toddlers, and their families. Number in order your first preferred response (#1) to least preferred response (#5) for each situation or statement. Also, write a brief explanation of why you chose your #1 response and/or any comments you would like to make about the situation and your responses. Please limit your comments to the lines provided. Feel free to approach this questionnaire in whatever manner seems most appropriate to you.

1.	Among the infants you work with there is a six month old who cries often, is difficult to comfort, and seems to want to be held and rocked all the time. To you, this child most likely:
	Is under stress due to tension at home and needs a calmer environment and more regular routines.
	Is used to being picked up as soon as she cries and held by her parents and needs to be helped to learn to self-comfort.
	Has a physical problem. You recommend a thorough examination by a doctor.
	Has a particularly fussy temperament. As such, the best approach is to respond to her needs until this phase passes.
	Is affected by a variety of factors including temperament, physical discomfort and environmental stresses.
Comn	nent:
2.	The ultimate goal of education and child-rearing is to help develop adults who:
	Are flexible and adaptive to change
	Have good skills and high abilities
	Feel good about themselves



	_ Can get along well with others
	_ Have a sense of responsibility and know right from wrong
Con	nment:
3.	Curriculum for infants and toddlers should:
	Consist primarily of opportunities for sensory exploration consistent with their level of development.
	_ Follow from the needs and interests of the children.
	Be drawn from activities developed by curriculum experts for the particular age of your group.
	Be embedded in the care giving routines and play of the children.
	There should be no curriculum for infants and toddlers as it is not developmentally appropriate to do so.
Con	nment:
4.	After a toddler pushes another child out of the way to get a turn on the slide first, you see her father give her a gentle swat on her diapered bottom and say to her in a stern voice, "Don't be a bad girl".
	You go up to the father and acknowledge his frustration and ask him to tell you about his concerns regarding the child's behavior.
	You ignore the interaction and make a mental note to discuss the incident at the next home visit or parenting session.



	You go up to the father an suggest he not hit her because it only teaches that violence is an acceptable way to get what you want.
	You go up to the father and demonstrate a safer and more caring way to tell his child not to push another child.
	You go up to the father and tell him to ignore the child's behavior as it is a developmental issue and not a behavior problem.
Com	nment:
5.	In your opinion, what sort of factors are barriers to families in being able to nurture and provide for their children?
6.	What do you see as characteristics of a well functioning center staff team? Can you describe actions you have taken to promote healthy relationships in teams you have worked with?



Handout 10 - Sample EHS Infant Toddler Specialist Hiring Rating Scale

ITEM	#	DEFINITION			
EDUCATION	1	Meets minimum (CDA/Oregon Registry Step 7 and training/coursework in			
		infant/toddler development)			
	2	Exceeds minimum (AAS in Early Childhood Education or meets minimum			
		with AAS in related field)			
	3	Significantly exceeds minimum: BA/BS or higher degree in Early Childhood			
		Education or meets minimum and has BA/BS degree in related field)			
EADLY.					
EARLY	1	Meets minimum: 6 months experience in an early childhood setting (0-			
CHILDHOOD		5/prenatal)			
EXPERIENCE	2	One year of experience			
	3	One year of experience Over one year to two years of experience			
	4	More than two years of experience			
	7	Wore than two years of experience			
INFANT/TODDLE	1	6 months of experience working with infants/toddlers and/or pregnant			
RPRENATAL	_	women)			
EXPERIENCE		we.me.n,			
	2	One year of experience			
+ ' '		Over one year to two years of experience			
	4	More than two years of experience			
KNOWLEDGE OF	1	Low: Brief, basic answers that do not reflect the scope of the field			
INFANT/TODDLE					
R					
FIELD					
(From Interview)		Fair Consult on the death with the death of the Cold			
	2	Fair: General knowledge/limited scope of the field			
	3	Good: Demonstrates a sound knowledge base that reflects the scope of the field/articulates fully the most important aspects of infant/toddler			
		development			
	4	Excellent: Demonstrates a high degree of knowledge that comprehensively			
	т	reflects the scope of the field/articulates all important aspects of			
		infant/toddler development			
HOME VISITING	1	Minimal experience doing home visits (any type)			



toddlers and/or prenatal women. 3 One year of home visiting experience with families with infants and toddlers and/or prenatal women. 4 Over one year of home visiting experience with families with infants and toddlers and/or prenatal women. 8 ELATIONSHIP - READY INTERVIEW 2 Scored a 3 overall on rating scale (note: overall scores of 1 or 2 do not receive points) INTER-PERSONAL SKILLS (INTERVIEW) 2 Fair: Connects poorly with interview committee, little eye contact, abrasive or judgmental, etc. 3 Good: Connects basically with interview committee, but some concerns with relational skills, listening ability etc. 3 Good: Connects well with interview committee, good eye contact, non-judgmental, friendly appropriate interactions with committee, listens with interest, ability to converse well 4 Excellent: A high degree of connection with the interview committee, demonstrates a high degree of interest in committee members, asks pertinent questions, listens actively, shows respect for parent, friendly, responsive interactions, etc. INFANT/TODDLE R QUESTIONNAIRE (WRITTEN) 1 Brief, non-descriptive answers, judgmental responses 2 Basic knowledge of the field, limited understanding of both parent and child perspectives and contributions, empathic, non-judgmental		1			
3 One year of home visiting experience with families with infants and toddlers and/or prenatal women. 4 Over one year of home visiting experience with families with infants and toddlers and/or prenatal women. RELATIONSHIP - READY INTERVIEW 2 Scored a 3 overall on rating scale (note: overall scores of 1 or 2 do not receive points) INTER- PERSONAL SKILLS (INTERVIEW) 2 Fair: Connects poorly with interview committee, little eye contact, abrasive or judgmental, etc. 3 Good: Connects basically with interview committee, but some concerns with relational skills, listening ability etc. 3 Good: Connects well with interview committee, good eye contact, non-judgmental, friendly appropriate interactions with committee, listens with interest, ability to converse well 4 Excellent: A high degree of connection with the interview committee, demonstrates a high degree of interest in committee members, asks pertinent questions, listens actively, shows respect for parent, friendly, responsive interactions, etc. INFANT/TODDLE R QUESTIONNAIRE (WRITTEN) 1 Brief, non-descriptive answers, judgmental responses 2 Basic knowledge of the field, limited understanding of both parent and child perspectives and contributions, empathic, non-judgmental		2	Six months of home visiting experience with families with infants and toddlers and/or prenatal women.		
A Over one year of home visiting experience with families with infants and toddlers and/or prenatal women.		3	_ ·		
RELATIONSHIP READY INTERVIEW 2 Scored a 3 overall on rating scale (note: overall scores of 1 or 2 do not receive points) 3 Scored a 4 overall on rating scale INTER-PERSONAL SKILLS (INTERVIEW) 2 Fair: Connects poorly with interview committee, little eye contact, abrasive or judgmental, etc. 5 Fair: Connects basically with interview committee, but some concerns with relational skills, listening ability etc. 3 Good: Connects well with interview committee, good eye contact, non-judgmental, friendly appropriate interactions with committee, listens with interest, ability to converse well 4 Excellent: A high degree of connection with the interview committee, demonstrates a high degree of interest in committee members, asks pertinent questions, listens actively, shows respect for parent, friendly, responsive interactions, etc. INFANT/TODDLE R QUESTIONNAIRE (WRITTEN) 1 Brief, non-descriptive answers, judgmental responses 2 Basic knowledge of the field, limited understanding of both parent and child perspectives and contributions, empathic, non-judgmental			·		
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understanding of both parent and child perspectives and contributions, empathic, non-judgmental					
empathic, non-judgmental					
		4	High level of knowledge, answers show reflective thinking, a comprehensive		
understanding of parent child relationships and infant/toddler development,					



		a strong perceptive understanding of both parent and child contributions, highly empathic
CLASSROOM	1	Poor to limited skills
OBSERVATION		
RATING SCALE		
	2	Fair
	3	Good
	4	Excellent



Dyadic Characteristics and Strategies What Adults Can Do

Set the Stage for Interaction

- Position self & child so that mutual gaze/joint attention are possible
- Provide objects/events appropriate to child's development & understanding
- Physically support child if needed to allow interaction with others/objects

Maintain Child's Interest and Attention

- Establish yourself as an interesting/interested partner
- Maintain warm, encouraging manner
- Provide clear emotional cues
- Use novelty & exaggeration to capture interest
- Be sensitive & responsive to child's emotional expression
- Regulate pace in relation to child's mood and emotional cues
- Recruit child's attention when unengaged or unfocused
- Introduce new focus or activity when needed

Establish Reciprocal Roles (Turn-Taking)

- Respond to child's initiations
- Establish predictable interaction routines (I take a turn, you take a turn)
- Provide time for child to take a turn
- Let the child know that a response is expected... then wait
- Imitate... then wait

Match and Follow

- Observe, interpret and then join the child by matching their focus of attention/interests
- Follow the child's lead
- Comment on the child's activities and interests

Support/Scaffold Learning

- Elaborate on child's communicative attempts
- Add new actions/elements to established interaction routines
- Balance support (suggestions, demonstration) with expectations/opportunities for independence
- Pose "dilemmas" for child to solve

Triadic Strategies

Examples

1. ESTABLISH DYADIC CONTEXT Elements of the environment are arranged or rearranged to increase the probability of mutually enjoyable parent-child interactions

Direct to Parent

- Facilitator provides an activity that supports participation by parent-child.
- Facilitator rolls a ball to parent and child.
- Facilitator positions child where parent can see what he is doing.
- Facilitator helps child bring materials to mom and place them in front of her.
- Facilitator moves toy that child wants to play with closer to where mother is sitting.
- Facilitator shifts her position away from the child so that the parent is closer.
- Facilitator brings out a different piece of climbing equipment.

Indirect to Child

- Facilitator helps Johnny bring toys to where mom is sitting.
- "Where's mom? I'll bet mommy wants to see."
- "Let's show your dad the telephone."
- "Mommy, come here, please."
- "Daddy, will you help me with this?"
- 2. AFFIRM PARENT COMPETENCE Developmentally supportive interactions are warmly recognized and expanded upon, as are characteristics of child competence

Direct to Parent

- . "He really likes to play with you like that."
- "It's so much fun to watch her play."
- . "When you pushed on it, she imitated you."
- "That was a great idea to put it closer to her."
- "She really likes how you make those for her...here are some other cookie cutters to try if you like."
- "You get a lot of pleasure from watching him cruise around, don't you?"
- "You asked about home-made toys...I brought some information for you today."
- "He looks so happy when you play with him in the water."
- "He's really good at putting the blocks in the hole."

Indirect to Child

- "Mom is really watching you...she really likes to watch you."
- "I like it when you do that, mom."
- "Look how well I can do this after you showed me!"
- "Thanks, dad, that made it easier."
- 3. FOCUS ATTENTION Aspects of the interaction are commented upon, expanded, or questioned in order to draw the parent's attention to particular competences or actions in self or child

Direct to Parent

- "It's really interesting to watch how she uses all of her familiar actions to explore a new toy."
- "I covered Ernie, and Sarah found him!"
- "How do you do this at home?"
- "How does he let you know that he's interested in a new toy?"
- "He's really practicing his new walking abilities."

Indirect to Child

- "Show your mom that you can put all of the rings on."
- "I can climb up the slide, mom."
- "I can climb all the way to the top!"
- "I'm trying to figure out how this key fits in the hole. Can you help me mom?"
- "Look, dad, I made it work."
- 4. PROVIDE DEVELOPMENTAL INFORMATION Information about the child's development agenda is given by verbally labeling or interpreting the child's emotional, cognitive, language, and motor abilities within the context of play and interaction

Direct to Parent

- Facilitator explains to parent how to use scarf to encourage tracking and reaching.
- Facilitator talks to mom about how to encourage cruising.
- "He really likes to pretend."
- "Look how well she was able to use her fingers to pick up that tiny piece of lint!"
- "He's really learning how to bring his hands together to get things!"
- "Did you see how he was able to remember where it was when you hid it for him?"
- "He's enjoying exploring containers today, isn't he?"

Indirect to Child

- "Mommy, look...l've learned that turning this makes the clown pop out."
- "Put it a little bit out of my reach, dad, so I'll have to move over there to get it!"
- "I don't like it when you leave because I don't know yet that you will come back."
- "I'm trying to figure out how to play with my new friend."
- "Mommy, help! I can't figure out how to put the block in the hole."
- "Grandma is holding it still so it will be easier for you to play with."
- "I'm just learning to talk...I need for you to tell me what things are."

5. MODEL Dyadic interaction roles are momentarily taken on by the facilitator

Direct to Parent

- Facilitator holds the base of a block tower that the child is trying to build, and then invites parent to take over.
- Facilitator imitates child, and then when child makes another sound, waits for parent to imitate.
- "I'll put it closer and see what he'll do with it."
- "I'll move this away so that he will be safer when he climbs up."

Indirect to Child

- Facilitator establishes a turn-taking routine with child, then says, "Dad wants to play now."
- "I'm rolling it back to you now, mommy."
- "You're giving it to daddy just like you gave it to me."
- 6. **SUGGEST** Facilitator provides parent with a specific suggestion for something to try with the child

Direct to Parent

- Facilitator hands ring with string attached to parent.
- "Come over here where you can see better...look at her big smile—she's really enjoying herself."
- "I wonder what would happen if you put your hand over it?"
- "Watch what he does when I hold him at the hips."
- "Let's see what would happen if you moved over here a little so that he has to move to get closer to you."

Indirect to Child

"Show me how you and your mom play patty-cake at home."

"Call your mom on the telephone."

"Throw the ball to grandma."

"Maybe your mom could help you sign 'more'."

"Ask your dad if he wants to paint, too."

"Put the beads on mom's neck."

"Roll it to mom and she'll roll it to you."

"See if your mom wants to go to the water table with you."

"Go slower, daddy, so I can keep up with you."

"Mommy, mommy...you do it!"

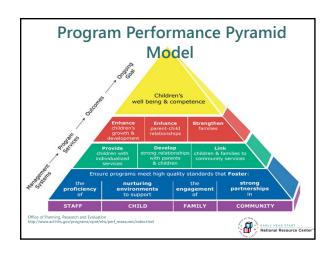
Linking Dyadic to Triadic

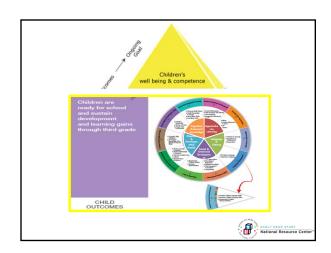
Dyadic Strategies	Strengths	Focus	Triadic Strategies	Which Strategies Will I Use? How?
Set the Stage			Establish Dyadic Context	
Maintain Interest and Attention			Affirm/ Recognize Parenting Competence	
Establish Reciprocal Roles			Focus Attention	
Match and Follow			Provide Developmental Information	
Support and Scaffold			Model	
			Suggest	

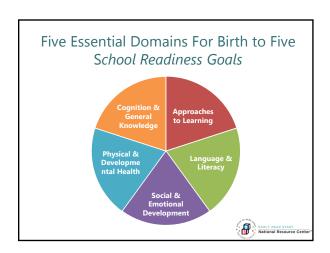






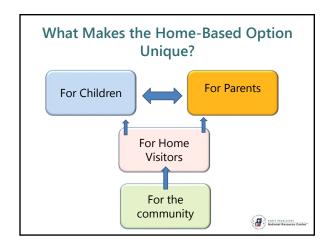








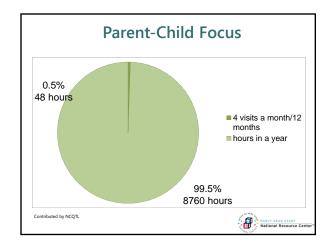




• Increased comfort, openness, and trust on the part of the family • Observation of parent/child behavior in familiar surroundings • More flexibility in terms of time, space, and focus of work • Incorporate the family's resources and needs • Capitalize on natural parent/child interactions

EARLY HEAD START
National Resource Cent

EARLY HEAD START
National Resource Co



What do we know about engaging families? Adult-learning approaches that include active-learner participation produced larger effect sizes than those that did not. Dunst and Trivette (2009) When family members take the lead and make decisions about their children's learning, they are truly engaged. (HHS/ACF/OHS/NCPFCE, 2011)

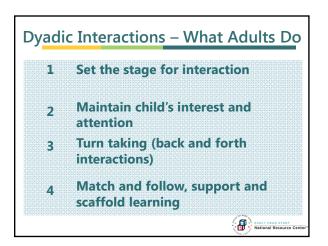












Triadic Strategies – What the Home Visitor Does

- 1. Establish a dyadic context
- 2. Affirm/acknowledge parenting competence
- 3. Focus attention & provide developmental information
- 4. Model & suggest





Relationship Ready Home Visitors











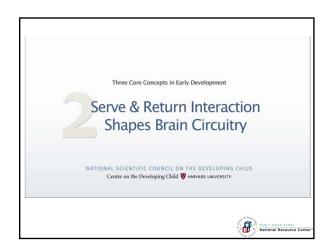
Relationship-Ready Staff

- 1. Balanced, realistic view of relationships
- 2. Thinking and talking about relationships is comfortable
- 3. Have a generally positive approach
- 4. Assume relationships can survive
- 5. Sees others as resource
- 6. Puts effort into helping relationships work
- 7. Takes responsibility for their role difficult in situations (Reams, 2013)

EARLY HEAD START
National Resource Center

Research shows that strong parent-child relationships link with positive cognitive and social emotional outcomes for children.





Challenges for Engaging Families

What are some of the challenges of parents and families that influence their ability to interact and engage during home visits?





Using Child Observation

1304.21(a)(2)(ii) Parents ...

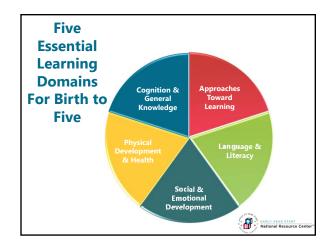
... must be provided opportunities to increase their child observation skills and to share assessments with staff that will help plan the learning experiences.

1304.21(c)(2) Staff ...

...must use a variety of strategies to promote and support children's learning and developmental progress based on the observations and ongoing assessment of each child.







What Does Observation Look Like in the Home?



- An instance of regarding attentively or watching
- Paying close attention to:
 - ✓ Short, spontaneous acts by children
 - ✓ Relationship-building interactions
 - ✓ Parent support of child learning & development



Observation in the Home...

- Is intentional
- Is strengths-based
- Promotes understanding
- Encourages sustainable learning and growth for adults





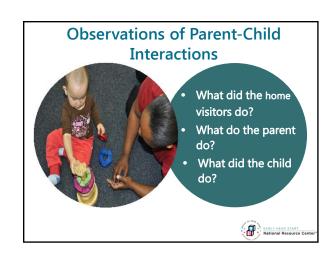


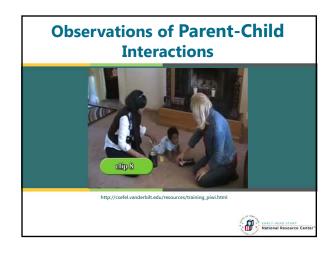












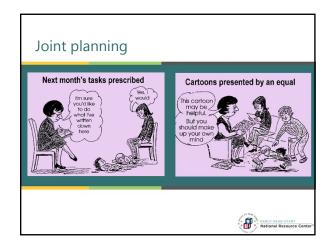


Joint Planning

"The development of the young child across domains is exceedingly difficult to achieve without the support and well-being of the parent, even if the child participates in the highest quality intervention."

"Home-Based Early Head Start "Kitchen Therapy:" Harden, Brenda Jones. Child Mental Health. Head Start Bulletin #73. HHS/ACF/ACYF/HSB. 2002. English.





Joint Planning



Joint Planning

- How was the home visitor present?
- How did the home visitor connect with the parent? With the child?
- How did the home visitor extend the learning between the parent and the child?
- How did the home visitor include the parent in planning for the next home visit?



Ask Yourself

Does the parent make suggestions of things he/she would like for his/her child to learn or do?





Joint Planning Strategies

- Review last visit
- Discuss activities over the week
- Observe experiences parent and child enjoyed
- Repeat experiences parent and child enjoyed
- Review joint plan made for this visit and why
- Plan for next visit



Supporting Home Visitors

"Family services staff and home visitors are often witness to the stories of trauma and hardship endured by children and families. For this reason, ongoing professional development strategies that include reflection and support are important."

Head Start Relationship-Based Competencies for Staff and Supervisors Who Work with Families. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/foundations/ohs-rbc.pdf



Systems That Support Home Visiting Staff

"For meaningful change to be sustainable, you need a work force of professionals that really understands child development, and you need policies that incentivize the behaviors that rely on that sort of expertise."

James Comer, 2015











REFERENCES

Dunst, C. J., & Trivette, C. M. (2009). Let's be PALS: An evidence-based approach to professional development. Infants and Young Children, 22, 164–176. https://depts.washington.edu/isei/iyc/22.3 Dunst.pdf

Head Start Relationship-Based Competencies for Staff and Supervisors Who Work with Families. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/foundations/ohs-rbc.pdf

Home-Based Early Head Start "Kitchen Therapy"
https://ecikc.ohs.acf.hhs.gov/hslc/tta-system/teaching/eecd/FamiliesParent%20Involvement/HomeBased/edudev art 00109 072305.html;bW5ibG9jaw==

RESEARCH TO PRACTICE. Early Head Start Home-Based Services http://www.acf.hhs.gov/sites/default/files/opre/homebase_services.pdf



• RESOURCES

- Head Start Relationship-Based Competencies for Staff and Supervisors Who Work with Families. http://eclkc.ohs.acf.hhs.gov/hslc/ttasystem/family/foundations/ohs-rbc.pdf
- Lenette Azzi-Lessing. Home visitation programs: Critical Issues and Future Directions http://ecadmin.wdfiles.com/local--files/home-visiting/Home%20Visitation%20Programs%20-%20Critical%20Issues.pdf
- RESEARCH TO PRACTICE. Early Head Start Home-Based Services http://www.acf.hhs.gov/sites/default/files/opre/homebase services.pdf





Joint Planning Strategies

You can support joint planning by:

- Carefully explaining from the beginning (e.g., orally, in pamphlets, in a contract) that the
 main reason for the home visit is to work with the family to explore the many ways
 parents can support their child's learning and development. Home visits are also an
 opportunity for families to work on goals jointly created within the Family Partnership
 Agreement;
- together with the parents, reviewing what had happened during the last visit and learning what has happened since then;
- repeating experiences from the last visit, as appropriate;
- reviewing the joint plan made for the visit, making sure that parents have the opportunity to discuss how the experience might work and why you are offering it;
- using materials from the home to support parents through experiences/interactions planned for the visit;
- observing and reflecting with parents during the activity;
- asking for input ("I wonder, does this seems like a good choice?" "Does this make sense to you? I feel like I'm not being clear.");
- reviewing and reflecting on the visit with the parents;
- asking what parents hope to do before the next visit;
- asking what parents might find useful for the next visit and offer ideas, especially if you need to bring in other aspects of comprehensive services;
- exploring the family's health, beliefs, values, and needs, as appropriate;
- discussing ideas for the next visit and making a plan;
- leaving a copy of the home visit plan with the parents.

Source: OpenDoors, Home Visitor's Handbook, 2015 http://ods.eclkc.info/ods/book/head-start/joint-planning/#tab2



A COLLECTION OF TIPS ON BECOMING A:

Reflective Supervisee

"Reflective supervision is a collaborative relationship for professional growth that improves program quality and practice by cherishing strengths and partnering around vulnerabilities" (Shahmoon-Shanok 2009, 8).

A collaborative relationship is a partnership where individuals bring their best thinking to identify strengths or address concerns around the families and children they serve. No one is expected to know all the answers.

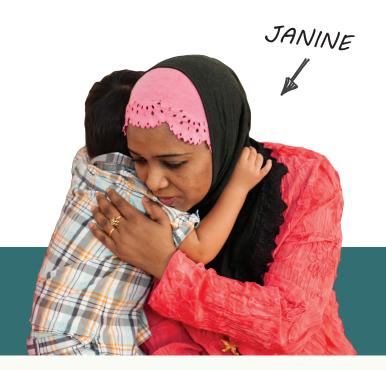


Meet Janine.

Janine is a new home visitor in an Early Head Start program and first-time reflective supervisee.



This information sheet is designed to use Janine's situation to provide examples of how reflective supervision fits into your daily life.



"I've never heard of 'reflective supervision.' What should I expect?"

During orientation Janine learned that reflective supervision is a process for better understanding the intimate and emotional work that she does with families. Janine was curious, so she asked a co-worker, "Do you meet with our supervisor every week? What do you talk about?" Janine's colleague assured her that everyone in the program had regular time with a supervisor to think about the work they do with families and their feelings about that work. She said it was an extremely valuable time and had helped her to grow not only professionally but also personally. Janine was perplexed and still unsure about how this process worked and what would be expected of her.

Creating a safe relationship takes time.

Janine understood that "cherishing strengths and partnering around vulnerabilities" (Shahmoon-Shanok 2009, 8) meant that she would feel supported, respected, and valued by her supervisor. This sense of being understood would enable Janine to feel safe exploring and sharing a range of feelings, reactions, and experiences regarding her work (both positive and negative) with her supervisor. Janine learned that she wouldn't be expected to share everything from day one.

SUPERVISOR



Some things to remember:

The trainer addressed a few other components that were important in helping to create a positive, reflective space. Janine should arrive to her sessions on time, clear distractions by turning off her cell phone, and protect the scheduled reflective supervision time from interruptions or cancellations.

Exploring and thinking deeply

Janine would be expected to share detailed observations, thoughts, feelings, and concerns about one or two of her families. Together, she and her supervisor would consider which aspects of a relationship, interaction, or situation to explore further. This was very different from her previous experiences with supervisors. She understood that she would be expected to think about her own beliefs, values, and assumptions within the context of her work. Janine could see how these aspects could affect her interactions with children and families. Janine liked the idea of slowing down and considering how her behavior may have affected a specific situation.



Janine's co-worker shared this example of how a willingness to explore and think deeply might look: "If you have a strong belief that children should be raised in a two-parent family and you are working with a single-parent family, then that belief could bias you toward that family. Reflective supervision would give you a safe place to explore that belief and how it might be affecting your work."



Time to step back.

Janine learned that reflective supervision also included examining and increasing awareness of the relationship between one's professional life and personal life and how the two affect each other. This made sense to her because she remembered how hard it was for her emotionally when she lost her mother, and she could see how it affected her behavior with the children and families in her care. Having a safe place to understand and share those difficult feelings in relationship to the work would have really been helpful. Her colleague highlighted the importance of acting on new insights and awareness to strengthen practice, as that was the ultimate goal of reflective supervision. Janine liked the idea that she was to take what she learned, act on it, and then return to reflective supervision to consider carefully how it all played out. Janine felt better that she wasn't expected to know but rather to be willing to try and consider. That felt less scary than worrying about doing something wrong.

Be patient with yourself. This is an opportunity to grow and learn.

Janine felt reassured when the trainer stressed that the ability to reflect on one's own thoughts and feelings and those of others is challenging and can be a bit uncomfortable at times. She felt optimistic that, over time and within a safe, nurturing, and supportive relationship, her own ability to be reflective could be enhanced.

Six months later ...

... Annie, a new hire, approached Janine to ask her about reflective supervision. Janine told Annie that, at first, she was hesitant about reflective supervision, it takes some time getting used to, but that now she finds herself rushing to her reflective supervision meeting because that time is so valuable in helping her do her work. Janine tells Annie that reflective supervision has contributed to her having a deeper understanding of her own values and beliefs and how they impact her work with children and families. She knows she is a better teacher because of it.



References:

Shamoon-Shanok, Rebecca. 2009. "What is Reflective Supervision?" In *A Practical Guide to Reflective Supervision*, edited by Sherryl Scott Heller & Linda Gilkerson, 1-22. Washington, D.C: ZERO TO THREE.





A COLLECTION OF TIPS ON BECOMING A:

Reflective Supervisor

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Meet Sam, a new program director.

As part of her new role, Sam will provide reflective supervision to some of the program staff.

She has been a supervisee for a number of years, but she is worried about whether she has the necessary skills to conduct reflective supervision. Sam decided to re-read her training materials on reflective supervision from a new perspective; not the beginner she was when she first read them, but as a supervisor.



Sam reviewed her training materials and noticed the three core components of reflective supervision: regularity, collaboration, and reflection.

As a supervisee, she had experienced and valued these aspects of reflective supervision. She had a sense of a partnership with her supervisor. She felt supported, accepted, and trusted. She could depend on her supervisor to protect their time and their space. Most importantly, she slowly learned the skill of reflection.

Regularity is Foundational

Sam read about how she could create the regularity that was needed for reflective supervision. She needed to arrive on time and to clear both her mind and environment of distractors. She would turn off her phone and computer and put a "Do Not Disturb" sign on her door. If she had to cancel a session, she would reschedule it immediately. Her own supervisor had created a reflective space by meeting at a table or sitting area rather than across a desk. And she was definitely going to develop a routine to start and end the session – perhaps a brief personal check-in and then start each time with the same question (e.g., So, how have you been since we last spoke?) Sam would also have a way of wrapping

up and reviewing their conversation (e.g., I see we have about five minutes left. What would you like to remember from today's conversation?). At the very end, Sam knew she would be sure to confirm the next reflective supervision meeting. She also thought about how she would prepare herself. First, she would review her notes from their last meeting. Then, she would take a few minutes before each session to relax (e.g., take deep breaths) and clear her mind so that she could focus on her supervisee's words and feelings. With the many details that were always going through her mind about the program, Sam could see how this would be an important step.

Collaboration is key

Sam recalled her own reflective supervisor and the term collaborative relationship. Sam realized that one reason she came to appreciate reflective supervision so much was that she was a partner in her own supervision. She thought about how she could create this environment with the staff she would be supervising.

First, she would accept the supervisee's description and perspective on the event, withholding judgment. She would use active listening, attend carefully to both verbal and non-verbal cues, and follow the supervisee's lead. Sam knew she would need to maintain awareness of her own words and actions for expressing support, empathy, and guidance. During reflective supervision, the supervisor and supervisee think, wonder, and search together for understanding – that's what makes it collaborative. They hope to gain insight into how the child interacts with the world, the parents' relationship with the child, and the supervisee's reactions to the work. It is not therapy or friendship: It is a trusted, nurturing relationship.

"Do unto others as you would have others do unto others" - Pawl

This relationship provides an opportunity to safely look at one's strengths and vulnerabilities in the context of the work and to use that insight to make necessary changes that support families and children. In many ways, the supervisory relationship parallels the work of the teacher, home visitor, or family childcare provider with the child and family and exemplifies Jeree Pawl's platinum rule: "Do unto others as you would have others do unto others" (Pawl 1995, 43-44). Through support, curiosity, respect, and understanding, the supervisor helps the supervisee to do his/her work more effectively. The supervisee uses those same qualities in helping families support their child's learning and development.



Reflection works best when supported by a colleague in a trusting relationship.

Sam knew that, for her, reflecting on her work had been most powerful during supervision. Reflection required a partner who could help her look more deeply into her relationship with the family and the relationships between family members and the child. She had worked with families who were living in very stressful situations. For a variety of reasons, sometimes no one in the family seemed able to develop a nurturing relationship with the child. She would leave a home visit feeling overwhelmed, discouraged, and worried about the child. Thinking about her feelings with her supervisor helped her sort out the ways she was feeling, what the family was feeling, and what was happening that evoked this distress from her own life experiences.

Reflecting with her supervisor helped her to relate well to all of the families and be more effective in her work. Now she needed to be aware of the skills she would need to bring to reflection as a supervisor. Sam looked at the chapter on the reflective supervisory relationship in her book, *A Practical Guide to Reflective Supervision* (Heller 2009).

The list of required skills was long and a little overwhelming. She decided to choose just a few to start working on in her own reflective supervision:

- 1. Remain emotionally present and empathic.
- 2. Allow the supervisee to have and express feelings about the baby, the parent, or the developing relationship.
- 3. Remain curious and tolerate uncertainty.



Moving Forward.

It seems like a lot of information to keep in mind. Sam realized that her supervisor did a lot of little things that helped her feel valued and respected. As Sam read more of her reflective supervision materials, she learned about supervisor attributes that support the creation of a trusting relationship. She was also glad she would continue to receive reflective supervision as she took on this new role. Overall, Sam felt confident that in her new position she would be supporting her staff the way she had been supported. She knew first-hand how important this support is to working effectively with children and families.



References

Heller, Sherryl S., and Linda Gilkerson, eds. 2009. *A Practical Guide to Reflective Supervision*. Washington, DC: ZERO TO THREE.

Parlakian, Rebecca. 2001. Look, Listen, and Learn: Reflective Supervision and Relationship-based Work. Washington, D.C: ZERO TO THREE.

Pawl, Jeree H. 1995. "On Supervision." *In Reflective Supervision: A Relationship for Learning*, edited by Rebecca Shahmoon Shanok, Linda Gilkerson, Linda Eggbeer, & Emily Fenichel, 41-49. Washington, DC: ZERO TO THREE.

Shahmoon-Shanok, Rebecca. 1991. "The Supervisory Relationship: Integrator, Resource, and Guide." *Zero to Three* 12: 16-19.



EARLY HEAD START TIP SHEET

REVISED No. 33

Families with Multiple Children in the EHS Home-Based Option, REVISED June 2013

If a family has more than one child enrolled in the EHS home-based program, is a separate 90-minute home visit required for each child?

Response:

The Head Start Program Performance Standards require individualized services for each child enrolled in the program. In the home-based option, services are provided through a weekly home visit that is a minimum of one-and-a-half hours long. When a family has more than one child enrolled in EHS services, it can be challenging to meet the individual needs of each child in a 90minute visit. A home visit with a six-month-old looks very different than a visit with a two-yearold, for example. Therefore, staff offer each family a weekly 90-minute home visit for each **child.** Staff note that home visits are planned to build on each child's unique skills and unique needs. Staff also explore each family's interest in and availability for longer or multiple home visits over a week. Then, together, staff and families plan how home visits will be delivered to ensure that individualized services are provided to each enrolled child within a family's schedule. Plans should be flexible to meet the needs of families and ensure that each child is adequately served. Staff document their planning with families. They communicate with administrators to make certain that staff assignments and program planning accommodate appropriate services for each child and family. Over time, staff and families monitor the effectiveness of their home visiting plan in meeting the individual needs of each child. As children grow and family circumstances change, staff and families can decide together to make changes to their home visiting plans. Changes are documented and discussed with administrators.

The *Standards* require that programs maintain an average caseload of 10 to 12 families per home visitor, with a maximum of 12 families for any individual home visitor. There is no minimum number of families on a home visitor caseload. At any given time, the number of families assigned to an individual home visitor can be lower than the average if family circumstances and/or logistical issues warrant a smaller caseload.

Questions to Consider for Planning and Programming:

- How do staff introduce the home-based program option to prospective families? What information do they provide about required program services and time commitments?
- How do staff share information about the individualization of program services with families? How do they work with families to plan home visits that provide individualized and comprehensive services to each enrolled child?
- Does/how does the program allow flexibility in adding time or visits as needed?
- Does/how does the program allow flexibility in adjusting home visitors' caseloads to ensure that each child and each family receives appropriate services and continuity of care?

Performance Standards, Title 45, Code of Federal Regulations:

• 1304.20(f)(1) Grantee and delegate agencies must use the information from the screenings for developmental, sensory, and behavioral concerns, the ongoing observations, medical and dental

- evaluations and treatments, and insights from the child's parents to help staff and parents determine how the program can best respond to each child's individual characteristics, strengths, and needs.
- 1306.33(a)(5) Grantees implementing a home-based program option must maintain an average caseload of 10 12 families per home visitor with a maximum of 12 families for any individual.
- 1306.33(a)(1) Grantees implementing a home-based program option must provide one home visit per week per family lasting for a minimum of 1 and ½ hours each.
- 1306.33(b) Home visits must be conducted by trained home visitors with the content of the home visit jointly planned by the home visitor and the parents. Home visitors must conduct the home visit with the participation of parents. Home visits may not be conducted by the home visitor with only baby-sitters or other temporary caregivers in attendance.
- 1306.33(b)(1) The purpose of the home visit is to help parents improve their parenting skills and to assist them in the use of the home as the child's primary learning environment. The home visitor must work with the parents to help them provide learning opportunities that enhance their child's growth and development.

Resources:

Early Head Start National Resource Center. *Technical Assistance Paper, 2: Early Head Start Home-Based Program Option: Recruiting, Training, and Retraining High Quality Staff.* DHHS/ACF/ACYF/HSB, 1999.

Early Head Start National Resource Center. *A Closer Look at the Early Head Start Home-Based Program Option — Webcast.* DHHS/ACF/ACYF/OHS, 2011. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/program-options/home-based/ACloserLookat.htm (accessed March 14, 2012).

Early Head Start Research and Evaluation Project. *Research to Practice Brief: Early Head Start Home-Based Services*. DHHS/ACF/OPRE. 2006. http://www.acf.hhs.gov/programs/opre/ehs/ehs resrch/reports/homebase services/homebase services.pdf (accessed August 14, 2010).

Paulsell, Diane, Kimberly Boller, Kristin Hallgren, and Andrea Mraz Esposito. "Assessing Home Visit Quality: Dosage, Content, and Relationships." *Zero To Three 30* (June 2010): 16–21.

REVISED 06/13

This Tip Sheet is not a regulatory document. Its intent is to provide a basis for dialogue, clarification, and problem solving among Office of Head Start, Regional Offices, TA consultants, and grantees. If you need further clarification on Head Start Policies and regulations, please contact your Regional Program Specialist.

Triadic Strategies



Definition



Triadic strategies are those used by the facilitators during the course of parent-child interaction to expand and build interactions that are pleasurable for both partners and supportive of child's development, while also recognizing and strengthening the natural competence of parents as they interact with their children.



Strategies



1. Establish Dyadic Context

Elements of the environment are arranged or rearranged to increase the probability of developmentally matched, mutually enjoyable parent-child interaction.

2. Affirm Parenting Competence

Developmentally supportive interactions are warmly recognized and expanded upon, as are characteristics of child competence.

3. Focus Attention

Aspects of the interaction are commented upon, expanded or questioned in order to draw the parent's attention to particular competencies or actions in self or child.

4. Provide Developmental Information

Information about the child's development is given by verbally labeling or interpreting the child's social-emotional, cognitive, language & motor abilities within the context of play & interaction

5. Model

Dyadic interaction roles are *momentarily* taken on by the facilitator

6. Suggest

Facilitator provides parent with specific suggestion to try with child

