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Preparing home visitors to partner with families of infants and toddlers

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ABSTRACT

Home visitors provide individualized services to families of infants and young children in their homes. Due to their unique role, home visitors must develop a specialized set of critical competencies—specific knowledge, skills, and attitudes. They therefore require preparation that differs in distinct ways from the preparation typically available to those who will teach young children in classrooms. This article outlines key considerations for higher education programs preparing the home visiting workforce. We present a comprehensive framework of competencies for home visitors and identify empirically supported knowledge, skills, and attitudes needed for effectively working with parents¹ who are adult learners from diverse backgrounds, who face their own unique challenges, and who nearly always have strong emotions about their children and their parenting. Using the competencies as a guide, we propose three major recommendations for higher education to ensure adequate preparation for home visitors who serve families with infants and toddlers—(1) interdisciplinary coursework, (2) cross-sector integration of students in child development courses, and (3) multiple home visiting experiences with a range of families.

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Home visiting programs are expanding rapidly, currently serving more than 2 million US families with a pregnant woman and/or a child below age 3 (Lanier, Maguire-Jack, & Welch, 2015). Home visitors may be employed through multiple types of programs such as health and social service agencies, school districts, and court systems. Rigorous evidence has shown the impact of home visiting, demonstrating the effectiveness of individualized developmental services provided to families in their homes for improving child and parent outcomes (Avellar et al., 2015). Funding for home visiting programs comes from a variety of sources, and expectations tend to be high. Many programs are expected not only to increase children's school readiness and achievement, but also to improve maternal and newborn health, prevent child injuries and maltreatment, reduce crime and domestic violence, increase family economic self-sufficiency, and improve coordination with community resources (Health Resources and Services Administration, 2014). If expectations are to be

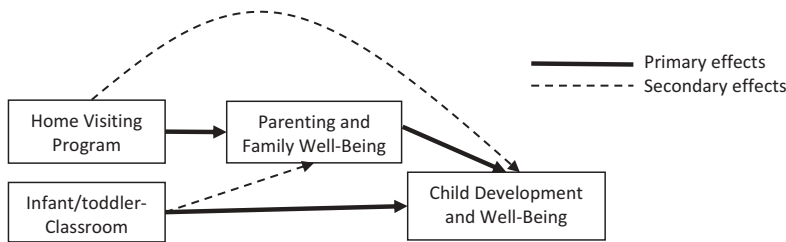


Figure 1. Theory of change model for infant/toddler home visiting vs. classroom.

met, highly qualified home visitors are needed, yet recruitment and preparation vary considerably across program models. If higher education is to prepare future home visitors well, intentionally designed coursework and experiences will be necessary. Early childhood and infant/toddler education programs typically focus on classroom-based experiences. Rarely do they offer additional course content and experiences to promote competencies home visitors will need in their unique role.

Home visitors and classroom-based teachers work in quite different settings, use different service delivery processes, and have distinct roles. A teacher generally works in a classroom that he/she organizes and manages in a predictable way, usually directly interacting with the same children every day without their parents present, and typically seeing their parents only at arrival and departure times. A home visitor, in contrast, travels from home to home to work individually with each family, collaborating with parents to facilitate family support for their children's development in the home environment during everyday activities, consistent with their values, strengths, and goals. Figure 1 depicts this contrast, showing that home visiting aims to impact child outcomes indirectly, by promoting positive parenting practices and family well-being (Raikes et al., 2014), while classroom-based processes are expected to affect the child directly.

In addition, unlike the classroom teacher, the home visitor frequently encounters unexpected situations, unfamiliar people, and sometimes risky work environments. It is not unusual for a home visitor to take public transportation to crowded urban neighborhoods or to drive down narrow roads through sparsely populated rural areas. The contexts for serving children in classroom-based and home visiting programs differ as a direct consequence of differences in their guiding theories of change. These distinctive processes and contexts require particular competencies.

Home visiting competencies

A broad set of core *competencies*, such as those described by Zero to Three (ZTT, 2012), The National Association for the Education of Young Children (Copple & Bredekamp, 2009; Copple, Bredekamp, Koralek, Charner, & Copley, 2013; Hyson, 2003), and the Division for Early Childhood of the Council for Exceptional Children (DEC, 2014) are needed *across* the infant/toddler workforce. These frameworks focus primarily on direct interactions with infants and toddlers and communication with parents. An exception is competencies for mental health professionals that place more emphasis on supporting the parent-child relationship but not necessarily in a home visiting context (Korfmacher, 2014). Thus, none of these frameworks have fully identified a comprehensive or critical set

of competencies specific to home visitor needs for effectively engaging parents in sustainable interactions to support their children's early development across domains.

The Collaborative for Understanding the Pedagogy of Infant/Toddler Development (CUPID; 2016), a group of approximately 50 developmental scholars at 25 universities, has also outlined core competencies needed for working with infants and toddlers. A specific goal of the Collaborative is to inform higher education coursework for students preparing to enter the infant/toddler workforce (Vallotton et al., 2016). Nine *core competencies*—each with knowledge, attitudes, and skills—were identified based on empirical evidence from multiple research literatures, professional standards, and the frameworks described above. To address the needs of home visitors and improve practices in the field, each CUPID core competency was expanded to include knowledge, skills, and attitudes specific to working with families in their unique home environments. A role-specific *critical competency*, to facilitate parenting that supports child development and to promote parent development and efficacy, was added for home visitors. Table 1 outlines these 10 competencies, and a more detailed description follows.

Table 1. CUPID infant/toddler workforce core competencies—expanded for home visitors.*

| CUPID core competencies | Expanded competencies for home visitors |
|--|---|
| 1. Health and Safety | <i>Knowledge:</i> prenatal/neonatal & home health; health education <i>Skills:</i> guiding parents in teaching children healthy behaviors <i>Attitudes:</i> respecting personal beliefs about health |
| 2. Reflective Practice | <i>Knowledge:</i> emotional, experiential influences on parenting <i>Skills:</i> guiding parent reflection <i>Attitudes:</i> accepting families as they are |
| 3. Understanding and Supporting Relationships | <i>Knowledge:</i> attachment, family systems <i>Skills:</i> supporting parent–child attachment <i>Attitudes:</i> prioritizing parenting |
| 4. Understanding and Supporting Learning | <i>Knowledge:</i> how learning is embedded in family life <i>Skills:</i> guiding parent support of child learning <i>Attitudes:</i> recognizing parent as the teacher |
| 5. Guiding Infant/Toddler Behavior | <i>Knowledge:</i> family conflict and guidance <i>Skills:</i> helping parents guide child based on child characteristics <i>Attitudes:</i> valuing parent's role |
| 6. Partnering with and Supporting Families | <i>Knowledge:</i> each family's values, strengths, circumstances <i>Skills:</i> helping each parent identify goals and available resources <i>Attitudes:</i> believing in parent as expert |
| 7. Assessing Development, Learning, and Environments | <i>Knowledge:</i> parenting measures, home visiting measures <i>Skills:</i> engaging parent in child observation <i>Attitudes:</i> respecting parent's expertise on the child |
| 8. Diversity and Inclusion | <i>Knowledge:</i> cultural influences on parenting and family life <i>Skills:</i> adapting to family cultures, home language, disabilities <i>Attitudes:</i> showing cultural respect |
| 9. Professionalism | <i>Knowledge:</i> home visiting evidence, models, adult development <i>Skills:</i> advocacy for families, professional collaborations <i>Attitudes:</i> seeking to learn about families and parenting |
| Additional critical competency for home visitors | |
| 10. Facilitating Positive Parenting | <i>Knowledge:</i> adult/adolescent development, learning, parenting <i>Skills:</i> mentoring, coaching, and collaborating <i>Attitudes:</i> supporting parenting efficacy |

*Home visitors need all of the core knowledge, skills, and attitudes articulated in CUPID's nine core competencies for the infant/toddler workforce (Vallotton et al., 2016), with an added critical competency for home visitors to teach and mentor parents. A full description of the CUPID core competencies is available from vallotto@msu.edu.

Knowledge home visitors need

To impact child outcomes by promoting positive parenting and family well-being, home visitors need not only core knowledge about early child development and strategies to support it, but also critical theoretical knowledge about the complexity of family contexts and systems, as explained by two complementary theories. Bioecological systems theory (Bronfenbrenner, 1994) calls attention to six intersecting systems: a biological system of individual physical and psychological characteristics, a microsystem in which individuals directly interact with each other, a mesosystem connecting two or more microsystems, and an exosystem indirectly affecting individuals through their connections to others, all embedded in the macrosystem of cultural values, belief systems, and government policies that affect us all, and a chronosystem that represents change over time across all these systems. Bronfenbrenner (1979) posited that children's development is enhanced by strong interconnections among their microsystems. To be equipped to help families at all of these levels, home visitors must understand this complex web of relationships and keep in mind that families, and they themselves, influence and are influenced by these intricately interconnected systems. It may also be helpful for home visitors to conceptualize themselves as guest members of the family's microsystem while they are in the home, but as primarily exosystem agents vis-à-vis children because their influence on them is indirect, through the parents (see Figure 1).

Family systems theory offers additional depth regarding why it is impossible to understand or impact the behavior of one family member without knowing about the behavior of others in the family (Cox & Paley, 1997). For one thing, family members try to maintain overall balance amongst themselves; as a result, a home visitor who tries to promote a positive change, such as a reduction in physical punishment, may be undermined by other family members (Ispa & Sharp, 2006) when the family continues familiar patterns, thereby restoring homeostasis. Breaking the continuity of these patterns may require working with all family members, not just the primary caregiver. Knowledge of child development and family theories prepares home visitors to have a realistic view of these challenges and to identify needs for support and strategies likely to help.

Home visitors also need far more extensive knowledge about some topics than infant-toddler classroom teachers are likely to need. Many home visiting programs enroll families when mothers are still pregnant, and home visitors therefore need knowledge about prenatal development, normal and abnormal changes in mothers' physical and emotional needs, teratogenic substances to avoid, and nutrients to consume. It is obvious that home visitors must have deep knowledge about infant-toddler development, but just as essential is knowledge about the entire life span, including the development of parents, whether they are adults or adolescents. Home visitors who work with adolescent parents need to understand this developmental period of serious reflection on one's own identity, strong susceptibility to peer influence (Albert, Chein, & Steinberg, 2013), a still-developing ability to think flexibly (Commons & Richards, 2002), and the challenges of parenting when they themselves have not yet reached maturity (Ispa & Halgunseth, 2006).

Most home visiting programs target families in poverty, so knowledge of poverty-related stressors that affect family well-being undergirds an effective home visitor's work. The family stress model (Conger & Donnellan, 2007) captures a cascade of family problems that often follow from these stressors, including depression or anxiety, which negatively affect a parent's

ability to cope with the demands of parenting. Compromised parenting in turn often leads to problematic child-rearing behaviors that may interfere with children's cognitive and emotional development (Lengua et al., 2014; Mistry, Vandewater, Huston, & McLoyd, 2002). Of course, not all poor families struggle similarly, and some resilient families manage, with appropriate support, to provide strong home environments for their children (Ungar, Ghazinour, & Richter, 2013). However, in many cases, poverty has insidious effects across the life span, and too often, the result is intergenerational chronic, uncontrollable, toxic stress (Shonkoff et al., 2012).

Further, home visitors must understand that parents have feelings and beliefs about parenting that are influenced by their own experiences, education, and culture. Respect for cultural variation and awareness that healthy social-emotional development is built on a strong, positive racial and cultural identity are critical (Brittian et al., 2015; Laosa, 1989; Romero, Edwards, Fryberg, & Orduña, 2014). Immigrant families, who face special challenges in terms of language and acculturative stress (Berry, 2003; Crockett et al., 2007), may need a home visitor's help to adapt to a new culture and system, including support for learning English as well as support for maintenance of their heritage language. Moreover, parents from various cultures impart meanings to particular parenting behaviors that influence children in different ways in different contexts, such that a parenting behavior harmful for children in one cultural group, such as spanking or intrusiveness, may be less harmful for children in another cultural group (Hill, Bush, & Roosa, 2003; Ispa et al., 2004).

Finally, home visitors need to be prepared to work with parents who face serious challenges related to mental health, domestic violence, and child maltreatment (Tandon, 2016). Such problems tend to be exacerbated by limited resources and lack of adequate services (Chazan Cohen et al., 2007; Young, Klap, Sherbourne, & Wells, 2001). Maternal depression has been associated with negative outcomes for parents (Frech & Kimbro, 2011) and with child behavior problems and developmental delays (Goodman et al., 2011; Petterson & Albers, 2001), highlighting both the challenge and the importance of the home visitor's work. Compared to middle-income families, families in poverty are also more likely to experience domestic violence, including child maltreatment (Buckner, Bearslee, & Bassuk, 2004; Connolly et al., 2006). Domestic violence is in turn related to physical, cognitive, and mental health challenges for both parents and children (Brandon & Lewis, 1996; McIntosh, 2003). Clearly, home visitors need knowledge about parental mental health and domestic violence, and they must be familiar with community resources and prepared to make appropriate referrals.

Skills home visitors need

Competencies for home visitors in the infant-toddler workforce include skills to (1) engage diverse parents in trusting relationships focused on supporting their children's development, (2) impart relevant knowledge and skills to parents, and (3) facilitate parent-child interactions. In essence, home visitors need relationship skills, adult teaching skills, and facilitation skills in order to support family well-being and optimal parenting to promote child development and health.

Relating to parents

Parent engagement in home visits is related to better outcomes for both parents and children (Raikes et al., 2006; Roggman, Boyce, Cook, & Jump, 2001; Sheridan, Knoche,

Kupzyk, Edwards, & Marvin, 2011), but some parents find it hard to engage with home visitors because of cultural differences, age differences, depression, or other factors (Peterson et al., 2013). Skills for relating to and engaging parents in a variety of circumstances are therefore critical for home visitors (Love et al., 2005; Sweet & Appelbaum, 2004). However, such relationship skills are rarely taught in early childhood education classes. To build trusting relationships, home visitors must learn how to support adult/adolescent development; strengthen parent–child relationships; enhance developmentally supportive parenting; adapt to each family’s culture and situation; and provide appropriate information, support, referrals, and assistance through assessment and intake processes (e.g., with services for children with special needs) (Barnard, Morisset, & Spieker, 1993; Emde, Korfmacher, & Kubicek, 2000). In addition, home visitors must keep in mind that unlike classroom teachers, they rarely have any information about a child’s daily activities that the child’s parent does not know. This makes it critical for home visitors to be skilled at asking parents about their children’s behavior. As appropriate, they must communicate relevant child development information (including, when necessary, information about developmental delays) to build on what parents already know. When home visitors emphasize child development, program outcomes for children are stronger (Guralnick, 1998; Peterson et al., 2013; Raikes et al., 2006).

Teaching adults

Home visitors need skills for teaching adults so they can impart knowledge and skills to parents. Adults learn best when learning is active and information is relevant to their needs and questions (Post, 1993). Effective home visitors plan time during visits for parents to practice recommended, evidence-based strategies to support child development in ways consistent with the parents’ own goals. Parents thereby learn by doing and reflecting on their own actions rather than only by watching a home visitor interact with their child.

Skills that make information relevant include asking what the parent already knows, providing information relevant to the parent’s concerns, and eliciting reflections about their learning experiences (Boud, Keogh, & Walker, 2013; Dirkx, 2001; Dunst, Trivette, & Hamby, 2010; Merriam & Leahy, 2005; Rossiter, 1999). These strategies for making adult learning meaningful are consistent with core competencies of family-centered practice identified by ZTT (2012) and DEC (2014) that emphasize engaging parents in planning, helping them identify goals, supporting family priorities, and embedding services in family activities. Planning home visits together with parents also promotes adult learning by offering opportunities to increase parents’ self-efficacy about supporting their children’s development (ZTT, 2012). Home visitors need to know how to collaborate with families in ways that are respectful of a variety of cultural practices (Barrera & Corso, 2003) while guiding parents in choosing home visit topics and planning activities to do with their children (Chao, Bryan, Burstein, & Ergul, 2006; Dunst & Dempsey, 2007). This will keep home visits focused on the child outcomes and parenting interactions that parents value most.

Facilitating parent–child interactions

It cannot be overemphasized that a central goal of the home visitor involves support for the parent–child relationship. Therefore, home visitors need skills that facilitate parent–child

engagement in positive, responsive, encouraging, and stimulating interactions (Mahoney & Perales, 2005; Roggman, Boyce, & Innocenti, 2008). One of these skill sets involves ways of helping parents identify what they already do and whether it matches what they believe is important to do to support their children's development. Home visitors must be able to use coaching skills to promote developmentally supportive parent-child interactions by providing strengths-based feedback based on their observations of parent-child activities during home visits (Rush, Shelden, & Hanft, 2003; Shanley & Niec, 2010). Thus, most of the visit time in high-quality home visits is spent in triadic interactions with the parent and child engaged together with the home visitor (Hughes-Belding & Peterson, 2016).

Attitudes home visitors need

Attitudes—the dispositions, perceptions, or beliefs that are rooted in values and experiences (Pajares, 1992)—influence actions, including professionals' practices (McWilliam, 1999). Attitudes, compared with knowledge and skills, are more challenging to change or teach because they hold social-emotional meaning (Ertmer, 2005; Pajares, 1992). By reflecting on their attitudes, however, home visitors can become more aware of assumptions they hold regarding children and families that likely influence their ideas about parents' roles in the home visiting process and the extent to which family priorities, goals, and needs should be respected (DEC, 2014). Specific attitudes that home visitors should adopt include commitment to: (1) parents as the primary decision-makers and agents of change for their children; (2) the home visitor as a support and guide for the parent who then supports the child; (3) respect for family strengths and cultural diversity; and (4) individualizing on the basis of family goals, strengths, and preferences (Barrera & Corso, 2003; CUPID, 2015; Parents as Teachers (PAT), 2011; ZTT, 2012).

Home visitors must view parents as experts on their children with primary responsibility for supporting children's early development (DEC, 2014; PAT, 2011; ZTT, 2012). Viewing the home visitor as a partner to parents and families, rather than as an itinerant teacher delivering baby lessons, shows respect for the parent as the child's primary teacher (CUPID, 2015; PAT, 2011; ZTT, 2012). Such attitudes are foundational for the home visitor to serve as a mentor and coach in supporting the parent-child relationship (Bernstein, 2002; Roggman et al., 2008). Respect for family diversity (ZTT, 2015)—their beliefs, traditions, roles, values, and goals—is essential for the retention of families in home visiting programs (McCurdy & Daro, 2001) and for adapting services to all children and families, including those at risk (Copple & Bredekamp, 2009; Green, McAllister, & Tarte, 2004; PAT, 2011). In line with family-centered practice, home visiting services should build a sense of parenting efficacy by showing respect for parents' decisions and reflecting their strengths in feedback provided to them (Bruder, 2010; DEC, 2014; Dunst, Trivette, & Hamby, 2007; Roggman et al., 2008).

A commitment to flexibility is required for individualizing home visiting activities and information based on family strengths, priorities, and goals and on children's development and progress (Roggman et al., 2008; Wasik, 1993). Individualized services are more effective than those that use a rigid protocol providing all families with the same information based on the child's age or other factors. Attitudes of flexibility have characterized home visiting programs that have effectively engaged parents, changed parenting, and improved child outcomes (Sadler et al., 2013; Spiker, Gerlach-Downie, & Hernandez, 2000).

Finally, a self-reflective attitude will help home visitors examine their own biases, strengths, and needs for growth so that they can adapt to the diverse needs of the families they serve (ZTT, 2012). The ability to self-reflect supports intentionality and flexibility in the home visiting process and increases a home visitors' ability to know what to do and why (Copple & Bredekamp, 2009; U.S. Department of Health & Human Services, 2004). For example, some home visitors may have some family-centered attitudes, yet struggle to see their role as one of promoting positive parenting instead of as one who teaches the child themselves—a far less effective practice (Bruder, 2010; Campbell & Sawyer, 2007, 2009; Fleming, Sawyer, & Campbell, 2011; Hebbeler & Gerlach-Downie, 2002; Peterson, Luze, Eshbaugh, Jeon, & Kantz, 2007). A self-reflective attitude also leads home visitors to ask families to reflect on how the services are working for them and to make adjustments when families' needs or circumstances change (Bernstein, 2002; DEC, 2014). Opportunities for future home visitors to reflect on their attitudes regarding parenting-focused, family-centered, culturally sensitive, flexible services will help them see connections among attitudes, knowledge, and skills.

Three major recommendations for higher education

Our review of the competencies needed by early childhood home visitors suggests three major recommendations for higher education. First, coursework for future home visitors should be interdisciplinary. The empirical studies cited here, in support of these competencies, are from the fields of early childhood education, special education, infant/toddler development, adolescent and adult development, clinical psychology, family science, sociology, health, and social work. An interdisciplinary model requiring coursework in all of these areas would be most effective. Classroom collaboration with professionals in a variety of child-related systems including child welfare and family court, medicine, early intervention for children with disabilities and their families, mental health and family support could provide powerful anecdotal information to support student learning.

Second, some higher education classes should include both future teachers and future home visitors preparing to serve similar age groups. Like infant/toddler teachers, home visitors need knowledge about supporting children's development, providing healthy caregiving, and using appropriate child guidance with both typically developing children and children with disabilities. While both groups also need specialized knowledge, they will benefit from becoming familiar with each other's professional roles. Further, many early childhood professionals may switch between these roles at some point in their careers.

Third, multiple home visiting experiences should be provided to future home visitors before they enter the workforce so they can see home visits, interact with a range of families receiving services, and practice delivering home visiting services. It is critical for future home visitors to practice applying knowledge from their child development and related coursework to the learning opportunities that occur in family routines and events. They must see, and then help parents to see, that learning opportunities are not limited to classrooms. Higher education systems need to identify and monitor high-quality home visiting programs as student practicum sites. Some early childhood programs could develop home visiting labs, similar to child development labs, for undergraduate students to practice new skills under the guidance of faculty, trained graduate students, and experienced home visitors, in a carefully monitored home visiting program.

Recent growth in home visiting programs has increased employment opportunities for early childhood professionals. Preparing early childhood students for these opportunities requires an expansion of higher education coursework to address the knowledge needed by home visitors. Carefully structured real-world experiences that develop the skills and attitudes needed for future careers in home visiting must be created. Action steps to implement these recommendations will vary from one institution to another, reflecting local curricula, community connections, and faculty expertise. First actions could include identification of current course content relevant to home visitor competencies, exploration of interdisciplinary opportunities on campus, building partnerships with home visiting programs in local communities, and identification of expanded opportunities for practicum experiences that facilitate direct interactions with families. Course assignments, both in- and out-of-class, could be adapted to help students build knowledge of opportunities for work with home visiting programs, as well as the skills and attitudes needed to help them be effective in those roles. Investments in higher education to prepare future home visitors have the potential to increase the developmental support that infants and toddlers receive in their homes, and thereby strengthen families and communities.

Note

1. We acknowledge that families differ, and children may have caregivers other than their biological parents (e.g., grandparent, aunt, older sibling). In this article, we will use the generic term, parent, to represent the adult/s who take primary responsibility for daily caregiving and decision-making for the child/ren in the family.

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