



Home Visitor's Handbook

For the Head Start Home-Based Program Option



The Home Visitor's Handbook for the Head Start Home-Based Program Option

U.S. Department of Health and Human Services
Administration for Children and Families
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Head Start Bureau

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The Home Visitor's Handbook

Introduction

In your role as a home visitor, you provide comprehensive Head Start services to families. The *Head Start Program Performance Standards* (**45 CFR 1304, 1306, and 1308**) identify the range of services that you must arrange for or provide to the families you visit, including screening and ongoing assessment of child development; medical, dental, and mental health services; child development and education; and family partnerships that focus on setting goals and identifying the responsibilities, timetables, and strategies for achieving those goals.

You have the opportunity that most professionals do not have to take a glimpse into the lives of children and families. Your role is unique, and the relationships you build with families are the most powerful tool you have to support young children and make a difference in their lives.

Your work is challenging. It is also enormously rewarding. You are not expected to do it all on your own. We hope this *Handbook* will help you to discover how you can be your own best resource and how your supervisor and colleagues, the families with whom you work, and your community are all vitally important to the success of your program.

The Home Visitor's Handbook for the Head Start Home-Based Program Option was created to help you understand and do your job. This *Handbook* is part of a set of materials for the Head Start home-based program option: (1) *The Program Administrator's Checklist for the Head Start Home-Based Program Option*; (2) *The Home-Based Supervisor's Manual for the Head Start Home-Based Program Option*; (3) *The Home Visitor's Handbook for the Head Start Home-Based Program Option*; (4) *A Parent's Guide to the Head Start Home-Based Program Option*; (5) *The Beginning at Home* video for the Head Start Home-Based Program Option; and (6) *The Beginning at Home Video Guide for the Head Start Home-Based Program Option*.

The Program Administrator's Checklist for the Home-Based Program Option is a tool for program administrators to consider how community needs and resources may make the home-based program option the best choice for your community. The *Checklist* presents a number of questions that program leaders should address as they plan home-based services.

The Home-Based Supervisor's Manual for the Home-Based Program Option provides your supervisor with information, materials, and strategies to support you in your work with families. The *Supervisor's Manual* contains background information on the history of home visiting; the requirements outlined in the *Head Start Program Performance Standards* for home visits and socialization experiences; the process for effective supervision of home visitors; and materials to support supervisors in their own professional development. The *Supervisor's Manual* will help you know what to expect from your supervisor and how the two of you, together, support the families with whom you work.

The Home Visitor’s Handbook for the Home-Based Program Option provides you with tools to help you do your job. First, we provide the context for home visiting to help you understand the big picture—why home visiting is a successful strategy for delivering services and how to determine whether home visiting is the right option for families. The next section of the *Handbook* explores the “frequently asked questions” of home visitors and provides you with some answers to the questions that might be on your mind. Next, we discuss the relationship-building process with families as well as what you actually do on home visits and during socialization experiences. Finally, we address how you can get the support you need to do your job well, how to collaborate with community partners, and where you can find resources for more information.



A Parent’s Guide to the Head Start Home-Based Program Option is designed for you to use with the families in your home-based program. It is written for parents to help them better understand how home visits work, what they can expect from you, the role parents play as the child’s first teacher, and how the home is a learning environment. The *Parent’s Guide* is interactive. It provides space for you to personalize the information for each family and for family members to write their own thoughts about parenting and how they support their child’s development.

The Beginning at Home video offers 5 vignettes that demonstrate different aspects of a home visitor’s relationship with a family, and how those relationships are having an impact on the children and families with whom they work. ***The Beginning at Home Video Guide for the Home-Based Program Option*** offers viewers an opportunity to deepen their understanding of the video content through discussion questions and training exercises.

Although each of these resources is designed with a particular audience in mind, they work best when used collaboratively. Home-based supervisors, home visitors, and the families with whom you work each play an equally important role in meeting the goals of home-based Head Start services.

Part 1 | Essential Elements of the Home-Based Program Option

Home visiting is a method of service delivery. It is a way to offer support, guidance, information, and child development services directly to families in their homes. The Head Start home-based program is one of the options (**45 CFR 1306**) for delivering comprehensive Head Start services. Home visiting is unique because it offers an opportunity for families to get the support they want in their own homes. Home visiting allows you to do the following:

- ▶ Use the home environment to help parents create rich learning opportunities that build on everyday routines and support their child's development. The parent's ability to recreate the child development experiences after you leave is equally important to what you do during the home visit.
- ▶ Provide support to families whose life circumstances might prevent them from participating in more structured settings, families such as those who suffer severe stressors like maternal depression or substance abuse. Working in the environment where families are most comfortable often lets you get to know families in a much more intimate way, which sets the stage for close, trusting relationships—the critical element in any program designed to support children and their families.
- ▶ Be flexible and offer support and child development services during nontraditional hours to families who work or go to school.
- ▶ Work with families who live in rural communities and who otherwise would not be able to receive needed services.

Is the Home-Based Program Option the Right One for a Family?

The Community Assessment, conducted once every three years (**45 CFR 1305**), gives essential information about the needs of families and resources available in your community. If any significant changes in the needs or resources available to families have occurred, the Community Assessment should be updated and program administrators should reevaluate how your Head Start program can best meet community needs, including whether the home-based program option is appropriate for the current circumstances in your community.

Before a family is enrolled in the home-based program option, programs need to explore whether the family's needs and circumstances are appropriate for this program option. Family needs and resources change, and thus, a child may move from one program option to another if a more appropriate option is available. Many Head Start and Early Head Start programs offer a variety of program options to meet changing family needs.

In addition, a child enrolled in a center-based option, a combination-option, or a locally designed program option may also receive home visits as an enhancement of those services. Under these circumstances, the home visits are conducted according to the requirements of the program option in which the child is enrolled and are based on family needs. The requirements for the home-based program option as specified in **45 CFR 1306.33** are only for children who are enrolled in that program option.

As you consider enrolling a family in your home-based program, consider the following questions:

- ▶ **Are the children’s parents or other legal guardian (e.g., foster parent or custodial grandparent) available to participate in the home visits and socialization experiences, as well as committed and able to reinforce the child development goals during the time between home visits?**

Child care providers and other temporary caregivers cannot substitute for the parent during home visits [**45 CFR 1306.33(b)**]. Parents should know that, during the week when you are not in their home, they are expected to recreate and build on the learning experiences that you collaboratively plan and conduct on home visits. You should consider how you will involve both of the parents, the extended family members, or other significant members of the household in your home visits and in the program.

- ▶ **Is this family available for the number of home visits and the duration of the home visits that are required by the Head Start Program Performance Standards?**

You are responsible for conducting home visits on a weekly basis for 90 minutes duration (**45 CFR 1306.33**), which is the measure of the intensity of the services. Home visits must reach this level of intensity to achieve the child development outcomes of the Head Start program.

Note that the federal regulations in **45 CFR 1306.33** that specify the yearly number of home visits and socialization experiences are based on a 9-month preschool Head Start program. Head Start and Early Head Start programs that offer year-round services are expected to adjust those numbers to provide weekly home visits and two socialization experiences per month for 12 months a year.

Although the goal of weekly home visits and biweekly socializations is the ideal, it may not be a goal you reach with every family each year. If you notice that a particular family or a significant number of families are not available for the intensity of home visits required by the *Program Performance Standards*, you and your supervisor should carefully reevaluate whether the home-



based program is the appropriate program model for those families. In the case where significant numbers of families are not available for home visits in your community, your program administrators should reevaluate community needs and resources as well as the program options that might best meet family needs.

▶ **Are there any barriers that might prevent this family from fully participating in the program?**

Families are complex. A family's needs, resources, and goals are fluid and can change unexpectedly. Accept that you cannot meet the needs of every family that calls on your program. Sometimes you will not be able to help. No one program and no individual home visitor can realistically help everyone. Know the limits of your program as well as your own professional and personal boundaries.

For example, some family members may be hesitant or uncomfortable with the idea of a stranger coming to their home. Be sensitive to how parents or other extended family members might feel about your presence in the home. Perhaps one parent wants you to be there, but his or her spouse does not. Recognize how this tension will become part of the work you do with the family and how the particular individuals with whom you work will shape your role. (See Part 3 of this *Handbook* for more information on effective family partnerships.)

▶ **Is this family available to participate in biweekly socialization experiences outside of the home?**

Be aware of the obstacles families might face with this aspect of the home-based program and brainstorm ahead of time how you might help families address any issues that could prevent them from attending socialization experiences. For example, does the family need transportation to get to the socializations? Explore whether your program will need to provide child care for siblings who are too old or too young for the socialization experience.

Home visiting may be ideal for some families. However, it will not be the right program option for every family. The first step in building a quality home-based program is to ensure that you are reaching the families that the home-based option is designed to engage. Learn to recognize when the program model is not the right fit for a particular family, and help them to find the resources that will better meet their needs.

Part 2 | Frequently Asked Questions

The following are examples of commonly asked questions about the home-based program option. The answers are provided here as a guide; they are not intended to be an interpretation of policy. Whenever you have a specific question about Head Start policy and your Head Start program, your agency should seek the guidance of your Federal Program Specialist at the Administration for Children and Families (ACF) Regional Office.

Questions About Home Visits

Q: *The Head Start Program Performance Standards and program option regulations require home visitors to provide comprehensive services. Am I expected to be an expert on everything—nutrition, health, family dynamics, child development, and all the other areas covered in the Program Performance Standards? How do I do it all?*

A: The *Program Performance Standards* do require that all the comprehensive Head Start services are available to families in the home-based program option. You are responsible for introducing these services and for arranging or providing these services (**45 CFR 1306.33**). The *Program Performance Standards* also specify the knowledge, experience, and skills that you need to do your job well [**45 CFR 1304.52(e)**]. However, you are not expected to be an expert in all things. You are expected to be familiar with and to help families access resources for all the elements of the Head Start program. This expectation is one reason why your community partnerships and the management systems for tracking services are vitally important in the work that you do. Know your limits and know when you must refer families for help. Seek professional development experiences in areas where you need further training or want to improve your skills. Your supervisor and other colleagues are key resources to help you meet this challenge. With your supervisor, discuss the expectations for your role, any concerns you have, and ways he or she can help you provide comprehensive services to families.

Q: *If a family needs child care, can that family also be enrolled in the home-based program option?*

A: A family who needs child care is best served by a comprehensive system of coordinated services. Thus, a center-based option, combination option, or a child-care partnership would provide both the child care needs and the comprehensive Head Start services. A child participating in part- or full-time child care may also benefit from home visits because of particular family circumstances, needs, or goals. In this case, the child might be enrolled in the center-based option and receive home visits as an enhancement to those services. Alternatively, the child might be enrolled in a combination program option and receive both center- and home-based services as specified in **45 CFR 1306.34**.

Q: What do I do if a family has a 4-year-old in Head Start and an infant in Early Head Start. How many home visits does this family get per week?

A: Each family receives one 90-minute home visit per week regardless of the number of children enrolled in Head Start or Early Head Start. Home visits with multiple children require thoughtful and creative planning as well as collaboration between the Head Start and Early Head Start program to ensure that you address the child development goals of all the children. This coordination is particularly important when the Head Start and Early Head Start programs are operated by different agencies.

Q: Sometimes parents have so much going on in their lives that I have a hard time getting them to focus on the children during our home visits. How can I incorporate both the parent's and the child's goals into the home visit?

A: Focusing on the children is enormously challenging when parents are dealing with difficult or overwhelming life circumstances. Yet, you are in the home to deliver Head Start services with the overall goal of promoting healthy child development. If you are working with parents who are dealing with challenging situations, it is important that you help the parents get the support they need so they can meet their child's needs. Listen attentively, and whenever possible, provide resources. Then, bring the focus back to the child by discussing how the parent's situation is having an effect on the child.

For example, if a parent is overwhelmed by financial problems, after you have spent some time addressing those issues, you might inquire whether the baby has enough food and diapers. Ask the parents how they think the baby is reacting to the increased stress in the household. Then link your child development experience to the current situation. In this example, you might talk with the parent about how the baby needs consistent routines, especially during times of stress, and help the parents structure their day. You could come up with activities that are soothing to both the parent and child, for example, more time cuddling in the rocking chair, reading favorite stories, or singing gentle lullabies. In this way, you are supporting parents while simultaneously helping them to support their children.

Q: One of the families I work with keeps canceling our home visits, and I know that I am not going to see them 52 times this year. I will be lucky to see them half that amount. Should they be terminated from the program?

A: The intensity (frequency and duration) of the services is a critical factor in your program's ability to achieve the anticipated outcomes for children. As described in Part 1 of this Handbook, the Program Performance Standards require that you offer each family weekly home visits and two group socializations per month (**45 CFR 1306.33**). The actual number of visits you accomplish may vary because of illness, vacation, holidays, or other circumstances. However, if a family demonstrates a consistent pattern of cancelled or missed appointments, then you need to question whether the home-based model is the appropriate choice for that particular family. In a case such as this one, work with your supervisor to (a) identify and remove the barriers that are preventing the family from fully participating in the program or (b) find another program option that better meets the family's needs.



Q: What kind of flexibility is permitted with respect to how many families I work with at one time? I am working with 10 families, and I seem never to have enough time to plan, attend socializations, and do my record-keeping tasks, much less anything extra like go to a training that I want to attend.

A: The *Program Performance Standards (45 CFR 1306.33)* indicate an average of 10 to 12 families per home visitor. The maximum number of families you can serve is 12. At any given time, the number of families that you are working with can be lower than the average of 10 to 12 families, depending on the needs and circumstances of the particular families with whom you are working. Families with more complex life circumstances and greater needs will naturally require more of your time. Logistical concerns such as the distance you must travel to reach families should also be considered when deciding how many families you can serve. Talk with your supervisor if you think the quality of the services you provide to families is suffering because of time constraints.

Q: How often do I have to complete vision and hearing screenings?

A: You must obtain an initial screening for vision and hearing within 45 days of the child's entry into the program [45 CFR 1304.20(b)(1)]. Frequently, you can obtain preexisting information such as a recent vision or hearing test that was performed at the child's last well-child health visit. If preexisting information is not available, then you will have to arrange for an age-appropriate screening, which can usually be accomplished during a well-child medical exam. After this initial screening at the time of entry into the program, the frequency of vision and hearing screenings are determined by your state Medicaid program. The schedule of age-appropriate preventive and primary health care must reflect the requirements for a schedule of well-child care used by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of your state Medicaid agency. This schedule must also incorporate the latest immunization recommendations issued by the Centers for Disease Control and Prevention and the recommendations of your Health Services Advisory Committee that reflect the specific needs of your community [45 CFR 1304.20(a)(1)(ii)]. Thus, vision and hearing screenings follow your

state EPSDT schedule and are performed as a part of well-child care health exams. However, as part of your ongoing assessment of children, any time that you or a parent has a concern about a child's health or development, you should refer that child for further evaluation to ensure the early identification of health or developmental problems.

Questions About Stress and Safety

Q: *How do I handle the challenges of being a home visitor? I feel like I am taking all the family's problems home with me. I am worried about getting burned out.*

A: If you sense that you are becoming burned out, seek the support of your supervisor. The first step is to recognize the signs of stress and burnout. Your frustrations, worry, or distress should not get to a level that interferes with your job or your life outside of work. Try to identify the supports that would help you: informal peer support to talk openly about the challenges of your work; validation from your supervisor about the work you do; in-depth consultation on specific issues; access to mental health professionals; or time off to rest and recuperate from the demands of your job. The more proactive you are in meeting your own needs, the better you will be able to meet the needs of children and families.

Q: *Some of the homes I visit are in rough neighborhoods. I am afraid to go there. I have been wondering if I am just not cut out for this work.*

A: Talk with your supervisor about your discomfort and try to determine what you find threatening. Carefully examine exactly what it is that is making you feel uncomfortable. In some cases, your concern might be about things you witness—drug deals, fist fights, or vandalism. Perhaps you sense a feeling of vulnerability when you drive long distances on a deserted road after dark. In other cases, your discomfort might be less obvious and rooted in the unfamiliar. If you are working in diverse communities, it is not unusual to feel some discomfort until you become familiar with the community and culture. Examine your own beliefs and attitudes and educate yourself about cultural differences.

Ultimately, your safety is your first priority, and it is of equal concern to your program administrators. Identify the things you can do to protect yourself. If your agency does not have a protocol for dealing with safety issues, your first step might be to approach your supervisor to develop one. For example, perhaps you would feel comfortable if you had a cell phone with you and a telephone number where your supervisor or other support person was readily available should you need assistance. Or perhaps, in some neighborhoods, home visitors should go on home visits in teams, never alone. Your local police department might be able to provide crime-prevention training or self-defense classes. The police may also provide additional police protection if they are aware that you are in the community. In addition, you can enlist the families' support in protecting your safety. They often can tell you what you need to know to travel safely in the neighborhood, for example, what streets to avoid, locations of safer places to park, or the safest time of day to visit.

Questions About Socialization Experiences

Q: Do we have to provide formula and diapers at socializations?

A: You must provide appropriate meals and snacks during socialization activities [45 CFR 1304.23(b)(2)]. Formula or baby food is an appropriate meal or snack for an infant. In fact, socializations are an ideal time to address nutrition and healthful eating habits. Socialization experiences also provide opportunities to model and teach proper health and hygiene practices. You should have appropriate toileting and diapering facilities available, including diapers, wipes, and other necessities, to ensure comfort and reduce the health risks for participating children and adults.

Q: Should siblings attend socializations?

A: Siblings may or may not attend socializations. Their attendance depends on the age and developmental level of the children for whom the socialization is designed; the goals of the socialization; logistics such as room capacity, licensing requirements, and staffing patterns; family circumstances such as available child care; and your program's design for socializations. In the case of a family with multiple children under the age of 5 years, it may be unrealistic to expect parents to attend a different socialization for each child. Thus, you might design socializations for mixed age groups that allow parents to participate with all of their children. In other cases, parents might welcome the opportunity to spend individual time with their children and you might develop your socialization for a specific age or developmental level and provide on-site child care for older or younger siblings. Be flexible, be creative, and design your socialization experiences to meet the needs of the families with whom you work.

Part 3 | Partnerships with Families

One of the unique strengths of the Head Start program is the array of opportunities for parent involvement and decision making. In fact, the partnerships you build with families are the foundation of Head Start success. Successful relationships with families are characterized by mutual respect, trust, acceptance, objectivity, flexibility, personalized attention, and cultural awareness.¹

The process to collaboratively build a partnership begins during your first contact with parents. It is important to recognize that the relationship-building process will vary for each family, depending on how willing and ready parents are to participate in the process. Family members bring to this relationship their past experiences with other agencies or service providers, their individual temperament and personality traits, as well as familial and cultural values—all of which influence how they relate to you.

I became a single parent two years ago and had to do all the caretaking for the kids all alone. The Early Head Start program helped me be hands-on with my kids. My son has had a home visitor for two years. He has really grown with the help of the visitor. The visitor also gives me ways to do more to help my kids. I had no idea there was so much the program could help with. I have become an active part in the lives of my kids.

—Father, Central Vermont
Community Action Council, Inc.,
Early Head Start, Barre, VT

Relationships take time. You will build mutual trust and respect when you are sensitive to the cues parents may give you about their comfort with the home visiting process.

Things You Can Do to Build a Partnership

- ▶ Always remember that you are an invited guest in the families' homes. It is a great privilege that families open their homes and allow us into their lives in such personal ways.
- ▶ Think about the characteristics of trusting relationships in your own life and the qualities that make them unique—the feeling of acceptance, being understood, or having your needs met. These are the same qualities that you want to bring to your relationships with families. What makes you feel accepted and understood? Perhaps it is how a person listens to you without judging, gives you another perspective from which to view things, or provides concrete help when you need it. Maybe it is his or her tone of voice, an empathetic ear, or simply a hug when the person senses that you need it the most. Consider how your interactions with families convey those messages.

¹ U.S. Department of Health and Human Services. (1995). *Family partnerships: A continuous process*. Washington, DC: Head Start Bureau.

- ▶ Give families the time they need to get comfortable with you, with the home visiting process, and with the way that you will work together. Each family you work with will move at a different pace. The first couple of home visits provide an opportunity to establish rapport—a way of being together that is comfortable, builds trust, and inspires honest communication. It is often wise to let the relationship develop during the first few home visits before you focus on specific issues such as the child’s developmental screening or the completion of required forms or other paperwork. Once you have established your relationship with the family, you are much more likely to have meaningful conversations about child and family needs, resources, strengths, and goals.
- ▶ Familiarize yourself with principles of adult learning. Adults learn best when they are actively involved in the learning process. Parents decide their own goals for learning, share in the planning process, and are equal partners in decision making. By demonstrating respect and confidence in parents’ abilities, you help them discover their own solutions.
- ▶ Use *A Parent’s Guide to the Head Start Home-Based Program* as a tool to introduce families to your program. The *Parent’s Guide* includes three parts: (1) *Introducing Home-Based Programs*, which describes what a home-based program is and what parents can expect; (2) *You and Your Home Visitor*, which explores how families work with you to best support their child’s development; and (3) *Everyday Moments are Learning Moments*, which offers ideas for how parents can help their children learn by using objects and materials in their home. You can use the *Parent’s Guide* to explain your home visiting program and how you and the family will work together. Use the space provided in the *Parent’s Guide* to personalize it with important information such as your name and contact number as well as the day and time of your home visits and socialization experiences.
- ▶ Recognize that who you are as a person—your temperament, past experiences, family and cultural values, and current life circumstances—shape how you respond to the families in your program. Some families will “click” with you right away, and others might not feel like a good match. Talk openly with your supervisor about the reactions you have to the families with whom you work. There is no “right” or “wrong” way to feel. It is normal and expected that each family will elicit different kinds of feelings in you. Your supervisor can help you to better understand your own reactions to the families and can help you develop strategies that use this self-awareness to enrich your professional development.

The family partnership agreement does not have to be a written document. The focus is on relationship-building, not on record keeping. You can creatively document the family partnership agreement process and keep track of how families are making progress toward their goals through activities such as journals, video or audiotape recordings, or written plans. Each family

partnership agreement will be different because it is individualized to meet family needs and goals. Your job is to document the process in a way that is meaningful to you and the family and in a way that (a) demonstrates to others how you have thoughtfully engaged the family in this process and (b) allows you to effectively track change over time.

Some families may come to your program through a referral from another agency that is also providing services to the family. For example, many early intervention programs for infants and toddlers with disabilities work in collaboration with Early Head Start. Families who have an infant or toddler with an identified disability will already have a preexisting plan, or an Individualized Family Service Plan (IFSP), with the early intervention program. In this case, you would not duplicate their efforts but would build on the preexisting plan to incorporate the comprehensive Head Start services. Your family partnership agreement process would document how you are helping the family to reach the goals articulated in the IFSP. In another example, you might receive a referral from Child Protective Services (CPS) for a preschooler in foster care. In this case, the CPS worker may take the lead in developing family goals, and you would work collaboratively with CPS and the foster parents to support the existing goals.

Ethical Considerations

You are often in situations where you need to make a tough decision on the spot. How do you respond when parents are so consumed by their own problems that you cannot get them to focus on their children? What do you do if you fear children are being neglected or abused? Should you always be honest with families? Can you make promises to families? What kind of information can be kept confidential, and when should you share sensitive information? Is it okay to go to family celebrations such as birthday parties? Should you give out your personal phone number? Is it okay to lend money to a family who is in a desperate situation?

“There have been many rewarding experiences within this program for us... The first experience that left a lifetime impression on me was with my Family Support Worker (FSW), who visited my home on a weekly basis. We had become very close, I considered her a friend. She would tell me about many resources that were available to me in the county. Many times I would act as if I really did not need help, because pride got in my way. I was not accustomed to our family needing help from outside resources, and I didn't know how to ask for help. But because I had a trustworthy relationship with my FSW she was able to read into that. She began to tell me that there is nothing wrong with accepting help, because one day you will be in a position to help someone yourself. She even went with me to a few places to apply for different services. Thanks to her, today I believe strongly that pride will lead you to an even bigger fall, but a helping caring hand will lead you to a successful outcome.”*

—Mother, Family Services Agency
Early Head Start, Gaithersburg,
MD

*Note that the Family Support Worker job title refers to the home visitor in this agency.

Things You Can Do to Respond Ethically

- ▶ Know what your agency expects of you, and in advance, think through how you would respond to specific situations. Your agency is required to have standards of conduct [**45 CFR 1304.52 (h)(1)**], and you can build on these for your particular needs. For example, you and your supervisor should develop a crisis protocol for situations that you might confront during a home visit, including situations such as child abuse or neglect [**45 CFR 1304.22(a)(5)**]. You are mandated by the *Program Performance Standards* to report suspected child abuse. What specific signs would alert you to a potential problem? Would you confront the family? Call your supervisor? Report your suspicion to Child Protective Services? Your crisis protocol should be as detailed as possible so you are familiar with all the steps you must take to handle difficult situations with confidence and adequate support from your agency.
- ▶ Have a cell phone and important contact numbers with you when you go on home visits. Knowing that someone is available to help you at all times decreases the sense of isolation that you feel and allows you to share the responsibility of responding to a crisis with others who can help.
- ▶ Do not remain in situations where you fear for your safety. If circumstances arise during a home visit that make you feel unsafe, do what you need to do to protect yourself and possibly others, including leaving the situation. Team up with your supervisor or another home visitor to visit homes about which you are concerned. Having another person with you can help you feel safer and can help you assess the situation as well as develop a plan for addressing your concerns. Your personal safety is your highest priority.
- ▶ Be sensitive and respectful of cultural and familial differences. Explore your attitudes and beliefs about working with people who are different from you. Seek professional development experiences to enhance your ability to work with culturally diverse families.
- ▶ Be honest with families about what they can expect from you. At the beginning of the relationship, inform them about the confidentiality guidelines you will adhere to and the circumstances in which you must break confidentiality.
- ▶ Discuss professional and personal boundaries with your supervisor. You have a professional relationship with the families with whom you work, but when you are in a helping role, the lines between a professional relationship and a personal one can easily get blurred. Think through how you can sensitively respond to family needs or requests that are inappropriate in the context of a professional relationship. Also recognize when your feelings for or involvement with a family become personal. This exploration provides another opportunity for you to work with your supervisor on your professional development, to learn about what motivates you as a home visitor, and to discover how you can best support families.

You probably encounter similar situations on a daily basis. In some cases, the answer will be clear. In other cases, the situation may not have a “right” or “wrong” way to respond. You will need to decide in the moment how to proceed. In the box on the previous page are some of the steps you can take to guide you through these potentially difficult situations.

Your relationships with families will grow over time. You may encounter unexpected bumps along the road. Often, the challenges you face in the relationship-building process provide the richest opportunities to increase your self-awareness, both as a professional and as a human being. The challenging moments are also powerful opportunities to provide families with experiences in problem solving, patience, flexibility, and acceptance—some of the same qualities we hope parents bring to their relationships with their children. In fact, your relationships with parents are models for how to create a nurturing environment for children. Just as children need support to cope, express emotions, communicate, persist in tasks, and negotiate conflict, so do adults. The experience of being accepted and cared for helps parents to best care for their children.

Part 4 | Home Visits

Your Role as a Home Visitor

What do you actually do on a home visit? Are you supposed to greet a family in a certain way? Do you fill out particular forms? Are you expected to say or do specific things? In reality, no two home visits look exactly alike. You bring your own temperament, personality, beliefs, and values to any role you have. Each family similarly comprises its own personalities, history of relationships, and cultural and familial values. Your relationship with each family is influenced by this rich past and is further colored by current circumstances—including variables such as how confident you feel in your job, the amount of support you receive from your agency, and your own personal life circumstances. Families are also influenced by their current situations—job stability, financial concerns, housing, or the quality of their relationships with others.

“When we first interviewed for the program there was two ladies that come out to the house to meet me and D., and when they asked me what my stress level was I broke down crying and we talked for a good hour about what was stressing me out. I just think that was so wonderful that they took the time because that’s what I needed at that time, feeling so isolated, alone, and exhausted.”

—Mother, Children’s Therapy
Center of Pettis County, Inc.,
Sedalia, MO

Given this complexity, we can offer no simple answer to the question *What do you do on a home visit?* However, the following three principles provide a framework for how you can approach each home visit, despite the great variability in the families with whom you work. Each of the next three points will be discussed further in the following sections.

- ▶ **You are in the home to support child development, the overall goal of the Head Start program.** Thus, one of the first tasks you must accomplish with each family is to identify that family’s child development goals. Your challenge is to ensure that each home visit maintains a focus on those goals. Your program’s approach to curriculum helps you to meet goals for children’s development and learning by providing experiences to meet those goals, by identifying the roles of staff members and parents, and by identifying the necessary materials and equipment [45 CFR 1304.3(a)(5)].
- ▶ **You recognize parents as their children’s first and most important teachers.** You support parents so they can best support their children. You provide comprehensive Head Start services to families because children do best when you attend to all areas of their development—physical, social, cognitive, and emotional. Similarly, parents are best able to provide the support their children need when their own needs for a healthy lifestyle are met—physical and emotional health, social support, adult education or job skills, financial stability, and safe housing.

- ▶ **You capitalize on the learning opportunities in the home environment.** The home-based program is effective in fostering healthy development because you use the setting in which children and families spend the majority of their time. You emphasize how everyday routines provide meaningful opportunities for children to build on their developmental skills. You help parents understand how simple household items and experiences captivate children's imagination and promote learning. For example, literacy experiences occur as parents talk and sing with their children, as they follow a recipe during a cooking activity, or as they name objects in the grocery store. You also support and empower parents to recreate and build on these learning experiences for their children during the time between home visits. These repeated experiences have a significant influence on learning and development, helping children to gain the motivation and curiosity to learn as well as the specific language, literacy, and numeric skills essential for success later in school.

Developmental Screening, Ongoing Assessment, and Curriculum Planning

One of your first tasks with a family is to conduct a developmental screening (within 45 days of entry into the program) to identify any concerns about a child's developmental functioning [45 CFR 1304.20 (b)(1)]. The screening process helps you decide whether developmental skills are progressing as expected or whether certain concerns indicate the need for further evaluation. An important point to remember is that the screening process does not lead to a decision about whether or not a child has a developmental delay. Developmental screening is, by definition, a process to determine whether further evaluation is necessary.

The screening process begins during the enrollment period as you build partnerships with families and initiate Head Start services. Screening requires more than filling out a formal tool such as a checklist or form. Developmental screening involves observing the child as well as learning from parents and other significant caregivers about the child's development and behavior.

Parents take an active role in the developmental screening, ongoing assessment, and evaluation of their children. Parents know their children best. They can tell you how their children typically act, the skills their children have, and their children's likes and dislikes. They are also the ones with whom their children are most at ease and will therefore act more naturally, demonstrating their true abilities.

The results of the screening and ongoing assessment are used to inform your goal setting with families and to track progress over time. If you discover a concern about a child's development, the next step is to get a more in-depth evaluation from your local early intervention program. For infants and toddlers under the age of 3 years, contact your Part C² early intervention provider. For preschoolers ages 3–5 years, contact the Preschool Grants program.³ Ideally, your Head Start program has strong collaborative relationships with these community providers that enable the referral and follow-up to occur in a timely and effective manner.

² "Part C" refers to Part C of the Individuals with Disabilities Education Act (Public Law 105-17), which outlines services for infants and toddlers with disabilities.

³ The Preschool Grants program refers to Section 619 or Part B of the Individuals with Disabilities Education Act and outlines the requirements for children with disabilities, ages 3 through 5 years.

The information you gather about the child's development during the screening, ongoing assessment, and evaluation process is what you use to help parents identify the goals they have for their child's development and learning and to document progress and achievements. Your program's approach to curriculum is the vehicle through which you identify goals, develop experiences to meet those goals, identify the roles of staff members and parents, and select the necessary materials. The approach to curriculum in the home-based program option ensures comprehensive learning experiences that are congruent with the curricular approach of other Head Start program options.

Parents play an integral role in developing your program's curriculum [45 CFR 1304.40(e)(1)]. Parents are able to participate in committees that develop and evaluate your program's approach to curriculum. Parent involvement on the Policy Council also gives them the opportunity to have an effect on your program's curriculum. In addition, parents should be actively involved in the curriculum planning for their children by sharing information about their child's interests, resources, and needs; choosing meaningful goals and experiences; and determining whether the curriculum is meeting their child's needs.

You are able to help parents identify their child's emerging skills and learn how they can strengthen these skills during their everyday routines. For example, the goals for a 6-month-old infant might be to begin eating solid foods and learn how to sit unassisted. A toddler might be working on increasing his or her vocabulary or identifying shapes and colors. A preschooler might be learning letters of the alphabet or classification skills (e.g., sorting things into categories based on variables such as color, shape, or size). As you develop learning experiences to foster these emerging skills, help parents understand why you chose certain experiences and how those experiences promote development and learning.

During your home visit to the 6-month-old infant's family, you might observe a feeding, and you might provide some concrete guidance such as how thick the food should be, how often to introduce a new food, and signs to look for to identify food allergies. You can also notice the quality of the feeding activity, for example, is the parent relaxed or tense? Is the baby comfortably and safely seated? What cues does the baby give to indicate that he or she is hungry or satisfied? How is the parent making the feeding experience pleasurable for the baby? For the parent of the toddler, you might demonstrate how preliteracy experiences build vocabulary. For example, you might sing songs, say rhymes, or perform finger plays. You might make books for the toddler with the parent and child.



You might make up games such as “I Spy ...” to identify shapes and colors around the house. You could show the parent simple ways to stimulate thinking about these concepts, for example, by cutting the child’s sandwich into rectangles one day and triangles the next and talking about the shapes as you eat lunch together. The parent of the preschooler learning classification skills can have his or her child sort all the socks in the laundry basket by color or stack all the Tupperware bowls and lids according to shape and size.

In each of these examples, what you do on the home visit is different, but your overarching goal is the same: identifying child development goals and supporting parents to meet these goals through their everyday interactions with their children at home.

Meeting Child Development Goals

Each home visit provides an opportunity for you, first, to focus on the parent as the child’s most important relationship and as the child’s first teacher and, then, through the parent, to focus on the needs of the child. Child development experiences occur during each home visit. In collaboration with parents, you develop experiences that focus on the relationship and interaction between parent and child in addition to any specific skill you are working on with the child. You may find that, sometimes, parents are so distracted or overwhelmed by their own needs that maintaining a focus on the child is difficult. During these times, you give the parents the support they need so they can be available to meet the child’s needs. In your conversation with a parent, it is important to listen to and acknowledge the parent’s concerns and to identify resources that will help that parent reach his or her goals. Then you can bring the focus back to the child by helping the parents understand how the family circumstances may be affecting the child. This interaction is not an easy task. Yet, your ultimate purpose is to meet the child development goals of the Head Start program. This “balancing act” is a skill that you will develop through experience, training, and self-awareness—and with much support from your supervisor.

Using Everyday Routines and the Home as a Learning Environment

One of the unique strengths of a home-based program is the opportunity it provides to seize on the child’s natural environment to create learning opportunities. Parents and other caregivers are already promoting their children’s learning, often without knowing it, as they interact sensitively and responsively during daily caretaking routines. For example, when a father gently tickles his baby’s feet and plays “This Little Piggy Went to Market” with her toes, she is learning that “daddy takes care of me,” “I can trust him to keep me comfortable,” “we play funny games together,” and “I recognize these words.” When a parent of a toddler lets the child struggle to put on his or her own socks and shoes, that child has a chance to practice small motor skills by using his or her hands and fingers to manipulate the socks and shoes and consequently learns that “I am respected and trusted to do things myself” as well as “mommy or daddy is there to help me if I need it.” Similarly, a preschooler who is allowed to help set the table is strengthening motor skills (how to walk and carry items), counting skills (four forks and four plates), color identification (blue place mats and yellow napkins), and self-esteem (“I am a helper,” “I can do things all by myself,” and “mommy trusts me with an important job”).

Home Visits With Pregnant Women in Early Head Start

The federal regulations in **45 CFR 1306** refer to home-based services for children and do not apply to pregnant women. The federal regulations for services to pregnant women enrolled in Early Head Start programs are found in [**45 CFR 1304.40(c)**]. It is up to each service provider to thoughtfully consider where the services to pregnant women should best take place. In some cases, services will take place in the woman's home. For other families, services may happen at a clinic, a family support center, or a convenient combination of places that makes sense given your particular Early Head Start program and the family's needs and circumstances. If you do decide to offer Early Head Start services to pregnant women in their homes, the length and frequency of the home visits are based on the family's needs and goals.

Similarly, pregnant women are not required to participate in socialization experiences. However, some Early Head Start programs may choose to invite expectant parents who will be transitioning into the home-based program option after the baby's birth to socialization experiences during the late stages of the pregnancy. For example, if you have a number of expectant or new parents, you might design a group experience just for them. Pregnant women and their families would be able to interact with other parents who are at the same stage of pregnancy, learn from mothers and fathers who recently experienced the birth of their babies, and become familiar with the socialization environment and routine. New parents would have the opportunity to talk about the changes they are going through, get support and advice from other parents or professionals, and reduce the social isolation that is common among new parents.

In addition, note that, once the newborn has been enrolled in the home-based program option, you have the flexibility to initiate home visits and socializations at a reduced frequency during the transition period into the home-based program (**ACYF-IM-HS-00-22**). You should be sensitive to the family's need for rest and to how they are recovering from childbirth. Some families may be eager for home visits to begin, but others might prefer to adjust to new caregiving routines before they commit the energy to fully participate in the home-based program. You are expected to resume weekly home visits and biweekly socializations after this transition period.

One of your tasks is to help parents and caregivers realize the specific activities they do every day that already contribute to their child's learning and development. You can then build on those interactions by offering additional activities or experiences that enhance the routines that are already in place. For example, you might teach a parent simple songs or finger plays to use with his or her baby during feeding or bathing routines to enhance language development. You can show a parent of a toddler how the child practices important motor skills—balancing on one foot, using his or her hands and fingers to button or zip—as the child actively participates in getting him- or herself dressed each day. A preschool age child can learn discrimination and

classification skills (e.g., how things are grouped together) as he or she helps clean up the toys, putting all the blocks in one box and all the puzzle pieces in another box.

Part 3 of *A Parent's Guide to the Head Start Home-Based Program Option* provides many examples of the activities you can do with parents and children to enhance learning using household items during everyday routines. In addition, a number of books and other resources are available (see Part 8 of this *Handbook*) to help you develop learning opportunities with items usually found in the home or through simple games and projects.

The ultimate power of the home visit lies in the parents' ability to recreate the learning experiences after you leave. The more you do to help parents identify these learning opportunities and foster their children's development during the days you are not in the home, then the more successful you, the families, and your program will be.

Part 5 | Socialization Experiences

What is the Purpose of Socialization Experiences in a Home-Based Program?

Socialization experiences provide families and staff members with special opportunities to support child development and learning. Socializations build on the experiences and goals that are addressed during home visits as well as attend to the needs of both children and parents.

The group experience is a valuable strategy for delivering services because it provides parents with the opportunity to obtain feedback from staff members and other parents about their children's activities, strengths, and resources; to observe their children (when age appropriate) interacting with other children and adults; and to share and learn with others about the challenges and joys of parenting.

Socialization experiences incorporate all of the services required by the *Program Performance Standards*. For example, you can develop socialization experiences around topics related to medical, dental, mental health, nutrition, or child development and education issues. Families are involved in all aspects of socialization experiences, including planning, implementing, and evaluating. Community partners might be involved in socialization experiences as guest speakers, or they might provide space or other resources for socialization experiences. Finally, in keeping with the *Performance Standards*, socialization groups require effective management systems such as planning, record keeping, and self-assessment.

Socializations are individualized to address the developmental level of each participating child and the goals, needs, and resources of each family. The goals and outcomes for socialization experiences vary depending on the developmental level of the child and will change as a child's development progresses. Socialization experiences and home visits are based on a curriculum that:

- ▶ articulates goals for children and parents;
- ▶ identifies the experiences through which they will achieve these goals;
- ▶ determines appropriate roles for staff members and parents;
- ▶ provides the necessary materials to carry out the plan;
- ▶ includes all areas of child development—cognitive, motor, language, social, emotional; and
- ▶ considers each child's cultural, ethnic, and linguistic heritage and experience.

“At one of the EHS family time socializations another mother and I found ourselves conversing and to both of our surprise we had gone through very similar situations. At one point, I felt like backing out of the program and crawling under a rock in hiding, because of an unwanted experience in my life. After discussing it with her, we both decided after encouraging one another that we were going to stay in the program, and not only that, we would become more involved by making a difference in the lives of other families.”

—Mother, Family Services Agency
Early Head Start, Gaithersburg,
MD

What Are the Major Differences Between Socializations for Preschoolers and Socializations for Infants and Toddlers?

Federal regulations (**45 CFR 1306.33**) define the purpose of socializations for preschoolers (emphasis added):

The purpose of these socialization activities for the children is to **emphasize peer group interaction through age-appropriate activities** in a Head Start classroom, community facility, home, or on a field trip. The children are to be supervised by the home visitor with parents observing at times and actively participating at other times.

The Head Start Bureau Information Memorandum titled *Child Development Services during Home Visits and Socializations for the Early Head Start Home-Based Program Option (ACYF-IM-HS-00-22)* clarifies the purpose of socializations for infants and toddlers (emphasis added):

Socialization experiences for infants and toddlers are designed differently than socializations for preschoolers. The purpose of socialization experiences for infants and toddlers is to **support child development by strengthening the parent-child relationship**. The content of the group experience reflects this emphasis and incorporates the goals of the program and participating families such as: helping parents to better understand child development; encouraging parents to share their parenting challenges and joys with one another; providing activities for parents and children to enjoy together; offering structured and unstructured learning opportunities for both children and parents; and modeling successful strategies for engaging children and supporting their development.

Infants and toddlers are only beginning to build their first and most important relationships: the relationships with their parents. Socialization experiences focus on the parent-child relationship as the foundation from which children will then be able to develop close, trusting, and respectful relationships with peers and other adults as they grow.

In contrast, socialization experiences for preschoolers provide opportunities for peer group interaction because 3-to-5-year-old children are at a developmental stage where they are beginning to form deeper relationships with their peers and where the peer group is beginning to have a greater influence in their lives. The group setting provides opportunities for parents and staff members to learn how children act in a group. The importance and influence of peer relationships grow as children enter preschool and, later, the elementary school environment. The socialization experiences for preschoolers provide a supportive place in which they can practice skills in taking on leadership, developing friendships, and negotiating conflict.

Integrating the Goals of Home Visits Into Socialization Experiences

Socialization experiences offer additional opportunities to work on the goals you have established with families during your home visits. Socializations should build on the activities and topics you address in the home. For example, if you have a number of families working on early literacy skills with their children, you might develop a number of experiences on this topic. Your



socialization experience for infants or toddlers could include time for parents and children to choose and read board books together; activities involving listening to audiotapes of children's songs and demonstrating finger plays for parents and children to do together (e.g., *The Itsy Bitsy Spider* or *The Wheels on the Bus*); or a field trip to a local library to participate in a parent-infant story time. You can develop a socialization on preliteracy skills for preschoolers that includes an activity for parents and children to make a book together with pictures from magazines or the child's drawings; a dramatic play around a favorite story; or various activities built around the theme "the letter of the day." For example, if the letter of the day is B, then plan activities that begin with B (balls, block building, or bubble blowing) and serve snacks that begin with B (bananas, bean salad, broccoli, and blueberry yogurt). Be creative and have fun! Many of the above examples are activities that the parents can recreate at home. You play an important role in linking the socialization experiences and the home visits so parents understand how both aspects of the home-based program work together to help them reach their goals.

Parents benefit from socialization experiences in a number of ways: by observing how other parents and staff members interact with their children; by participating in facilitated discussions on a particular topic related to the socialization; or by conversing informally with other parents or staff members as they interact with their children. However, socialization groups are not the time to conduct formal parenting education classes. More structured parenting education that focuses exclusively on the adult learner should have its own designated time. Reserve the socialization time for experiences that include both the parents and their children as a special time for them to be together, enjoy one another, and learn with others who share common interests and goals.

Staff Member and Parent Roles During Socializations

You play an active role in the socialization experience because your relationship is the most powerful tool you have to provide families with the support they need to reach their goals. As part of your ongoing family partnership agreement process, you must build in specific roles for parents in home visits and socializations [45 CFR 1304.40(a)(2)]. These roles provide a way to involve parents in all aspects of socializations, including planning them, carrying them out, and evaluating them. Parent participation ensures that the goals and experiences of socializations are culturally sensitive and relevant to participating families. Parents help you to individualize the curriculum for their particular child.

Socialization experiences are an ideal time to use observation as a tool for parent education. Child observation is a skill that parents and staff members can use to learn about child development, identify individual differences, and create meaningful learning experiences for children. During socialization experiences, you can help parents hone their observation skills by together watching their children at play and noticing aloud what their child's interests, skills, habits, and preferences are. For example, as you sit on the floor with a parent and his 8-month-old, you might notice, "She sure lets you know she wants that ball. Look how she's trying to crawl over the pillow to get it." Or you might ask, "Does she always turn her head away and fuss like that when she's had enough food?" With the parents of a preschooler, you might observe how imaginatively he or she uses the large cardboard boxes to create "houses" to hide in and "cars" to drive. Or you might reflect on how a preschooler is trying to join in a group of peers: "It looks like Brian really wants to play trains with those kids but he's not quite sure how to get in on the action." As you observe and reflect on the child's behavior, you are teaching parents about reading their child's cues. You can then build on those insights to foster parent-child interactions that best support the child's development and learning.

Your agency may have a designated staff person to plan and carry out the socializations. This staffing pattern enables the person in this role to devote focused time to coordinating, planning, and carrying out the group experience. Ideally, this staff person would be an individual with expertise in both child development and in leading activity groups for parents and children together. However, even if a designated staff person manages the socializations, you still play an active role to collaborate with that person because you are the one who has the strongest relationship with the families in your home-based program. You are the one who is consistently available to the families, who is trusted, and with whom the families are most comfortable.

Group socializations provide you with new perspectives on your work with families as you interact with parents and children outside of the home environment. Group experiences, when conducted in collaboration with your colleagues, also provide you with the support of fellow staff members as you share insights into family strengths and challenges. You should have enough time in your work schedule to fully participate in socializations. If you find that your schedule does not give you the time you need, talk with your supervisor to make the adjustments necessary for your full participation in this important aspect of the home-based program.

Size, Composition, and Setting of Socializations

You determine the size and composition of your group socializations based on child and family needs and goals. First, identify families who are working on similar goals and who could benefit from a socialization experience on a common theme. The socialization experiences should be meaningful for the families and relevant to the goals you are working on in the home.

Next, consider the individual needs of the children. Individual temperaments, learning styles, or other special considerations may indicate a smaller and more intimate setting to optimize the children's comfort and ability to interact. Groups of infants and toddlers should be small to enable the trust, predictability, and responsive caregiving that very young children need. In some cases, you might group your socialization experiences according to developmental level—young infants, mobile infants, toddlers, or preschoolers—and in other circumstances, you might prefer a mixed age group. Each grouping has different advantages. Separate age groups may be easier to plan for and facilitate, and they may allow parents to socialize with other parents who have the common bond of raising a child who is at a similar stage of development. Mixed age groups allow parents with more than one child to participate in a single socialization that involves all the siblings. They also provide older children an opportunity to be a leader, teacher, or helper with younger peers. Younger children learn from their older peers as the older children model self-help skills or new ways to play with objects.

The setting of your socialization experiences should be developmentally appropriate and should support the goals of your socializations. You should have a designated space for your socializations so families have a predictable, stable, and safe environment. This space should have adequate facilities for diapering and toileting, hand-washing, food refrigeration, and temperature control. You must make sure that the setting is accessible to children with disabilities so they can actively engage with others and fully participate in the activities.

The setting you choose should be comfortable for both children and adults. For example, you can provide comfortable seating for adults that also promotes parent-child interaction. You might place portable stools around a child-size table for the adults to sit next to their children. Offer adult-size chairs that can easily be moved around the room or places such as a hammock or rocking chair where a parent and child could snuggle together. Young infants need safe places to lie down; newly mobile infants need space to crawl and pull themselves up to stand; and toddlers and preschoolers need large spaces for climbing, running, and tumbling.

Socializations are a time for fun, learning, and support. In addition to the structured learning that takes place, they provide informal “teachable moments” that offer rich, responsive, and relevant learning experiences in unplanned and often unexpected ways. These are the learning experiences that usually have the greatest effect. Recognize how the unique qualities of the socialization experience strengthen and enrich the work you do in the home.

Part 6 | Getting the Support You Need

What Can I Expect From My Supervisor?

The *Home-Based Supervisor's Manual for the Head Start Home-Based Program Option* includes detailed descriptions of the role of the home-based supervisor and strategies that supervisors can use to support the work you do with families. Familiarize yourself with the information in the *Supervisor's Manual* so you can talk with your supervisor about the kind of support that would be most helpful to you.

The home-based supervisor has many roles and responsibilities in your program. As a mentor, he or she supports you in your work by doing the following:

- ▶ **Modeling**—Your supervisor should be able to demonstrate the skills you are learning as a home visitor. He or she shows you how to have respectful, trusting relationships with others as you observe him or her interacting with families and staff members.
- ▶ **Teaching**—Your supervisor shares his or her expertise about the Head Start program, child and family development, and home visiting as a strategy for delivering services. He or she teaches you in many different ways: discussion, reading assignments, in-service training, anecdotes, modeling, or formal instruction.
- ▶ **Planning**—Your supervisor contributes to the design and continuous improvement of the home-based program. You share your experiences, successes, and challenges with your supervisor so he or she can use those experiences to inform planning and improve the program.
- ▶ **Leading**—Your supervisor sets the tone for how you interact with families and with other staff members. He or she is responsible for team-building efforts that help you feel supported by a network of colleagues working together to realize the goals of the program. As a leader, your supervisor provides an example for how to negotiate the challenges of your job.
- ▶ **Advocating**—Your supervisor advocates for you and for the needs of the families with whom you work. He or she is your support person—the one you can turn to when you are struggling. He or she works with the program leadership to advocate for the resources you need to work effectively with families.
- ▶ **Assessing**—Your supervisor shares in the responsibility for the quality of the home-based services your agency provides. He or she assesses your job performance and supports you in your professional growth. Your supervisor plays a role in program self-assessment and monitoring to ensure that your home-based program offers high quality services.

One of the vehicles your supervisor uses to accomplish these goals is reflective, or supportive, supervision. Reflective supervision refers to a collaborative relationship between you and your supervisor that provides regular opportunities to reflect on your work. (See Part 8 of this *Handbook* for additional resources on reflective supervision.) Ideally, you should have a regular, scheduled opportunity to speak candidly with your supervisor about your work, to share your accomplishments, and to brainstorm solutions to your struggles. Supervision is a time when you develop self-awareness—why you bond with one family but just do not “click” with another, what you can do to manage your stress, and what motivates you to do your job well. Supervision is also a time to celebrate your strengths and achievements. It is a process through which you are refueled, enabling you to go back out and knock on another door.

Training and Professional Development

To do your job well, you need skills in a variety of areas: child development and early childhood education; principles of child health, safety, and nutrition; adult learning strategies; and family dynamics. You must be skilled at communicating and at motivating people. In addition, you must have knowledge of community resources and the skills to link families with appropriate agencies and services [45 CFR 1304.52(e)]. Your Head Start program may have particular requirements such as the Child Development Associate (CDA)⁴ credential for home visitors, specific college coursework, or a minimum level of experience.

Honestly assess where you need to develop your skills. Everyone has strengths and challenges. Professional development is a lifelong, dynamic process. You will need an array of training experiences to refine your skills. The variety of opportunities resources that might be available to you include:

- ▶ regional or national training conferences;
- ▶ local workshops;
- ▶ in-depth studies of particular families;
- ▶ opportunities to shadow experienced staff members;
- ▶ role playing;
- ▶ video observation of actual home visits or group socializations;
- ▶ team staffing meetings;
- ▶ written materials such as articles or books; and
- ▶ on-line resources such as coursework or relevant Web sites.

The goal of all your professional development and training activities is to provide more effective services to children and their families. With the support of your supervisor, create a professional development plan that will allow you to benefit over time from a number of varied learning opportunities and resources.

⁴ The Child Development Associate (CDA) is a national credential for early care and education professionals. It is administered by the Council for Early Childhood Professional Recognition.



A Word About Burnout

The intensity of the work you do can be tiring—physically, mentally, and emotionally. You have to take good care of yourself so you can support families to take good care of their children. Learn to recognize the signs of stress in your job, and develop strategies for coping before you feel overwhelmed. Some common signs of burnout include the following:

- ▶ Feeling exhausted and overextended
- ▶ Feeling like you are incompetent or cannot make progress
- ▶ Becoming cynical, losing hope, or always feeling pessimistic
- ▶ Not enjoying your work anymore

At the first sign of trouble, talk with your supervisor about your feelings and brainstorm some ways that you can take care of yourself. Perhaps you have not had a day off in a long time. Perhaps the number of families you are working with has become unmanageable. Examine whether any factors in your personal life are distracting you from your job and need attention. We all need to live a balanced life to do our best work on the job. In your role as a home visitor, it is especially important that you give to yourself, so you can give to the families and they, in turn, can give to their children.

Management Systems That Support Your Work

Management systems help ensure that your program leaders will consistently and efficiently provide what you need to do your job. Management systems are important because they are tools that help you do your job more effectively. Given that these tools affect your job, you should play an active role in developing or revising these systems. Indeed, you are the one who is more familiar with your job than anyone else.

The *Head Start Program Performance Standards* specify the following program management systems:

- ▶ program governance (**45 CFR 1304.50**);
- ▶ planning, communications, record keeping and reporting, program self-assessment and ongoing monitoring (**45 CFR 1304.51**); and
- ▶ human resources and fiscal management (**45 CFR 1304.52**).

These same systems form the framework for the Program Review Instrument for Systems Monitoring (PRISM) of Head Start and Early Head Start grantees.

Considering the *Program Performance Standards* systems more specifically, you should know about program governance so you can support parent participation in Parent Committees and on the Policy Council. Program planning ensures that the home-based program option is appropriate for your community and identifies your program's goals as well as how you will achieve those goals. Systems for communicating, record keeping, and reporting have a direct effect on how you do your job. What kind of records are you responsible for? How do you track the services that you provide during home visits and socializations? How do you further the involvement of the families with whom you work in the governance of your program? Human resource management also directly affects your job. Do you receive training and ongoing professional development opportunities? Is the staffing pattern of your agency adequate for you to do your job well? Are you able to accomplish everything you need to do with the number of families on your caseload, or do you feel like you do not have the time to meet the needs of those families who have more complex life circumstances?

Talk with your supervisor if you have any questions or concerns about the way that the management systems are currently operating in your program. These systems exist only to help you do your job in the most effective manner. If they are not working, take an active role to make the changes that you need to do your job well. Partner with the other home visitors in your program and collectively brainstorm some solutions to the obstacles you face. Your input in developing or revising effective systems is invaluable.

Part 7 | Your Community

The comprehensive services you provide to families in the Head Start program require strong collaboration with a variety of community agencies. You may need to partner with the following types of organizations:

- ▶ Health clinics
- ▶ Dental providers
- ▶ Mental health consultants
- ▶ Nutrition and feeding services such as the Women, Infants, and Children (WIC) program
- ▶ Social service providers to assist with housing, education, or job training
- ▶ Early intervention programs for children with disabilities
- ▶ Child care partners or school systems as children transition into other settings

“When we first met Y., she was 13, and very much alone in this world with a very challenging life.... Watching Y. after she had the children ... struggling with where she’s going to live, how she’s going to feed everyone ... [we were] able to look at other resources outside of Family Star to support her on this very challenging journey.

—Executive Director, Family Star, Denver, CO

The particular community partnerships you develop depend on the needs of the families in your program.

Developing a Partnership

Your agency may have formal, written partnership agreements with various agencies. These written agreements strengthen the collaboration because they explicitly describe roles and responsibilities, and they continue to exist after the individuals who established the partnership leave their jobs. However, you may have the opportunity to establish partnerships through your informal contacts with service providers. For example, you may become acquainted with the children’s librarian at your local library as you regularly send families there to encourage early literacy experiences. Through your relationship with the librarian, you might inspire him or her to develop special parent-child “cuddle-up” story hours; create a toy-lending library; or lead a group socialization experience for your program. Think about the individuals with whom you regularly come into contact as you find resources for families. Often, these informal, familiar relationships are the connections that can lead to strong collaborative partnerships. Being on the “front line,” you have a tremendous influence on how visible your program is in the community, and you play an important role in the partnership process.

Using Management Systems for Effective Community Partnerships

Management systems and procedures exist to support the services you provide to families and play an important role in community partnerships. You should be familiar with these systems

so you can use them as tools to achieve your goals with families. The following management systems are identified in section **45 CFR 1304.51** of the *Program Performance Standards*. You will notice that each of these systems is interrelated and influences the others as well as the services provided to children and families. In this section, we are focusing on how management systems support your community partnerships, but it is important to note that these same management systems play a role in all the program services that you provide to families.

Program planning: Your program's Community Assessment can help determine the agencies that are potential community partners depending on families' needs. For example, if your Community Assessment revealed a significant percentage of Head Start-eligible families with low literacy skills, your program might target community agencies that provide adult education and might approach community libraries for additional support and services.

Communications: You depend on your community partners to provide necessary services to families. Effective systems for communicating pertinent information to those involved determine

Things You Can Do to Use Management Systems for Effective Community Partnerships

- ▶ Develop tracking forms to ensure that up-to-date records related to your work as a home visitor are readily available.
- ▶ Create a personalized list of the agencies and individuals to whom you refer each family. You might keep this list in a notebook or in a family file and use it to track when you referred the family, the outcome of the referral, and any follow-up steps you need to take.
- ▶ Take the time to develop friendly, professional relationships with the community service providers with whom you interact outside of your agency. Formal, collaborative partnerships are often built from the informal, respectful relationships you develop as you help families find resources in the community. These informal relationships can have a powerful influence on how community agencies perceive your program.
- ▶ Make sure that families understand how much of the information they give you is communicated to other providers. All parties involved should be aware of your confidentiality guidelines and adhere to them. Make sure that you are providing only relevant information to community providers.
- ▶ Keep in mind that the contacts you establish with community providers can become an excellent source of volunteers for your program and of representatives for your policy groups. Think about how you can make volunteer opportunities available to individuals and organizations who are interested in supporting children and families in the community.

what kinds of information is provided, how information is shared in a timely manner, and the confidentiality guidelines that protect family privacy.

Record keeping and reporting: You must be able to track the outcome of your referrals to community partners to ensure that services were rendered in a timely manner and are of sufficient quality. Your records also help you track family progress and accomplishments over time. The services rendered by community partners are included in reports of families' and children's progress. This information helps your program administrators continually assess and improve the quality of program services.

Self-assessment and monitoring: Your program should regularly review how effectively your agency's collaborations with community partners meet family needs. You can contribute to this assessment by providing your supervisor and program administrators with feedback about how services are having an effect on the families with whom you work. For example, are families getting what they need from these agencies? Do they respond to referrals in a timely manner? Do families feel comfortable with these services and have good experiences with these agencies? Because of your unique relationship with families, you are the one with whom families are most likely to be candid about their experiences. Ongoing monitoring helps to ensure that your program is successful in meeting the federal regulations.

In Closing

You do a tremendous job. But you do not do it alone. Your agency, your supervisor, your colleagues, your community, and the families with whom you work are your partners. We hope that this *Handbook* not only has demonstrated how you are your own best resource but also has provided some useful tools and strategies for your work. The greater your self-awareness, the more effectively you will be able to get what you need to do your job to the best of your ability. Ultimately, the real power you have to effect change is through the relationship you have with families. Celebrate and honor yourself in the same way that you then celebrate and honor families, so they may always celebrate and honor their children.



Part 8 | Additional Resources

Publications

Home Visiting

- Fenichel, E. (Ed.). (1997). Home visiting. *Zero To Three*, 17(4).
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Learning Through Play and Everyday Activities

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- Miller, K. (1990). *More things to do with toddlers and twos*. Chelsea, MA: Teleshare.
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- Parlakian, R. (2001). *The power of questions: Building quality relationships with families*. Washington, DC: ZERO TO THREE.
- Powers, S., & Lerner, C. (2000). *Learning and growing together tip sheets: Ideas for professionals in programs that serve young children and their families*. Washington, DC: ZERO TO THREE.
- ZERO TO THREE. (2001). *Learning and growing together with families video package*. Washington, DC: Author.

Cultural Competency

- Cortes, C. E. (2000). *The children are watching: How the media teach about diversity*. New York: Teachers College Press.
- Derman-Sparks, L., & A.B.C. Task Force. (1989). *Anti-bias curriculum: Tools for empowering young children*. Washington, DC: National Association for the Education of Young Children.
- Flynn, N., Thorp, E., Evans, K., & Takemoto, C. (Eds.). (1998). *Infusing cultural competence in early childhood programs*. Fairfax, VA: George Mason University.
- Hopkins, S. (Ed.). (1999). *Hearing everyone's voice*. Redmond, WA: Child Care Information Exchange.
- Lynch, E. W., & Hanson, M. J. (1998). *Developing cross-cultural competence: A guide for working with children and their families* (2nd ed.). Baltimore, MD: Brookes.
- Mallory, B. L., & New, R. S. (Eds.). (1994). *Diversity and developmentally appropriate practice*. New York: Teachers College Press.
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Reflective Supervision and Relationship-Based Work

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Head Start Training Guides

The *Training Guides for the Head Start Learning Community* are a series of manuals that provide information and resources for Head Start program staff members. The guides are organized into the topic areas of Disabilities, Education, Health, Management, Parent Involvement, Social Services, and Transition. Each topic area includes a *Foundation Training Guide* that focuses on the

values and behaviors necessary to support the Head Start Program Performance Standards and *Technical Guides* that address the specific knowledge and skills Head Start staff members need to support their professional development and their work with children and families. An annotated list of the *Training Guides* is available on the Web site of the Head Start Information and Publication Center (www.headstartinfo.org).

Web Sites

American Association for Home-Based Early Interventionists (www.aahbei.org)

The American Association for Home-Based Early Interventionists serves parents and those working in the field of early home intervention with infants, toddlers, and preschoolers with special needs. This organization places a special, though not exclusive, emphasis on the home as a beneficial environment for early intervention.

The Fatherhood Project (www.fatherhoodproject.org)

The Fatherhood Project is a national research and education program that is examining the future of fatherhood and is developing ways to support men's involvement in childrearing. It was founded in 1981 at the Bank Street College of Education in New York City by Dr. James A. Levine and relocated in 1989 to the Families and Work Institute.

FatherNet (www.cyfc.umn.edu/Fathernet)

This Web site includes information on the importance of fathers and fathering and how fathers can be good parents and parent educators. It includes research, policy, and opinion documents to inform users about the factors that support and hinder men's involvement in the lives of children.

The Home Visiting Center (www.unc.edu/~uncchv)

Established in 1996, the center builds on a century of home visiting efforts in this country. The center's mission is to promote interdisciplinary research and evaluation efforts, training efforts at the college and university level, and ongoing professional development activities as well as to advance the knowledge base concerning practice and training.

National Center for Education in Maternal and Child Health (<http://www.ncemch.org>)

This Web site offers selected publications, annotated bibliographies, numerous databases, related organizations, and a conference calendar. The center also provides access to a team of reference librarians to assist in your search for materials or information related to maternal and child health.

The National Information Center for Children and Youth With Disabilities (www.nichcy.org)

NICHCY is a project of the Academy for Educational Development, operated through a cooperative agreement with the Office of Special Education Programs, U.S. Department of Education. This Web site offers information on disabilities and disability-related services for individuals from birth to 22 years. In addition to their publications, NICHCY offers information searches on their database, referrals, and technical assistance.

National Sudden Infant Death Syndrome (SIDS) Resource Center (www.circsol.com/sids)

The National SIDS Resource Center (NSRC) at the National Maternal and Child Health Clearinghouse produces and provides professional and consumer education materials; makes referrals to national, state, and community organizations; and maintains a database of technical and public awareness documents.

National Home Visiting Programs

Healthy Families America
National Committee to Prevent Child Abuse
200 South Michigan Ave., 17th Floor
Chicago, IL 60604
312-663-3520
www.healthyfamiliesamerica.org

Healthy Steps for Young Children
Boston Medical Center
1 Boston Medical Center Place
Boston, MA 02118
617-414-4767
www.healthysteps.org

Home Instruction Program for Preschool Youngsters (HIPPY)
220 East 23rd St., Suite 300
New York, NY 10010
212-532-7730
www.hippyusa.org

Parents as Teachers National Center, Inc.
10176 Corporate Square Dr.
St. Louis, MO 63132
314-432-4330
patnc@patnc.org
www.patnc.org

Appendix A | Attachment for Information Memorandum ACYF-IM-HS-00-22 *Child Development Services During Home Visits and Socializations in the Early Head Start Home-Based Program Option*

Selection of the Home-Based Program Option

The needs of the children and families enrolled in the Early Head Start program, as identified in the Community Assessment, drive the selection of the program option(s). Regulation 45 CFR Part 1305 requires that each Early Head Start and Head Start grantee and delegate agency conduct a Community Assessment within its service area once every three years and update it annually. Programs choosing to operate the home-based program option are bound by the regulations contained in 45 CFR 1306.33. The home-based program option is designed for families whose children and parents are primarily in their home environment. Early Head Start grantees should consider other program options for families with substantial child care needs.

Service Delivery Model of the Home-Based Program Option

The Head Start and Early Head Start home-based program option supports children and their families through home visits and group socialization experiences. Early Head Start home visits provide comprehensive services to support and strengthen the relationships between infants, toddlers and their parents. The strength and quality of these relationships are essential for optimal child development outcomes during this period of rapid social, emotional, physical, and cognitive development. Parents are encouraged and supported to later recreate and build on the activities that are introduced during the home visit.

Group socializations are another opportunity to strengthen and support relationships by providing parents with opportunities to: obtain feedback from EHS staff and other parents or community-based professionals about their child's interests, strengths, needs and resources; observe their children responding to other children and adults; and share and learn from others about the challenges and joys of parenting.

Home visits are planned collaboratively with the parents (or the child's legal guardian) to support the parents in their roles as primary caregivers of the child and to facilitate the child's optimal development. The Family Partnership Agreement must include the specific roles of parents during group socializations and home visits [45 CFR 1304.40(a)(2)]. Home visits are conducted with the child's parents or the child's legal guardians [45 CFR 1306.33(b)]. Furthermore, visits should be conducted in the child's home except in extraordinary circumstances when a short-term alternative arrangement may be necessary, for example, if the safety of the child or parent is in jeopardy or the family becomes homeless [45 CFR 1304.40(i)(4)]. Socializations are also con-

ducted with parents or the child's legal guardian and may not be conducted with child care providers and other substitute caregivers [45 CFR 1306.33(c)].

Frequency and Duration of Home Visits and Socializations

The frequency and duration of home visits and group socializations specified in the Head Start Program Performance Standards are required to deliver the intensity of intervention that is necessary for positive child development outcomes. The regulations require home visits of 90 minutes duration to occur on a weekly basis year-round. It is recognized that programs may schedule fewer than 52 home visits per year, due to situations such as staff vacations and program training activities. Similarly, home visits with families with newborns may be initiated with a reduced frequency and duration to respect the family's need for rest and the adjustment to new routines. Following this transitional period, families should receive weekly home visits. Such flexible programming is necessary and appropriate to respond to the unique needs of families and in order to develop respectful relationships with them.

In addition, programs are required to offer families two socializations per month, or for Early Head Start programs operating year-round, 24 socializations per year. The socializations are to be conducted on a regular basis, approximately every other week. However, programs may elect to offer more frequent group socializations for a period of time, and then not offer them for a few weeks, such as during severe weather periods. In another example, very young infants and their parents should not be expected to attend socializations. The length of each socialization experience should be based on the developmental level of the child, the content of the socialization experience, and other child and family needs.

The federal regulations in 45 CFR 1306.33 specifying minimums of 32 home visits and 16 socialization experiences per year are based on a part-year Head Start preschool program. Because Early Head Start is a 12 month program, the yearly number of home visits and socializations would increase accordingly.

Home Visitor Caseload

The Head Start Program Performance Standards specify an average caseload of 10 to 12 families per home visitor with a maximum of 12 families for any individual home visitor [45 CFR 1306.33(a)(5)]. Programs should determine caseload depending on the complexity and intensity of family needs, travel distances, and to ensure adequate planning time. The regulation requires the caseload to average at least 10 families. Within this average a program may wish to assign an individual home visitor a caseload of less than ten. This might occur when serving multiple children in one family, or when the quality of Early Head Start services could be compromised if the home visitor lacks sufficient time to adequately meet families' needs. For example, home visitors may need to provide additional support to families experiencing multiple or sustained stressors, such as maternal depression, violence in the home, health complications, or other family crises. Home visitors working in rural communities where families live great distances from each other, or in communities where medical, dental, and social services are difficult to access, might need additional time to fully meet each family's needs.

Child Development Services During Home Visits

The Content of the Home Visit: Curriculum Planning

The child development and education approach for infants and toddlers [45 CFR 1304.21(b)(1)(i-iii)] is based on the development of secure relationships; an understanding of the child's family and culture; the development of trust and security; and the opportunity to explore sensory and motor experiences with support from Early Head Start staff and family members. The Early Head Start curriculum is the vehicle through which child development and education is delivered. The curriculum, defined in 45 CFR 1304.3(a)(5), is a program's written plan that includes: 1) the goals for children's development and learning; 2) the experiences through which they will achieve these goals; 3) what staff and parents do to help children achieve these goals; and 4) the materials needed to support the implementation of the curriculum.

Parents play an integral role in the development of the program's curriculum [45 CFR 1304.40(e)(1)]. At the program level, parents are offered opportunities to participate in committees that develop or evaluate the program's curriculum. At the individual level, their active participation involves sharing knowledge about their particular child's interests, resources, and needs; choosing meaningful goals and experiences for their family; and determining if the curriculum is effectively meeting their child's needs. The Policy Council plays an equally important role by ensuring that the program's philosophy and long and short term goals and objectives are reflected in the curriculum [45 CFR 1304.50(d)(iii-iv)].

Curriculum Goals

Goals for children's development and learning are established in partnership with parents and based on the child's ongoing developmental assessment. The Head Start Program Performance Standards in 45 CFR 1304.21 identify the developmental domains that curriculum goals should support, including social and emotional, language, cognitive, and motor skills. While these areas of development are often defined as distinct skills, it is important to understand that each area of development is connected to and affects every other. Thus, it is how these skills are integrated and work together that promotes important developmental outcomes for children, including the ability to form close, trusting relationships; curiosity and the motivation to learn; intentionality; problem solving; self-regulation; and the capacity to communicate.

Home visitors work closely with parents to ensure that goals and experiences are congruent with the family's culture; build on children's interests and abilities; promote curiosity and positive views about themselves and about learning; and use responsive interactions as the primary vehicle for learning.

Curriculum Experiences

The greatest opportunity for learning during the infant and toddler period is through daily experiences such as feeding, diapering or toileting, greetings or good-bye's, bathing, dressing, and play. All these experiences are new to infants and it is through their sensory systems - seeing, hearing, feeling, tasting, touching - that they experience the world. In addition, these routines

occur many times throughout the day, therefore each home visit presents numerous opportunities to support the parent's ability to facilitate rich learning experiences in the home and enhance the pleasure that both the parent and child take in the relationship that they are building. For example, if the child is experimenting with making different sounds and the parents' goal is to encourage language skills, the home visitor can help identify ways to promote reciprocal communication between the parent and child during everyday routines such as meal times, when bathing, or by sharing books.

Each home visit should focus on the parent as the child's most important relationship and first teacher, and through the parent, focus on the needs of the child. Child development experiences, which focus on the relationship and interaction between the parent and child, should occur during each home visit. There are times when a parent is so distracted by personal needs that it is difficult to establish the focus on the child. It is important at these times to ensure that the parent gets the support he or she needs so that he or she can then be available to meet their child's needs. A home visitor in this circumstance might guide the focus back to the child by first listening to the parent's concerns, identifying resources, and then helping the parents understand how the family circumstances affect the child. The home visitor should ensure that the child development goals of the Early Head Start program are being addressed at the same time that the needs of the parents are supported.

Roles of Home Visitors and Parents: Ongoing Assessment and Individualized Services

Home visitors and parents work collaboratively to develop meaningful curriculum experiences. Parents and home visitors exchange information based on observations of the child and the ongoing infant-toddler assessments conducted by the home visitor and other Early Head Start staff with the parents. Home visitors follow the parents' lead in establishing goals for their infants or toddlers and support parents as they engage in sensitive and responsive interactions. Home visitors also provide education and guidance and empower parents to advocate on behalf of their young children.

Parents provide specific information on their child's routines, interests, skills, and the family's practices, and cultural traditions. Parents also provide information on the range of pleasurable experiences or challenging interactions with their infants and toddlers. For example, a parent can describe how her baby or toddler falls asleep, calms when upset, and reacts to sights, sounds, new situations or people.

Home visitors support parents' understanding that everyday routines provide the context for learning and development. They emphasize how these experiences provide rich opportunities for infants and toddlers to practice newly learned and emerging skills in naturally occurring events within the family. Home visitors also help parents understand how their support and enjoyment of their infants' and toddlers' exploration and learning promote curiosity, initiative, self-esteem and continued exploration.

Home visitors provide information on developmental stages and experiences that support the acquisition of skills such as self-regulation, problem solving and the capacity to use language for expression of feelings and ideas. Home visitors also provide information on how to observe and individualize experiences for infants based on temperament, learning style, and interests. At each new developmental stage, home visitors can support parents through the new routines, relationships and lifestyle changes that a baby brings into a home, as well as understand and manage the impact on siblings.

Based on assessment, and parents' questions, concerns or priorities, home visitors can provide information on the ways that parents can enhance their infants' ability to look, listen and self-soothe. For example, a home visitor might explain to a parent of an infant how self-soothing, an early self-regulatory skill, facilitates meaningful interaction with others and allows the infant to actively take in information about their world. Alternatively, for an older toddler, the home visitor might discuss the opportunity to build language skills during everyday routines and provide a variety of songs, rhymes and fingerplays for parents to use while dressing, bathing, or eating.

Home visitors consult with disability specialists and early intervention providers to identify how infants' and toddlers' Individual and Family Service Plan (IFSP) objectives can be implemented within daily routines. Home visitors also receive guidance on the use of assistive technology, augmentative communication, and adapted toys to promote infants' active participation in family routines and play with peers.

Materials

Home visitors should have a repertoire of parent education materials that are reflective of the range of adult learning styles of parents, and take into account language, education, and cultural differences. Parent education resources should be utilized in an individualized manner with parents and build on parents' competencies. Programs should possess a variety of different parenting education materials with different purposes: some provide parent-child activities to support developmental capacities while others are designed to enhance parent observations and interactions with their child. Home visitors should carefully select materials that best meet program goals and family priorities. Further, home visitors should be sensitive to cultural values and differences when choosing parenting education resources, play materials, and activities. It is critical to the development of the child that parents are supported as the child's primary and first teacher.

Child Development Services During Socializations

Purpose of Socializations

Early Head Start programs operating a home-based program option provide two socializations per month (approximately 24 per year) for infants, toddlers and their parents. Socialization experiences for infant and toddlers are designed differently than socializations for preschoolers. The purpose of socialization experiences for infants and toddlers is to support child development by strengthening the parent-child relationship. The content of the group experience

reflects this emphasis and incorporates the goals of the program and participating families such as: helping parents to better understand child development; encouraging parents to share their parenting challenges and joys with one another; providing activities for parents and children to enjoy together; offering structured and unstructured learning opportunities for both children and parents; and modeling successful strategies for engaging children and supporting their development.

Linking Socialization Experiences to the Home Visits

The socialization experiences support the goals established during the home visits. The Family Partnership Agreement must include the specific roles of parents in socializations and home visits [45 CFR 1304.40(a)(2)]. This provides a mechanism for connecting the home visits with the socialization experiences so that they build on family goals and are meaningful to the participants.

For example, if several families are working on creating a safe home environment for infants learning to walk, a socialization experience might be organized around a discussion of safety precautions and the challenges of baby-proofing their home. Such a discussion might include specific strategies for eliminating hazards as well as exploring ways to create safe environments that promote parent-infant relationships and the infant's physical, cognitive, social and emotional development. During the same socialization, the parents would learn how other parents are meeting the challenges of safely supporting infant exploration. The group might walk to a nearby playground to demonstrate and discuss outdoor safety as well. The home visitor would utilize group facilitation skills to create a trusting atmosphere; support successful strategies or model alternative strategies for redirecting children's behavior; build on each child's individual strengths; and emphasize ways to support the child's emerging developmental skills while creating a safe environment to explore.

Curriculum Planning for Socialization Experiences

The federal regulations in 45 CFR 1304. 21(b) which define the child development and education approach for infants and toddlers are applicable to Early Head Start services delivered through the socialization component of the home-based program option. Thus, these group experiences are designed to facilitate the development of emotional security through trusting relationships with a limited number of consistent and familiar people. Socialization experiences provide home-based Early Head Start staff the unique opportunity to focus on the parent-child relationship and interaction in the context of the group setting.

Socialization experiences for infants and toddlers support child development by focusing on relationships and are planned to support parents' interaction with their children. All activities should be appropriate for the ages and developmental level of the children present, and take into consideration adult needs and learning styles. Programs should consider the different developmental needs of young infants, mobile infants, and toddlers when planning socialization experiences. For example, young infants may tire easily and only tolerate group experiences of a short duration, while toddlers might enjoy a longer or more active group experience. For this

reason, Early Head Start grantees may consider forming socialization groups based on the developmental level of the children: young infants, mobile infants, and toddlers. Mixed age groups can be appropriate for families with multiple children under three years of age or other family circumstances. Both models support the parent-child relationship when the experiences are planned to meet the developmental needs of the children in Early Head Start. Programs might consider separate accommodations for older siblings of the children enrolled in Early Head Start so that the parent is fully available to focus on the infant or toddler during the socialization experience.

Early Head Start staff should consider how the developmental functioning of infants affects their participation in the group experience. Socializations provide opportunities for infants to observe and interact with adults and with each other. From the beginning of life infants are aware of others and will participate in the give and take of socializations. The way infants interact with each other will evolve over time. Very young infants might indicate their joy at seeing a familiar face with a full body wriggle and a smile. A three-month-old infant might interact with other infants through eye contact, vocalization and observation. Six-month-olds can imitate the coos and squeals of their playmates. At nine months of age two infants might each press buttons on the same pop-up toy and laugh in delight over the other's accomplishment. At two years a toddler might vigorously affirm a toy is "mine" and learn better how to take turns through the guidance of parents and the home visitor.

To support the relationship-building focus of socializations, parents and infants are together during socialization experiences. If a socialization includes an activity that is parent-focused, such as a facilitated discussion, parents can participate with their infants nearby. As infants become more mobile and independent, there may be times when children and parents separate for short periods.

One of the benefits of the socialization experiences is the parenting education that occurs in many forms: through informal conversations between staff and parents as they interact with their children; during facilitated discussions on a particular topic related to the socialization experience; and by observing other parents and staff interact with children. Formal or more structured parenting education where the focus is exclusively on the adult should occur during times other than socialization experiences since the socialization experience is designed for parent-child interaction.

Similarly, socialization experiences may include outings or meals, but in the context of the socializations these should be small-group experiences and build on the goals of the socialization. Large-group family meals and activities should occur at times other than the socialization gathering. All socialization experiences are planned to address child development issues, parenting, and the parent-child relationship.

Grantees ensure that they are able to provide appropriate snacks and meals to each child during group socialization activities [45 CFR 1304.23(b)(2)]. The type and nature of the meal or snack is

determined by the content and context of the particular socialization, as well as the developmental level of the child. Programs ensure that there is appropriate infant formula and baby foods available for infants. Socializations provide an excellent opportunity to address nutrition and healthful eating habits and promote child development through activities such as menu planning, discussion, and the preparing and sharing of snacks or meals.

Staffing for Socializations

The home visitor's relationship with the family is the primary avenue through which Early Head Start services are delivered in the home-based program option. Thus, home visitors play a central role in the socialization experiences. Home visitor caseloads should be set at a level that allows them the time necessary to fully participate in the planning and implementation of socializations.

Early Head Start staff with the responsibility for planning and implementing socialization experiences should have expertise in infant and toddler development as well as facilitating groups of parents and children together. Early Head Start grantees might consider a designated staff position, working collaboratively with home visitors, for planning and implementing socialization experiences.

Group Size of Socializations

Early Head Start grantees determine the number of participants in group socialization experiences to support the goal of facilitating child development by strengthening the parent-child relationship. To meet this goal, group sizes should be limited. Large groups of infants and adults do not provide the intimacy or intensity of interaction that facilitates trust, predictability, and responsive caregiving. Smaller groups allow children, families, and staff greater opportunities for individual attention and meaningful interaction.

Environments for Socializations

Early Head Start grantees select the setting for socialization experiences with attention to the features that support a high quality environment for infant and toddler exploration and interaction with family members. Early Head Start grantees should identify a designated space for socialization experiences. This space need not be used solely for socializations. A designated space provides the participants with a stable and predictable setting and takes into consideration appropriate health and safety requirements such as facilities for toileting and hand washing, refrigeration, and heat. Programs must also ensure that children with disabilities can fully participate by making any necessary adaptations to the setting and materials to allow for active engagement with others and full participation in activities.

The environment should meet the needs of both children and adults. For example, adults should have comfortable places to sit that facilitate interaction with their children. Young infants need soft places to sit or lie down, and nursing mothers should have comfortable accommodations for breastfeeding. Mobile infants need safe places to crawl and surfaces to pull up on, while toddlers require adequate space to run and climb.

Transition Planning From Prenatal Services to the Home-Based Program Option

The regulations governing the home-based program option in 45 CFR 1306 refer to services for children and do not apply to services to pregnant women. Regulations governing services for pregnant women enrolled in the EHS program are found in 45 CFR 1304.40(c). However, EHS grantees may choose to provide services to pregnant women through home visits. In this case, the length and frequency of the home visits are based on the family's needs and goals. Similarly, programs may wish to, but are not required to provide socialization experiences for pregnant women.

Some Early Head Start grantees providing services to pregnant women will be transitioning the family into the home-based program option following the birth of the baby. In this case, programs are urged to consider how the transition into the home-based program option can best meet family needs. For example, it may be preferable to have a gradual transition into the socialization experience, beginning before the birth of the baby. Pregnant women would have the opportunity to interact with other women at the same stage of pregnancy, learn from mothers who have recently delivered, and become familiar with the socialization environment and routines. Women with newborns may want to meet with smaller, less frequent groups, in a less structured environment, such as another woman's home.

Conclusion

The home-based program option is designed for families whose children and parents are primarily in the home environment and offers comprehensive Early Head Start services through regular home visits and group socialization experiences. It is the relationship with the home visitor that forms the foundation for effective service delivery. Similarly, it is the relationship between the parent and infant or toddler that provides the foundation from which very young children develop the social competence necessary for success later in school and in life. Comprehensive, high-quality home visitation services strengthen and support families so that they, in turn, can provide the best possible support for their child.

Source: U. S. Department of Health and Human Services. (2000). *Child Development Services During Home Visits and Socializations in the Early Head Start Home-Based Program Option*. Washington, DC: Head Start Bureau.

Appendix B | Attachment for Information Memorandum ACYF-IM-HS-02-04 *Services to Pregnant Women Participating in Early Head Start*

A healthy pregnancy has a direct influence on the health and development of a newborn child. Early Head Start (EHS) strives to have the greatest impact on participating children by offering supportive services as early in life as possible. The prenatal period of growth and development has a lasting impact on the child's potential for healthy growth and development after birth. Early Head Start programs provide services to pregnant women and their families and through the child's first three years of life. Early, continuous supports and services provide the best opportunity for:

- ▶ healthy pregnancies and positive childbirth outcomes;
- ▶ supportive postpartum care for the parents and child;
- ▶ fully involving fathers in the lives of their very young children; and
- ▶ nurturing and responsive care during infancy.

It is expected that pregnant women and their families who receive EHS services will enroll their child in EHS following birth. The goal of serving pregnant women and their families in EHS is ultimately to provide EHS services to their children in the appropriate child development program option (center-based, home-based, or combination option). It is not the intention of the EHS program only to serve pregnant women without also providing services to the child upon delivery. Planning for the transition to the appropriate child development program option should begin at the time the pregnant woman is enrolled in the EHS program.

Management Systems

Effective management systems are necessary for quality services. EHS grantees are responsible for developing effective systems for the delivery of services to pregnant women and their families in the following ways:

- ▶ **Planning comprehensive services and ongoing self-assessment.** The Community Assessment drives the planning process for services to pregnant women. The planning process ideally includes input from community partners, program participants, and the Health Services Advisory Committee. Planning is an ongoing activity and program services evolve as information is gathered about the effectiveness of those services.
- ▶ **Communicating relevant information to all the parties involved.** Communication systems are developed to ensure that pregnant women receive comprehensive, individualized services, and that community partners are well prepared to work in collaboration with EHS. The issue of how much information should be shared and with whom is a sensitive matter that needs

to be addressed within formal confidentiality guidelines. These guidelines will consider both the privacy of the family and what the professionals working with the family need to know in order to provide the best possible care. These decisions are often made on a case-by-case basis.

Another aspect of communication systems involves sharing information with governing bodies, such as the Head Start Policy Council. Effective communication systems with governing bodies keeps the members informed about how the program is serving pregnant women and their families, and gives them adequate time to review materials and participate in decision-making.

- ▶ **Record keeping and reporting to ensure that services are rendered in a timely manner and to monitor the outcome of the referrals to partnering agencies.** Record keeping demonstrates how the program is meeting the Performance Standards and other state or federal regulations in regard to serving pregnant women. It also allows the program to monitor how the collaborative relationships with community agencies are working and make adjustments as necessary. Records of work with individual pregnant women and their families allow staff and families to follow their progress toward meeting their short and long term goals.

The Community Assessment and Program Planning Process

Program planning for services to expectant families begins with the Community Assessment. Regulation 45 CFR Part 1305 requires that each EHS grantee and delegate agency conduct a Community Assessment within its service area once every three years and update it annually. This process identifies community needs and resources, which are used to develop both long and short term objectives and goals for the program to meet the identified needs. The Community Assessment drives the decision about how a program will provide services to pregnant women in their community. This process identifies the needs of the pregnant women in the community, the services they require, and the resources available to meet identified needs. EHS grantees use this information to develop the specific services for the pregnant women in their community. The Community Assessment paints a picture of a community at a point in time. It identifies community resources as well as needs or gaps in services. For example, a Community Assessment in a rural area might reveal that there is a shortage of obstetricians, and that pregnant women are not receiving adequate prenatal care because they do not have transportation to medical facilities in neighboring towns. The EHS program might address this need by assisting the EHS pregnant women in accessing transportation, or by developing partnerships with other agencies that could bring qualified health care providers into their community. Alternatively, a Community Assessment might reveal a high rate of teenage pregnancy. In this case, the EHS program might collaborate with local schools to offer supportive services that allow teens to remain in school while planning for the birth of their child and for the services they will need following delivery.

A Community Assessment may also reveal that services to pregnant women are readily available in the community and women have access to them. Under such circumstances a best practice in EHS might be to complement the services that are already available by serving as a point of referral to the existing services or by developing collaborative agreements with agencies serving pregnant women.

Eligibility and Enrollment (45 CFR 1305)

Eligibility

It is important to note that even when the Community Assessment reveals a need for services to pregnant women, not all pregnant women in the community will be suitable candidates for the EHS program. For example, a pregnant woman and her family should be informed prior to enrollment that the EHS program is intended to serve the family pre-natally and through the child's first three years of life. Parents should be informed of the program service delivery options, such as center- or home-based services, to determine the "match" between the family needs and what the program can offer after the child is born. Pregnant women who do not anticipate the need for EHS services for their children after birth are not appropriate candidates for EHS.

For the purpose of determining eligibility based on family income, the pregnant woman is counted as two members of the household. In the case of an unmarried teenage girl, her own income determines her eligibility regardless of her parents' income. The intent of the EHS program is to serve those with the greatest need, as indicated in selection criteria (45 CFR 1305.6). It is therefore important for a program to consider factors in addition to income, such as social supports or access to resources, when determining if a pregnant teen is an appropriate candidate for the EHS program.

Community Partnerships

Recruitment strategies play an important role in finding appropriate candidates for the EHS program. Community partners are some of the best resources for referrals. Formal agreements as well as informal relationships with service agencies that come into contact with pregnant women increase the exposure of EHS in the community. Formal agreements for collaboration might include agreements with programs such as WIC, La Leche League, Healthy Start, or a local mental health association. OB/GYN physicians, midwives, and clinics routinely come into contact with pregnant women and are excellent resources as well as providers of referrals. A formal agreement for referrals between EHS and community agencies should include confidentiality guidelines about the kind of information to be shared, define who needs to receive specific kinds of information, and outline procedures to ensure that communication occurs in a timely manner. For example, an EHS program may receive a referral from WIC. The WIC representative would inform the EHS representative of the potential referral and have a protocol for arranging a meeting between the family and the EHS representative. Part of the collaborative agreement with WIC might include sharing information such as a nutritional assessment, and EHS ensuring that a dietician reviews the assessment and provides follow-up.

Enrollment

For the purpose of determining the number of individuals enrolled in an EHS program, the pregnant woman is counted as the one who is enrolled. Once the child is born, it is the child who is enrolled in the EHS program. Furthermore, pregnant women and their families are not enrolled in Head Start Program Options (45 CFR 1306). The Program Options are child development service delivery options. Thus, the regulations governing Program Options do not apply to pregnant women. For example, while many services to expectant families may be delivered through home visits, EHS staff are not required to follow the frequency and duration of home visits that are required in the home-based program option for children. Program staff and families have the flexibility to determine how services will be provided through the individualized Family Partnership Agreement process.

The development of the Family Partnership Agreement [45 CFR 1304.40(a)(2)] is a process of collaborating with parents to develop a plan of program services that is driven by parents' identification of family strengths, needs, resources, and goals. The Family Partnership Agreement determines how the services for pregnant women required in the **Head Start Program Performance Standards** are individualized for each family. The development of the Family Partnership Agreement is a process of building trust with families, helping them identify their goals, and determining how the EHS program can support them in reaching those goals. It is important to be prepared to adapt EHS services to the particular circumstances of each pregnant woman and her family. Whenever possible, fathers are full participants in the EHS services to pregnant women. The circumstances of the pregnancy, cultural differences, and the nature of the relationship between the mother and father will determine how EHS staff works with the entire family. As Family Partnership Agreements are developed, EHS staff are encouraged to provide couples who choose marriage for themselves with the skills necessary to form and sustain healthy marriages, and refer them to marital enrichment classes and premarital counseling groups.

EHS programs provide services to pregnant women and their families in their homes, in community-based settings, and through referrals to community partners, depending on individual family need, resources, and goals. As described above, pregnant women may come to EHS through many different routes and each one will have a slightly different enrollment process. For example, if a pregnant woman is referred through a medical clinic, the program might begin with an assessment of the woman's current medical condition and ongoing needs. The EHS program representative might meet with the pregnant woman at the medical clinic and provide information about the EHS services. The EHS representative could invite the pregnant woman to visit the center, observe a socialization, or arrange to visit with the woman and her family in their home to further discuss the opportunities available through the EHS program. In whatever way the initial contact is made, the initial focus is on establishing a comfortable and trusting relationship. This process takes some time and staff should be sensitive to how much information families are willing to share before that relationship has had the time to develop. The Family Partnership Agreement process occurs as early as possible in the enrollment period so that the specific needs of each pregnant woman and her family can be determined, the goals set, and the services planned.

Head Start Program Performance Standards Requirements for Services to Pregnant Women

The Head Start Program Performance Standards [45 CFR 1304.40 (c) (1) - (3)] describe the services the EHS grantee must **provide** to pregnant women, and those services that they must **assist** pregnant women to obtain. EHS programs must **provide** prenatal education on:

- ▶ fetal development, including the risks from smoking and alcohol;
- ▶ labor and delivery;
- ▶ postpartum recovery, including information on maternal depression; and
- ▶ the benefits of breastfeeding.

EHS programs can, for example, provide this information through classes, support groups, or home visits. Published resources can assist EHS staff to develop a comprehensive approach to prenatal education that encompasses all of the required topics through resources such as videos, books, prenatal journals, and prepared child birth courses. Local libraries, organized groups such as La Leche League or Lamaze, health clinics, and county health departments may offer additional resources.

The topic of maternal depression is addressed as part of prenatal education to alert pregnant women and their families of the common signs and symptoms of the emotional changes during pregnancy, labor, and the postpartum period. This preparation is extremely important so that women are aware of both the common and milder form of “baby blues” as well as more serious forms of depression that require professional intervention.

The information that is presented in prenatal education efforts should be highly individualized to the particular family. Some of the variables that have an impact on the type of information given to pregnant women and how it is presented include: stage of the pregnancy; age of the pregnant woman; previous pregnancy or child birth experience; relationship with the child’s father; mental health issues such as substance abuse or depression; and the pregnant woman’s support systems and resources.

Services that the grantee must **assist** pregnant women to access include:

- ▶ comprehensive prenatal health care; and
- ▶ postpartum health care.

One of the first steps upon enrolling a pregnant woman in EHS is to ensure that she has access to prenatal health care, including dental care. EHS staff members serve as advocates and liaisons between pregnant women and health care providers. The Health Services Advisory Committee helps to develop linkages to service providers in the community. An important role for EHS staff is to ensure that prenatal and postpartum health care is delivered in a timely manner, is responsive to the family’s needs, and that follow-up concerns are quickly attended to.

EHS grantees will collaborate with various community partners to provide the prenatal education and comprehensive prenatal and postpartum care specified in the *Head Start Program Performance Standards*. Developing a plan for services to pregnant women and their families is unique because of the amount of flexibility it gives programs to determine the frequency, duration, and location where services are provided. For example, for one woman it may be desirable to receive prenatal education in her home in a series of weekly visits. These visits could be of any duration necessary to meet the family goal. In one instance a 45 minute visit for following up on a prenatal appointment might be the goal; in another instance a 90 minute visit to discuss childbirth and delivery options could be the appropriate choice. In another example, a woman might elect to participate in prenatal education classes held at a community center and have EHS staff visit her home every other week for support and follow up. Alternatively, a pregnant woman may receive most of the EHS services in community settings. In this example, the EHS program might have a staff person working in the same building where an OB/GYN clinic operates. This EHS staff member could meet regularly with the pregnant women at the clinic following prenatal health care appointments, as well as during weekly support groups for pregnant women that are facilitated by the EHS staff. In every case, EHS staff have the flexibility to design a plan of services that fulfills the requirements of the *Head Start Program Performance Standards* while meeting the particular needs of participating families.

The Head Start Bureau supports the promotion of safe and stable families as part of the delivery of services to families, including Early Head Start pregnant couples. As such, services for pregnant couples may include activities and discussions that will seek to strengthen parental relationships and promote healthy marriages. Programs are encouraged to provide couples, who are either currently married or who have voluntarily indicated a desire to get married, with help in accessing the skills necessary to form and sustain healthy marriages, by guiding them to marriage education classes.

EHS Services to Pregnant Teens

EHS programs that provide services to pregnant teenagers will consider the particular needs of this population. Teenage girls and their partners are in a unique developmental stage that has implications for how EHS staff might design and deliver services. For example, recruitment efforts might focus on the school setting or a community recreational center where teens are likely to spend their time. In addition, teenagers tend to prefer to spend time with groups of peers and might be better served by prenatal education efforts in a group setting rather than one-on-one. When possible and appropriate, the father of the child will be involved in the program as well. Another consideration is the living arrangements of the teen mother. Many pregnant teens are living in the same household as their parents and perhaps other family members who must all be considered when offering and planning EHS services for the pregnant girl. EHS staff should be knowledgeable about the issues of working with multigenerational families. For example, the mother or grandmother of the pregnant teen may play an important role in child rearing values and expect to assume a certain amount of responsibility for the care of the new baby. In this case it would be important for EHS staff to help all the members of the family to

clarify roles and expectations for the child's care prior to the birth of the child. EHS staff would simultaneously work to support the relationship between the teen mother and her newborn while validating the other important extended family relationships in the child's life.

Health Services Advisory Committee

The Health Services Advisory Committee (HSAC) is involved in all aspects of planning, delivering, and evaluating services for pregnant women in EHS. Members of the HSAC can assist with developing health care guidelines, identifying community resources, and developing effective collaborations for services to pregnant women. Ideally, health professionals from the field of obstetrics and gynecology are active participants in the HSAC. Committee members offer their professional expertise and experience in the community to address the issues affecting local families. They can be instrumental, for example, in identifying dental providers who are knowledgeable about oral health during pregnancy, recognize the link between the mother's oral health and her child's healthy development, and know how to provide safe dental care.

Transition Planning

The Family Partnership Agreement process also offers the opportunity to begin planning for EHS services following the birth of the baby. This requires long term planning at two levels. First, EHS programs should consider how they will simultaneously provide services to pregnant women while ensuring that there will be space available for the infants in one of the child development program options (center-based, home-based, or combination option), and that the available option will meet the needs of the child and family. This type of planning begins when EHS programs are initially funded and are developing their program of services. The second level of long term planning occurs with the expectant family at the time of enrollment to determine the appropriate program option for the child after birth. EHS program staff work with the parents to identify family needs and prepare for a smooth transition for the family when the baby is born.

Following delivery there is a period of time during which the mother is recovering from child-birth and the newborn is adjusting to the early weeks of life. Within two weeks of birth, EHS programs are required to arrange for health staff to visit the newborn to ensure the well being of the mother and child [45 CFR 1304.40 (i)(6)]. Ideally, the individual who conducts this visit will have an existing relationship with the mother and family. If the EHS program does not have health staff with the necessary training and experience, this visit can be conducted in collaboration with a community partner. This could be accomplished, for example, by contracting with the clinic where the mother was receiving prenatal care, or in collaboration with a public health program which offers postpartum home visits. This first postpartum visit offers the opportunity to assess such things as success with nursing, sleeping and feeding issues, and the mother's emotional state, as well as the family's resources and social support for coping with challenges. The time frame for the child to begin EHS program services in the selected program option depends on family needs. State child care regulations may determine the earliest age at which a child can enter center-based care. Children transitioning into a home-based option have flexibility to begin program services when deemed appropriate by the EHS program and family.

Please see ACYF-IM-HS-00-22, *Child Development Services During Home Visits and Socializations in the EHS Home-Based Program Option*, for additional information regarding transition planning from prenatal services to the home-based program option.

Staff Development

Staff development and reflective or supportive supervision are essential elements of high quality services. Grantee and delegate agencies must provide a structured approach to staff training and development [45 CFR 1304.52(k)(2)]. Working with expectant parents requires specialized knowledge across a broad array of topics. Staff are trained in areas directly related to pregnancy and child birth such as fetal health and development, child birth, lactation, and mother and infant nutrition, as well as other areas that affect child health and development such as substance abuse, family functioning, and mental health. Local communities may have the opportunity to offer specific professional development opportunities such as certification as a lactation consultant, child birth educator, or labor support person.

In Summary

Pregnancy and the newborn period are recognized as opportune times to have a positive and lasting impact on the health and development of very young children. EHS programs are able to provide supportive services to expectant parents that are flexible, responsive to family needs, complement community resources and that build on family strengths and resources. This unique opportunity to support children and their families from the earliest possible point and through the first three years of life provides the greatest potential for healthy growth and development.

Source: U. S. Department of Health and Human Services. (2002). *Services to Pregnant Women Participating in Early Head Start*. Washington, DC: Head Start Bureau.

