

Maximizing Impact through “Intentional Collaboration”

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Background for the study

- Home visiting is a highly complex program
- Implementation of home visiting:
 - Involves multiple interventions
 - Requires ongoing decision-making across and between activities
 - Includes 3 people, the home visitor, mother, and clinical supervisor
- Despite successes in the home visiting field, there is still much to learn about how interactions and relationships work to actively engage families in activities and promote change (Paulsell et al., 2014; HARC, 2013; MIECHV TACC, 2013, 2015)

Program Strategy: Collaborative, family-centered approach to promote engagement

- “Family-centered” approach calls for:
 - Fitting service content and format to family needs and concerns
 - Viewing families as an equal partner in making decisions about the services they receive (versus a recipient of services)
 - Fostering a collaborative process with the family
- Although collaboration is a “living” part of home visiting, we have not studied how it is implemented
 - How do we teach the parent to become an effective partner?
 - How do we know when collaboration has been achieved or if it is working?

The purpose of the study

Use qualitative data to better understand the practice of collaboration and how collaboration works to:

1. Actively engage parents in home visiting activities
2. Tailor services to fit parent/family needs
3. Create positive change

Methods

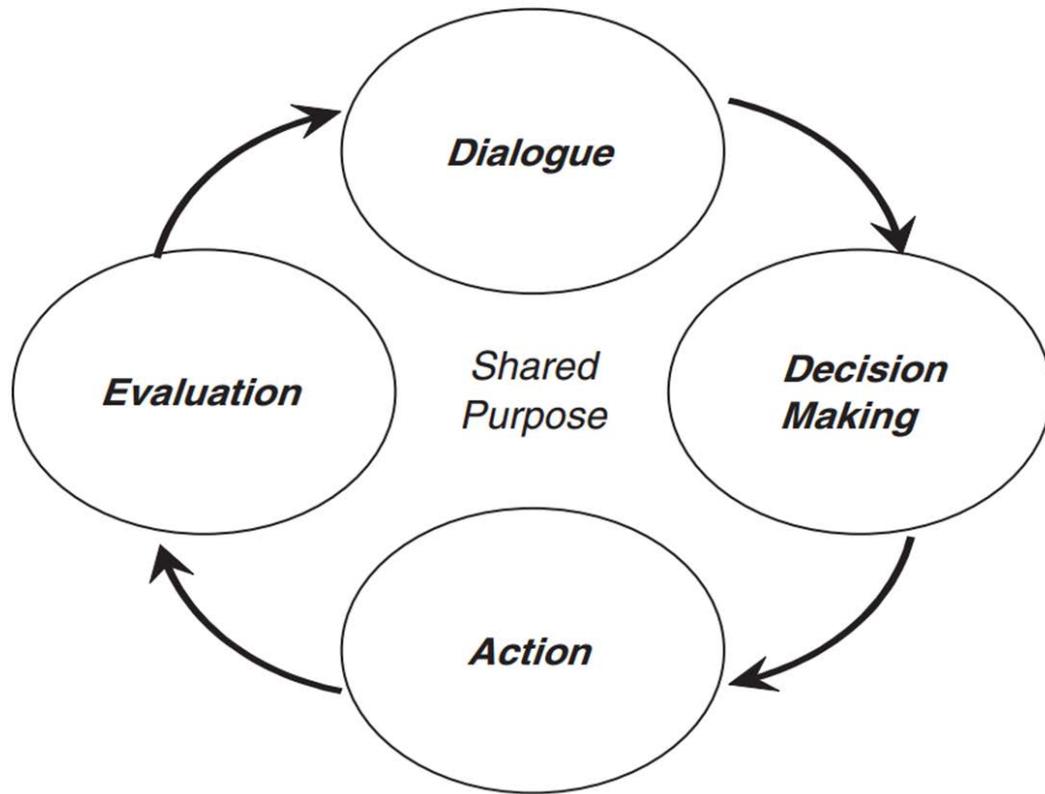
- Research on collaboration for guiding the study
- Description of the program
- Recruitment and data collection
- Interview protocol
- Data analysis

Principles of collaborative practice: Collaboration requires thoughtfulness! (Gajda, 2004; Thomson & Perry, 2006)

In any successful collaboration:

1. Shared purpose or specific reason(s) to come together to accomplish things that can not be done alone
2. Positive personal relationships
3. Predictable stages
4. Iterative, cyclical process
5. Consideration of different experiences, histories, class, and beliefs
6. Tension - disagreement as well as agreement among partners
7. Equality in making decisions
8. “New” common ground, transformation beyond own limited vision

The practice of collaboration (Gajda & Koliba, 2007)



Shared purpose:

- Dialogue - high quality (open, frequent, honest, allow for disagreements)
- Decision making- choosing a goal to focus on and strategies/plans to work toward that goal
- Action- Following through on the plan
- Evaluation of progress at next/each visit and using to inform more dialogue

How family professionals help parents become effective partners in a collaborative process (Blue-Banning and others, 2004, qualitative study on parents' perspective)

1. Quantity and quality communication: frequent, open, honest discussion
2. Commitment: going the extra mile
3. Equality: actively encourage family to express opinions and participate in decision making
4. Can make things happen: resourceful, up to date in the field, confident
5. Trust: are reliable and attend to emotional and physical safety
6. Respect: courteous, on time for meetings, and nonjudgmental

Program Description: CT Nurturing Families Network

- State-funded program (CT Office of Early Childhood)
- Approx. 40 sites, located in every region of the state
- Designed to promote positive parenting and prevent abuse and neglect
- Parents as Teachers (PAT) curriculum (since 2004)
- Targets first-time mothers screened at high risk
- Two-generational approach
- Home visitor (paraprofessionals)-clinical supervisory team model
- Family –centered approach: Home visitors are trained on how to help families assess needs, set their own goals, and develop action plans

Recruitment and data collection

- Recruited home visitors and clinical supervisors (18 of the 40 program sites)
- Recruited 19 prenatal and postnatal mother participants from Sept 2013-Dec 2014 at 11 sites in each of the 5 program regions in the state
- Data were collected for up to five time points during the first 2 years of mothers' participation
- Mothers received a stipend for every time we met with them
- At each time point, we observed a home visit, and conducted the *same interview separately* with the mother, home visitor, and clinical supervisor

Interview protocol

Practice of Collaboration	Interview Questions (semi-structured)
Shared purpose	We would like to understand the central purpose of the home visit from your perspective. [For mothers:] Why do you think your home visitor comes? What do you think she is here to do?
Dialogue	Can you describe an example of something new or a change that you have thought about, discussed or tried out since starting the program (since last meeting)?
Decision-making	What kinds of plans or decisions have you made? How did that come about? How did you decide whether to try it or not?
Action	What steps did the change involve? How did you figure out what to do? How has it worked out so far?
Evaluation	How do you know if the steps you are taking are working or not? ...What accomplishments are you most proud of?

Data analysis

- Recordings of interviews were transcribed and entered into software package for analysis
- Developed an a priori coding system using the guiding principles, professional behaviors, and practices of collaboration as previously described
- The coding system was revised on two occasions
- Regular team reviews of case illustrations and what we were learning
- Conceptualized a model of the processes that emerged
- Illustrate with individual data, case data (dyad and triad), and cross-case comparisons

Key findings that emerged

1. Collaborative process was recognizable through reported behaviors and practices
2. Collaboration works in a system (positive and negative)
3. There are inherent challenges in fostering collaborative partnerships
4. Successful collaboration effectively
 1. Promotes family engagement
 2. Allows for tailoring services to fit family needs
 3. Leads to important (intermediate) outcomes and positive change

Home visitor gives concrete example of “break[ing] some of those cycles,” indicates mother is engaged in collaborative process and following through

Q: What is the purpose of home visiting? So when you talk about trying to break some of those cycles, **when you see a little one getting the kind of attention that they should be getting.** And I've got a young mom that is like that right now. **I see other members of her family that you really kinda get the impression that these kids have raised themselves. And it's not the case with her. I walk into the house and again, the action plan is attached to the refrigerator. And it's right there.**

Home visitor actively encourages family to express opinions and participate in decision making

Q: What kinds of plans or decisions have you made with the families? I don't set goals for the family. So I sit down and I say, "What would you like to see happen? What are some things that you have as personal goals?" (equality) I'll give some suggestions if they just give me a blank look and they're not sure what I'm talking about. I'll say, "Okay, so I've worked with plenty of different families and I've had families that wanted to...[lists a wide range of examples]. Think about what's stressing you out or what's bothering you that hasn't gotten done." And that's how I'll introduce it... "It could be anything. It needs to be something that's a goal for you." And then I say, "We usually focus the action plan on a goal for the parent and a goal for the child." So it will include both.

Mother talks about setting her own goals and accomplishing things that wouldn't get done alone

Q: What kinds of plans or decisions have you made? Well, the way that all started is, she actually came... There's an actual plan, paper that is attached to my refrigerator right now, and she asked me, "What in your life right now do you feel like you wanna get done? What is something you want?" It wasn't even like, "Oh, well I see you're here so..." You know what I mean? It was more like she asked me what I want to change. And so I pretty much told her, "Yeah, these are the actions, this is what I want to get done." And then she just helps me by writing it down, making a goal for it. 'Cause you always need that other person to tap you on the back, "So, what have you been doing about this?" 'Cause if you don't have that person to ask, no one else is gonna care and ask, and you pretty much don't get it done...

Cycle of Inquiry: Home Visitor talks about how mother's goals change as each step is accomplished, and as mother's needs/concerns change

She's working on getting her driver's license for her personal goal. She didn't even have her birth certificate, so she obtained her birth certificate. She has her appointment to get her learner's permit. One of the reasons why she's getting her driver's license was because she actually drove without a driver's license and she got a ticket for it...Her next goal is to take the eight-hour safety course...When we started the case, our goal was getting everything she needed for the baby. She put as a goal to come [to agency] at least every other week to look for stuff in the donation room, and we would look together... that kinda stuff, so those were things that we worked on together. Those were our first type of goals, and then we moved on into getting the driver's license.

Iterative, cyclical process: Mother talks about accomplishing things “one step at a time”

Q: To what extent do you make decisions together? We came up with 4 steps to get my license and we reviewed this and kept goal setting. One step was to get my birth certificate – I had to get this from my mom. Now I am towards getting my license... **One step at a time, so that it is not too overwhelming. I was prepared for this baby. We went step by step through the pregnancy - Things to do when pregnant to make me more comfortable, things to prepare for the baby – swing, basinet, car seat, clothes, and a playpen; going over my worries about the pregnancy...And today we were talking about crawling. **[Home visitor] is always reinforcing, goal making, checking up so you don't get distracted****

HV-Mother-Clinical Supervisor Triad: **Ideal system**

How do you know if what you're doing is working?

HV (1st interview):

We go over completion of goals and document in progress notes, **review action plans to see what has or has not been accomplished.**

Mother (2nd interview):

She asks questions about my progress, gives me advice, **the plan of action is used to remind both of us about my goals, and once achieved, we develop new ones.**

CS (1st interview): We **look at every action plan**, check what's been done and what's next

CS (2nd interview): We talk about cases, discuss progress, review visitation notes, discuss challenges, **look at the action plan and discuss how to keep it fresh and revisit the plan**

HV-Mother-CS Triad: **Less than satisfactory system**

How do you know if what you're doing is working?

Home Visitor: **I write notes all the time because I don't know what happens to those hand-outs, [mother] may read them when I leave but I don't know...She usually has not tried things, the baby is still sleeping in mom's bed even though we discuss it often.**

Mother: **She'll ask me if I've tried it and if I haven't, I'll just let her know that I haven't tried it. And if I have tried it, we'll just talk about how [the baby] did if anything and then we'll usually try to do the thing that we're discussing while [the home visitor] is here to see if we get a different result...Just by, watching to see what [the baby] does.**

Clinical Supervisor: **Based on what I hear from [Home Visitor] about what the baby is doing, and the fact that the baby is doing well developmentally, reaching her milestones, everything is on target.**

Barrier: Mother (guarded/defensive): No strong connection or shared purpose, not actively engaged

Q: What kinds of information do you talk about or share that says, “oh yeah, there’s progress?” A lot of it is just like she’ll see how he is doing, and then we’ll go on to like my work, how work’s going with me, and then **kinda like casual conversation with a friend.**

Q: Are there any kinds of decisions or actions, things you’ve planned out as a result of something you’ve done in a home visit? I’ve actually, I’ve always been one step ahead of everything so the [child activity], he’s already done that. He’s been doin’ that for months. And it’s like, almost everything [all activities] is like things that I, like almost like I forget to tell her that he’s [already] doing it.

Q: Do you have any paperwork that you look at to see about progress or anything that you that you write down, any plans that you’ve written down..? At one point we had actually a goal paper for me on quitting smoking, which that just completely failed on my part. But other than that, the ASQ papers, we’ll do every so many months.

Barrier: Mother (young/immature): A recipient of services rather than making decisions on services

Q: What other handouts has she given you? About the “try the new foods” thing. See what foods he eats and see what his reactions are if he has an allergic reaction...**I don't want to do it right now.** Let's say I needed to get to the hospital, I don't have a car.

Q: Is there anything Home Visitor presented or discussed that you said, “that's a good idea, maybe I'll try that, and then you did?” ...**I think there was something like that, but I'm not sure what it was...Nothing that I can really remember.**

Q: So today you went over formula and WIC. And she gave you that handout on books. What did you do last week? Last week was, for “cause and effect” things, she gave me a handout for that...I think about different noises, or feelings. **I don't know. I didn't really read it. I have so many of those handouts laying around somewhere.**

Ideal: Mother (isolated): Actively engaged and goes beyond home visit to find more information

Q: What individual actions are taken? There is always floor time: she brings toys for him to play with, she talks to him a lot, plays with his legs, stimulates him or I show her what he's doing new. I have been stimulating him since he was born and I see the results and the difference ...**The games, the way [the home visitor] plays with him, the way she talks to him. I see he likes it and I do the same. I follow the same pattern and he expects it's playtime after he wakes up, as part of his routine, and I talk to him the same way she does. Socially he is not afraid, smiling at everyone because he's stimulated a lot and I have also read about that- talk to baby, play, read to him- be more social.**

Intermediate outcome: Mother moves beyond her initial view, learns about responsiveness - attachment

Q: Can you describe an example of something new or a change that you have thought about or tried out in home visiting? Maybe two weeks ago. We were talking about separation anxiety that [the baby] gets, and [the home visitor] said she had just gone to a training and what's funny is that they say that if you meet your child's needs, it's better for him to know that he can count on me and then he'll be, that will cause him to become like more independent. Even now it seems like he's so attached and dependent on me, [but] if I answer to him when he's crying, that that's gonna [actually] help [foster independence]. [The home visitor] said she had just gone to a training about that.

Intermediate outcome: Mother moves beyond her initial view, learns about nurturing - attachment

Q: What accomplishments are you most proud of? I think the biggest one would be his attachment to me. He is the definition of a mommy's boy. He's, if he's sick, he wants Mommy... **[The home visitor] said it is a good, it is good that we spend a lotta time together 'cause in the beginning, I thought that it was just gonna cause a lot of problems for him to spend a good portion of the time with me. But she explained that it's his way of building a bond with me and knowing that he can trust me no matter what. I'm his security blanket.**

Home Visitor reflects on long-term outcomes: Effects of the process on parenting of 2nd child

Q: What is the central purpose of home visit? Teaching those life skills and that child development knowledge...So they can become good educators to their children...as I keep working in this program, I see, “Wow, this really works,” and you see parents that have no idea, and I have parents that now have two children, and my oldest case, the child is three, and she has a one-year-old, and to see her practicing things that she did with her first child with her second child and me observing it again, that curriculum seeing into play with the other child, and it tells you, “Wow, this really works, this really works.”

All the needed behaviors and attitudes for promoting a collaborative partnership

Q: What accomplishments are you the most proud of? Probably being able to ask for help and express my concerns (**open, honest discussion**). I was so comfortable asking the home visitor anything (**trust**). I felt comfortable seeking that higher knowledge (**resourceful**)...I would be nowhere without [home visitor]. I owe it all to her. She gave me so many resources, so much advice, just absolutely amazing (**frequent, open discussion, sharing of ideas**). Well I'm able to express. I had postpartum depression, and [home visitor] helped out so much. She printed out documents, brought movies, provided resources she did all kinds of stuff to help me with my postpartum depression (**commitment, making things happen**). She made me feel comfortable. She never judged me, never looked at me funny (**respect**). I never got that from her. I always felt comfortable telling her things (**equality, trust**).

Conclusions

1. By using a collaborative framework, we were able to evaluate the quality of relationships and engagement in home visiting (i.e., it was observable)
2. Findings provide evidence that collaboration is an effective framework for gathering very specific details about an individual's given problem and history, and developing a plan that is tailored to fit family needs.
3. The quality of the collaboration works within a system and depends on all 3 people who are involved: the home visitor, mother, the clinical supervisor
4. Dyads that did not include elements of collaboration made minimal progress even if families were regularly attending home visits.
5. By achieving collaboration, families also achieved critical program goals and intermediate outcomes known to create positive long-term change.

Why this is important

- Collaboration principles and practices provide a unified approach with a common language that is consistent with and reflective of what is already considered best practice.
- The deeper the understanding of observable behaviors and interactions in collaborative relationships among program staff and families, the more *intentionally* the framework can be used to promote consistency and guide decisions and strategy in home visiting.
- Being more intentional about collaboration, does not require a major investment in new resources.

Implications for workforce development: Fine-tune practices for more “intentional collaboration”

1. Operationally define and teach skills that pertain to role as a collaborator (practice profiles, Hall & Hord, 2011, Metz, 2016)
2. Facilitate early and sustained development of partnerships by implementing protocols for reviewing collaborative process with families at regular intervals (e.g., recruitment, during first home visit, and at 1, 3, 6 months, 1 year)
3. Provide cross training and technical assistance across models that creates a common frame for collaborative practice
4. Develop/implement tools for monitoring/measuring the health of collaborative processes



Thank you!

Research team, Center for Social Research

CT Office of Early Childhood

Home Visiting Applied Research Collaborative

Especially program staff and families for all their time and investment

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