TRIBAL HOME VISITING

# EMPOWERING FAMILIES THROUGH TRIBAL HOME VISITING

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The Tribal Maternal, Infant, and Early Childhood Home Visiting (Tribal MIECHV) program is intended to support and empower the highest-risk American Indian and Alaska Native families as they prepare for and raise their young children.

For many families participating or enrolled in a home visiting program, their immediate needs may be so pressing that they require help to address issues of housing, food, or safety before they can fully engage in the home visiting program. As a result, some home visitors shift their engagement with a family to more traditional case management responsibilities—connecting families to services—and this may compromise their ability to implement the home visiting curriculum with fidelity. However, when programs are able to use these opportunities to help empower families, they are able to positively impact families far into the future.

It is an art to find the balance between responding to the needs of the family and delivering the content of the home visiting intervention.

> *This balance is found most regularly when families have clear expectations about the program, when home visitors have the experience to effectively manage home visits, when supervisors can engage in reflection with home visitors, and when program leaders can build relationships with other providers to ensure a strong referral network for needed supports outside the scope of the home visiting program.*

This issue brief offers examples of promising strategies implemented by Tribal MIECHV grantees that keep home visiting focused on the curriculum while also empowering families to address their needs.

## Social Services Support Within the Home Visiting Models

All of the evidence-based home visiting models being implemented by Tribal MIECHV grantees provide space and flexibility for the home visitor to address the needs of families while also implementing the curriculum. The box below includes the various models Tribal MIECHV grantees are using and the options home visitors have when responding to the immediate needs of families within the context of these models.

Congress intended the Tribal MIECHV program to serve the highest-risk families. Though the models provide flexibility, some families' needs go beyond what may have been envisioned by the model developers. Thus, the art of home visiting is in how the home visitor (with the support of the supervisor and program leadership) finds ways to empower families to define and address their own needs, while also making the choice to fully participate in the home visiting program and seeing that choice as a worthwhile investment for their family. The experienced home visitor shifts the focus from "fixing" to "empowering," giving the family confidence and skills that will stay with them once their participation in the home visiting program has come to an end.

### HOME VISITING MODELS' APPROACH TO SOCIAL SERVICES SUPPORT

- Parents as Teachers incorporates family well-being support and lessons in every visit so that families are always able to use part of the visit to talk about their immediate needs. "For a family that is very high risk, we recommend weekly visits rather than biweekly, giving the parent educator more time to work with the family and adapt the pace of the lessons," said Willeen Whipple, Senior Manager of Tribal Affiliations, Parents as Teachers National Center.

- Nurse-Family Partnership ensures that nurse home visitors are trained to recognize the specific conditions that might compromise the safety and well-being of the mother and how to respond when such conditions are identified. "Our nurses are the front-line worker, and their job is to protect vulnerable parents and their babies. Some mothers might be experiencing chronic conditions. In these situations, nurses work with the mother to develop long-term strategies that can improve the conditions of the family. Addressing both immediate and chronic needs is an important aspect of delivering the model with fidelity," said Dr. David Olds, professor of pediatrics at the University of Colorado Denver and Nurse-Family Partnership program founder. Further, nurses are taught to listen and use program materials in a way that embraces both the concerns and the aspirations of the family.

- Family Spirit emphasizes three keys to successfully implementing the curriculum while also providing necessary support to families: 1) developing a strong relationship between the home visitor and the family, 2) connecting families to needed services, and 3) promoting the proven curriculum as part of the visit. "Sometimes a visit might turn into a 'social support' visit. We understand that at times this is very appropriate given the needs of the family, and we pull in relevant tools from the curriculum to address those needs," said Crystal Kee, Family Spirit Senior Trainer and Affiliate Liaison.

- SafeCare trains home visitors to manage sessions so that the primary focus is on implementing the curriculum, but time is reserved for the families to share concerns as well. As concerns are raised, home visitors are trained to introduce problem-solving skills and assist families in connecting with community resources and referrals. "Our focus is on the home visitor teaching the family the problem-solving skills they need to be able to confidently address challenges in the future," said Jenelle Shanley Chatman, Associate Director of Training, National SafeCare Training and Research Center.

## Challenges to Home Visiting Readiness

### THERE ARE SEVERAL COMMON CHALLENGES TO HOME VISITING READINESS:

**Trust Must Be Built Between the Family and Home Visitor.** The home visitor's ability to listen and connect with the family around basic needs is an important part of building a relationship and developing trust. "We know that we must take time up front to build trust with the family before we can start implementing the curriculum. When we press prematurely, we are apt to see dishonesty in responses, and that is not productive for the family or the home visitor. Relationship building and trust must come first," said Cassie Keplinger, Program Coordinator, Kodiak Area Native Association.

**Urgent Needs of Families Must Be Addressed.** As Congress intended, families enrolling in the Tribal MIECHV programs are at the highest risk, with multiple urgent needs. An immediate crisis can make it difficult for them to engage until their basic needs are met. "If we enter a home and learn that a family will be evicted that day, we must first make sure that they have a safe place to sleep for the night. Understandably, they will not be able to benefit from the curriculum with an imminent housing crisis looming," said Angela Dancer, Senior Director, Choctaw Nation of Oklahoma.

**Communities Need Strong Referral Systems.** In some communities, there may be few programs that can provide the case management that the family needs to be able to effectively participate in home visiting. In other communities, it may be that the home visiting program has not built the strong partnerships with other community providers that ease referral. "Fortunately, our home visitors work closely with the community-based social workers, who are able to step in and provide the case management that families may need," said Dancer.

**Home Visiting Model Expectations and Cultural Views May Not Be Aligned.** For some families, it can feel as though there is a misalignment between their cultural views and program expectations. For example, following a specific schedule for making appointments may not be part of a family's customs or practices, yet regular visits are important to model fidelity. Further, a cultural emphasis on helping and sharing may result in home visitors drifting beyond the intent of the model and taking on roles that are not core to the home visiting curriculum.

**Families May Not Be Ready to Participate.** It is important to recognize that some families may not be ready to engage in home visiting. Home visitors should understand that this is a family readiness issue, and not a failure on the part of the home visitor or the model. "Sometimes families take time away and then circle back and ask to be re-connected. We honor this," said Annie Lowe, Project Coordinator, Native American Health Center, Inc.

Overall, it is important for home visitors, supervisors, and program leadership to find ways to ready families for home visiting, and to ready programs to respond to the needs of families so that the curriculum can be implemented with fidelity. By making readiness efforts, programs help empower families so that they can address their needs today and into the future.

## Empowering Families Through Home Visiting: Successful Strategies

Many Tribal MIECHV grantees have developed successful strategies for promoting readiness for home visiting and thus empowering families. Some strategies focus on readying families, while others build the skills of the home visitor; some strategies are undertaken by supervisors, while others are driven by program leadership.

## Strategies for Readying Families…

### 1. Establish a Clear Understanding Up Front about the Home Visiting Program, the Role of the Home Visitor, and the Expectations of the Family

"Our referral sources often misrepresent our services as solely 'case management.' So from the start, we need to clarify with families that we primarily focus on parenting support, not case management," said Lowe. When they talk with an interested participant, peer specialists (i.e., home visitors) explore what a participant is looking for and describe what home visiting services look like. They explain what families can expect of peer specialists (e.g., arrive on time for appointments, call in advance to reschedule), and discuss what a peer specialist might expect from families. If it does not feel like a good fit for the family, the peer specialists make sure the family is provided information about other programs that may be more helpful. "We want to make sure it is a good fit for the family. We know that some families have so much on their plate that it might not be the right time to participate in the home visiting program. We talk about this in a way that helps them feel safe, and we let them know that the door is always open," said Lowe.

The Native American Professional Parent Resources, Inc. (NAPPR) program finds that it helps to use an advisory group structure to support families in developing clarity about the home visiting program and promoting readiness to participate. One advisory group is for parents who are currently enrolled; the other is for community members who often work alongside home visiting. The 15-member parent advisory group meets quarterly and is a forum where the NAPPR staff report on benchmark data, provide program updates, and gather feedback from parents that can enhance the program. In the past, discussions have focused on what families most want from home visiting services, how the community could be more supportive of the families, and what term should be used for describing home visitors. The parent advisory board recently helped the program redesign both the questions and process for the biannual family satisfaction survey. Ideas shared in these meetings are brought back to full staff meetings and are also shared with the community advisory board. The parents who participate in this process not only gain a better understanding of the home visiting program but also are actively engaged in suggesting enhancements so that the program can best meet the needs of the community.

### 2. Walk Alongside Families and Empower Them to Take Charge and Meet Their Own Needs

Home visitors in the Choctaw Nation of Oklahoma are explicitly trained to "walk alongside" families, allowing them to set their own goals. The home visitor then helps to identify what might hinder achievement of the goals and works with the family to lower the barriers so that the goals can be met. At least once a month, the family reviews their goals and progress. As appropriate, home visitors will tell the family about resources that they might want to consider accessing and might even offer their cell phone for the family to make a call for services or sit with the family as they fill out an application. "For many of our families, this is the first time they have ever set goals for themselves. So this is an important skill that they are learning with the support of the home visitor. With this practice, families feel empowered and confident that they can take care of themselves and their family," said Dancer.

Family advocates with the Lake County Tribal Health Consortium engage the families in role-playing to help them become comfortable with approaching an agency to ask for services. "Some of our clients are young and unsure of themselves in asking for help. We take time to talk with the clients about what they might ask for, how they would make the specific ask, and what they can do to follow up," said Daphne Colacion, Project Coordinator, Lake County Tribal Health Consortium. Families might need their family advocate to make the call with them during the first year, but as a result of coaching and support, family advocates expect that families will be able to confidently initiate calls themselves in the second year.

## Strategies for Home Visitors…

### 1. Strengthen Staff Understanding of the Home Visiting Model

Family health educators with the Pueblo of San Felipe benefited from taking the Family Spirit training a second time once the program started enrolling families. "We underwent the first training during our development phase, and at that point our health educators were new and had no prior experience providing home visits, and therefore no true point of reference. After implementation of services had started and enough time had passed for health educators to gain experience in the field, we realized it would be beneficial to have a second training so that we could more meaningfully apply the training to what our health educators had experienced with their families so far. The role-playing, feedback, and understanding of how to best deliver the curriculum was more meaningful the second time because of the exposure and real doing of the work," said Jenae Sanchez, Project Coordinator, Pueblo of San Felipe.

### 2. Develop Clarity About the Home Visitor Role

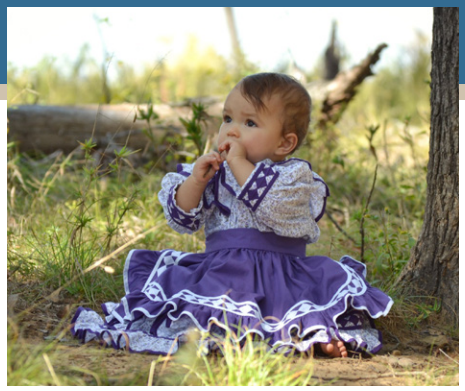
Peer specialists working with the Native American Health Center regularly meet with Lowe and receive guidance and support on boundaries. "I need to help the home visitors understand our limits. Families may have very legitimate needs, but the needs might not match our capacity," said Lowe. For example, the Center has a van, and word quickly spread that it offers transportation. However, the van is shared across several programs and is often not available. Specialists now make clear that transportation can be provided if the request is made a week in advance, and if the peer specialist will assist in advocacy at the appointment, but "just a ride" is not allowable. This empowers and encourages the participants to set goals, to work on skills around appointment setting and time management, and to get assistance from the home visitors in modeling advocacy skills.

### 3. Build Skills to Create Space in Home Visits Where Families Can Lead and Curriculum Can Be Delivered

Nurse home visitors working with the White Earth Band of Ojibwe are skilled in providing the time and space for families to lead the sessions and still implement the curriculum. As nurses become in tune with the family, they instinctively know when the time is right to introduce a lesson. Motivational interviewing (MI) strategies are key to making this work, and all home visitors attended MI training that is offered through the state. "Our nurses help clients develop their thought processes so that they are able to define their own needs, consider options, and come up with a plan for what they will do. We focus on responding to the desires of the client rather than implementing a rigid structure and find that meeting the client on their schedule is much more effective. If a client is not ready to take in a lesson, they will not be able to own it," said Sarah Snetsinger, Program Coordinator, White Earth Nation.

### 4. Work in Teams to Support the Families and Implement the Curriculum

White Earth Nation creates two-nurse teams to work with their families. The nurses attend the first home visit together. After that, if the family has more-complicated issues, they may co-visit; otherwise, they will take turns visiting the family. "The nice part of this is that the nurse home visitors can compare notes, better assess the dynamics and needs, and figure out together how best they can work with the family. Plus, this gives families a chance to build trust in more than one person. For some of our mothers, trust is a challenge. We are finding that by expanding the trust circle through our home visiting effort, mothers are able to move forward in other aspects of their lives and allow more people in," said Snetsinger. While it may not be feasible or preferable for all programs to create ongoing teams, there are ways for home visitors to support each other when working with extremely challenged families.



## Strategies for Supervisors…

### 1. Reinforce Understanding of the Model

The Eastern Band of Cherokee Indians regularly makes use of the North Carolina Nurse-Family Partnership consultant. "The consultant helped us with basic start-up and is always available to answer my questions," said Sheena Kanott, Program Manager, Eastern Band of Cherokee Indians. Early on, the consultant organized site visits for program leadership to see how other Nurse-Family Partnership programs in the state were organized. The consultant has created a community among the Nurse-Family Partnership sites so that they can learn together and support one another to fully understand the model.

### 2. Provide Reflective Supervision

The Native American Health Center has built a system of support for peer specialists informed by principles of reflective practice and supervision, designed to strengthen the skills of homes visitor and attend to their personal needs. When peer specialists facilitate developmental playgroups, clinicians are present to observe and debrief with them afterward. When new in their role, peer specialists shadow Lowe on home visits and then take time afterwards to discuss them. Lowe provides one-on-one supervision every week, in addition to a group supervision meeting where she is joined by a licensed clinician. The peer specialists also receive clinical supervision for 30 minutes each week from a licensed therapist. "Self-Care Retreats" for staff are held every other month for a half-day at an offsite location. Together, program leadership, clinicians, and peer specialists focus on team-building, wellness strategies, relaxation techniques, grounding exercises, mindfulness, and strategies for taking care of oneself. "Home visitors witness so much trauma, and we know this can trigger emotions for them. Giving them space to process as part of supervision or the self-care retreats is important. We view it as a parallel process where the staff learn helpful strategies that they are then able to teach families," said Lowe.

### 3. Educate Home Visitors About the Resources in the Community

The Cherokee Nation of Oklahoma sends new hires out into the community to connect with local agencies before they begin working with families. "It is a time for the home visitors to learn about what is available in the community and to introduce themselves to partner agencies. We believe that establishing these relationships up front will be helpful when a home visitor needs to make a referral in the future," said Amy Thilges, Program Coordinator, Cherokee Nation of Oklahoma. Home visitors meet with staff in the Department of Human Services, Indian Child Welfare, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), early intervention, and other agencies and programs. "Marvelous Monday" staff meetings provide another opportunity for staff to talk about resources in the community. Each home visitor carries a file of helpful resources so that information is handy when a referral is needed.

The Choctaw Nation has in place a number of strategies that help home visitors and program supervisors understand and make best use of the resources in the community that can support their clients. Strategies include: hiring home visitors who are Choctaw Nation members because they have first-hand experience with the culture, community, and resources available to families; providing monthly trainings for all new employees on the programs supported by the tribe; and providing a resource guide that includes the services that families may need. Home visiting supervisors regularly discuss case issues with the home visitors and guide them toward resources to introduce to a family. In addition, the home visiting program works very closely with a team of community-based social workers who are able to step in and provide case management. Finally, the home visiting supervisor is connected with supervisors of other outreach services and can always get a quick response for support with challenging situations.

## Strategies for Program Leadership…

### 1. Build Trust in the Community

The Kodiak Area Native Association is working in the city of Kodiak and six outlying villages that can only be accessed by boat or plane. "For the families in the outlying villages, the sound of home visiting was a foreign idea, and they were skeptical and closed off to considering participation," said Keplinger. The leadership team knew that they first needed to build rapport and trust in the community for the families to be willing to learn about the home visiting program. "I asked that our home visitor assigned to the Native Village of Ouzinkie travel once a week to the village and offer a playgroup in the cultural center. The Tribal Council, behavioral health aide, and community health aide helped by disseminating a flyer and encouraging participation in the playgroup," said Keplinger. In time, families started coming. They had a chance to get to know the home visitor and see that she was genuinely interested in helping parents support their children's development. After 3 months, three families stepped up and enrolled in the program. "I remember how excited we were when the home visitor reported back that three families enrolled. We knew that it was her consistent presence and ability to build rapport with the families that created a feeling of trust and opened the door for the families to be willing to participate," said Keplinger.

### 2. Nurture Relationships With Community Providers to Establish and Maintain a Referral Network and Better Meet Families' Needs

"At least once a week, I am in a room with leaders of other health and human service programs in our county," said Colacion. Sometimes she joins meetings called by others, and sometimes she is the host. For example, Colacion hosts regular continuous quality improvement meetings to which she invites the director of child welfare services, Healthy Start, First 5, and others. She is constantly networking, sharing information and data about the program, and nurturing relationships with community providers so that all understand the needs of Lake County Tribal Health Consortium families. "We knew that some of our families were unaware of the supports in the community or shied away from them because of communication and other barriers. The more we build connections with the programs in the community, the more our family advocates are confident guiding families towards those services and empowering families to utilize them. It is making a difference. The WIC director attributes seeing more Native American families using their services to the fullest as a result of our program," said Colacion. In addition, the partnership has developed a release of information so that if a family is accessing services from multiple agencies, information can be shared that enables better coordination and wrap-around services to meet the family's needs.

With the leadership of the tribal Public Health and Human Services Division, the Eastern Band of Cherokee Indians created the "Beloved Women's and Children's Wellness Building." The building houses many services important for women and children, including a satellite clinic for the pediatric hospital, WIC, and other services. The tribal Nurse-Family Partnership is at the heart of the building. "Because we are located in the same place, our staff is able to work as a team with the other programs to facilitate access to services the family may need," said Kanott. When they know families are connected to needed services, the staff can focus more directly on implementing the home visiting curriculum.

### 3. Cultivate a Strong Relationship With Tribal and Organizational Leaders

The Choctaw Nation home visiting leadership encourages all staff to reach out to the local Tribal Councils so that they are familiar with the home visiting program. It is important to ensure that leaders truly understand exactly what the program is and what services can be provided. "When Tribal Councils have events, our home visitors attend so that they can share about the home

visiting program and be seen as a resource. Sometimes we get referrals from Council members who may know a woman in their community who would benefit from the program," said Brandi Smallwood, Program Director, Choctaw Nation of Oklahoma.

NAPPR recognizes that cultivating a strong relationship with tribal governments is an important element for engaging and collaborating with other community partners. "The work we do can be at the invitation of the tribe, and we must always respect and honor the structure and priorities of those tribal governments. It is important to understand the goals of the tribal governments with respect to early childhood and the overall vision of each tribal community so that our work aligns and supports them in the best way possible," said Rebecca Riley, Interim Program Director, NAPPR. Because NAPPR is an agency outside any tribal structure, and because NAPPR leadership is committed to working with the support of the tribal governments, past efforts have included the development of specific memorandums of understanding with the Pueblo of San Felipe and both a tribal resolution and a memorandum of agreement with the Pueblo of Acoma. "These understandings and agreements are important for making their intentions clear to us and how we can best support," said Riley.

## Next Steps

As all Tribal MIECHV grantees pause to consider how they are empowering families through home visiting, the examples above may provide inspiration for steps that can be taken to ensure the needs of families are met and the home visiting model curriculum is being implemented with fidelity. In addition to the strategies presented in this brief, the Programmatic Assistance for Tribal Home Visiting (PATH) team is available to support grantees to strengthen practices for empowering families. PATH offers some immediate strategies that grantees may consider implementing:

- Provide training and support for home visitors to continuously reflect on "why am I doing this, and for what purpose?"
- Include opportunities within reflective supervision for home visitors to identify when they are in a situation where the focus is not on the relationship between the parent and child, but only on the needs of the adults in the family.
- Offer Motivational Interviewing training for all home visitors so that, as they work with families, the families build motivation, thought processes, and decision-making skills that they can use in the future for addressing challenges.
- Create and implement a readiness scale to identify families who may be more ready to participate in the full home visiting intervention when the program has a waitlist and is determining whom to serve.

Congress intended that the Tribal MIECHV program would serve the highest-risk families. The grantees are doing just this as they work with families experiencing multiple challenges, from economic instability to housing and food insecurity. With the skillful engagement and support of home visitors, supervisors, and program leadership, grantees are not only finding ways to engage families in supporting their children's health and early development but also working to empower families so that they can confidently access services in their community. Walking alongside families and building these life skills through evidence-based home visiting programs will benefit American Indian and Alaska Native families long into the future.

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## Acknowledgements

We are grateful to the many individuals who made this issue brief possible. We would especially like to thank the model developers and the Tribal MIECHV grantees and their staff who shared their experiences with us. These include:

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**Family Spirit:** Crystal Kee and Nicole Neault

**Nurse-Family Partnership:** David Olds

**Parents as Teachers:** Willeen Whipple

**SafeCare:** Jenelle Shanley Chatman

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**Choctaw Nation of Oklahoma:** Angela Dancer and Brandi Smallwood

**Eastern Band of Cherokee Indians:** Sheena Kanott

**Kodiak Area Native Association:** Cassie Keplinger

**Lake County Tribal Health Consortium:** Daphne Colacion

**Native American Health Center, Inc.:** Annie Lowe

**Native American Professional Parent Resources, Inc.:** Rebecca Riley

**Pueblo of San Felipe:** Jenae Sanchez

**White Earth Band of Ojibwe:** Sarah Snetsinger

This brief was developed by Programmatic Assistance for Tribal Home Visiting (PATH) for the Administration for Children and Families under contract # HHSP2330095657WC – HHSP233387004T-0003.

Publication Date: July 06, 2015

The opinions expressed in this article are the author's own and do not reflect the view of the Administration for Children and Families, the Department of Health and Human Services, or the United States government.