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connections

AHVNA

Alberta Home Visitation Network Association

Vol. 16 Issue 1

In this issue

Be part of the family

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Message from the Director

This edition continues to discuss various aspects of working with families and some of the tools that have been useful for practitioners. Our work with families is intended to see them thrive and grow and decrease the likelihood of child maltreatment.

Prevention services are aimed at supporting people where they are at, hopefully before things escalate out of control. Family violence is a key factor leading to child maltreatment and neglect. By asking people about how they are being treated or if they are afraid of being hurt, we open the door to a discussion. This may not happen right away, but it may be the spark that will grow brighter as time goes on until the individual is able to discuss their situation and recognize the effect it has on their children. We also provide support in times of need. This may mean making a referral to a community resource to address a need such as food, housing or clothing.

In the meantime, we notice the parent's resilience through a strengths-based approach lens. We say we are "strengths-based in our practice," but what does that mean? Dr. Wayne Hammond discusses the strengths-based approach in more depth and provides a perspective for us to ponder with respect to our own values and practice. Will we need to change the lens with which we see the people we work with? How will this impact what we bring to the discussion?

In this issue, we describe two great tools—"Brain Bowls" and the "SMILE! I noticed you being a great parent!" card—that provide knowledge of parenting and child development. Evidence-based tools like these support parents in nurturing healthy child development. When children develop healthy social and emotional development milestones, it has a positive impact on the interaction between them and their parents.

Every child has the right to live this life
without fright
To sleep peacefully through the night
Without fear for their precious lives

Every child's kingdom is their life
Adults are guardians guarding their rights

Every child needs the fullness of peace
To develop and grow with ease

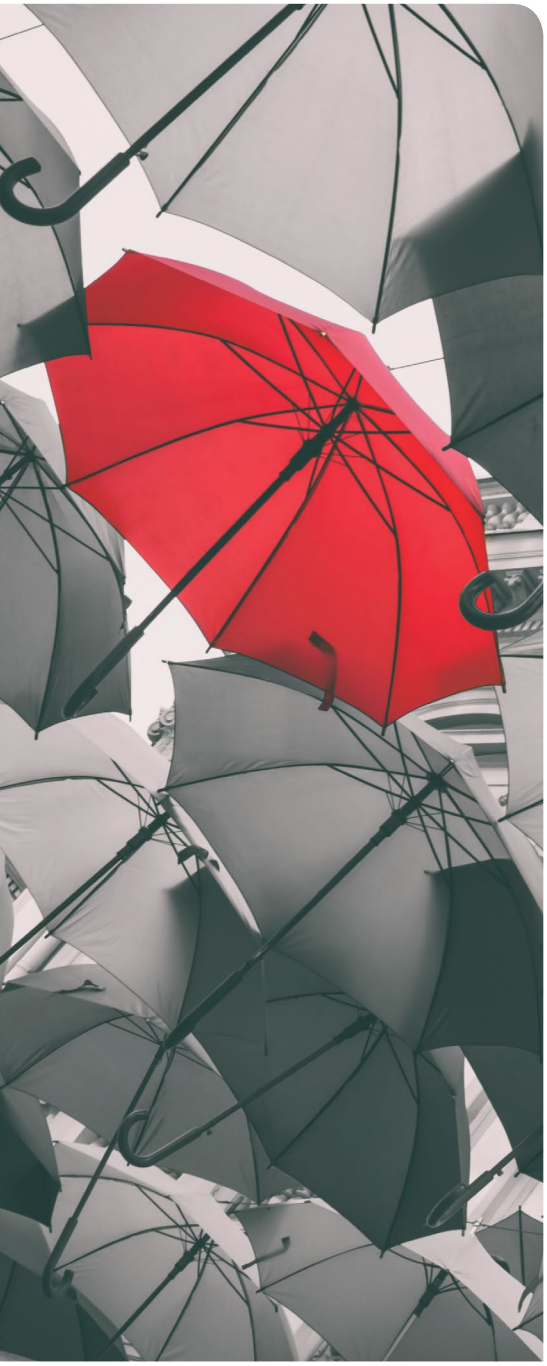
Children are the future
It's their rights we need to please
May they forgive those who are bringing them to their knees

by Suzie Palmer

Lavonne Roloff is the provincial director of the Alberta Home Visitation Network Association (AHVNA).

Assessing Prevention Efforts

by Kirsty Keys and Shannon Mitchell



Kirsty Keys is the PICCOLO Research Associate at AHVNA and is currently studying child psychology at the University of Alberta.

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Home visitation provides prevention services using evidence-based practices and a strengths-based, child-centred and family-focused approach. It can support families to prevent negative experiences and outcomes, which reduces child maltreatment, health problems and criminal behaviour.[1-4]

Prevention requires identifying and responding to the factors that place individuals at risk of developing an issue or problem. It also means promoting well-being by identifying and promoting the factors that protect individuals from developing these difficulties.[5-7] By investing in prevention efforts, we *avoid* these negative experiences and outcomes, and reduce the need to intervene in *response* to these experiences and outcomes.[5] Even with the implementation of prevention services, intervention services such as child protective services are still being used by children and their families.[5] Are prevention services ineffective? The number of families accessing intervention services does not necessarily reflect the effectiveness of prevention efforts because:

1. Without truly universal prevention programs that address individual and systemic risk factors, there will always be children and families who, despite being at some degree of risk for experiences requiring intervention, are not reached by prevention efforts. Given that many obstacles stand in the way of such prevention programs, such as budgetary constraints, we instead have prevention services that identify and serve those who could most benefit.
2. Even as prevention services decrease the rates at which the families they serve enter intervention systems, dynamic societal factors can work to simultaneously increase rates of children entering the system. For example, an economic downturn could increase the risk of negative experiences that bring children and families into intervention systems, while prevention efforts decrease the rates of children and families entering intervention systems for those who have access to these programs.
3. Improving definitions, research and standards enable us to identify negative experiences and outcomes more easily now. As a result, there are more families overall who are served by intervention systems, even as prevention services decrease the number of children and families served by these systems. For instance, as we get better at identifying child abuse, it makes sense that more people will enter the child protective system.

The question becomes: how can we best evaluate the effectiveness of prevention efforts? The answer is by rigorous research comparing the prevalence of negative experiences and outcomes, and the use of intervention services, between families who receive prevention services and families who do not. Both sets of families must be at a similar level of risk.

Unfortunately, there are significant obstacles to such research. Funding constraints, drop-out rates, transience, mistrust and the myriad of unique experiences families encounter make long-term studies difficult to conduct. And, given the time-sensitive nature of early childhood brain development, it is often difficult to justify withholding services from those we know are at risk simply to do research.

Since this research is tricky to conduct in a rigorous and ethical manner, we often look for other indicators of effectiveness, like changes in rates of children and families accessing our public intervention services, even if these are imperfect indicators. Looking at home visitation research undertaken by larger systems[2,3]—and using other reliable and valid tools to measure the decrease of risk or the increase of protective factors—can start to paint a picture of the complex impact of the investment in prevention as it happens with real families in the real world. ■

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Family Violence and Home Visitation

by Judilonne Beebe and Shannon Mitchell

When we use the term "family violence," people have different ideas of what we mean. Having a common understanding and language that will support us in identifying family violence is critical, as is having the skills and knowledge to address this important and potentially devastating social issue.

The Alberta Government policy *Family Violence Hurts Everyone: A Framework to End Family Violence in Alberta* (2013) describes family violence as: "The abuse of power within relationships of family, trust or dependency that endangers the survival, security or well-being of another person. It takes many forms including intimate partner abuse, sexual assault, child abuse and neglect, child sexual abuse, parent abuse, elder abuse and neglect and witnessing the abuse of others in the family."

The framework also identifies some strategies and goals regarding family violence prevention and intervention across the lifespan. One of the government's goals is to prevent families from experiencing violence by supporting evidence-informed programs and supports. Enhancing Alberta's home visitation programs to incorporate a strong focus on preventing family violence through screening and building healthy parent/child relationships is among the strategies they identified.

Exposure to family violence is an all too common experience for Alberta's children. Alberta's *Well-Being and Resiliency Framework* (2019) points out:

> "According to data from the Alberta Incidence Study of Reported Child Abuse and Neglect 2008, the primary concerns leading to child intervention investigations include neglect (37 per cent), exposure to intimate partner violence (34 per cent), emotional maltreatment (14 percent), physical abuse (13 per cent) and sexual abuse (2 per cent).
>
> "Infants under 12 months of age are especially vulnerable, primarily due to their physical fragility, dependence on others for survival, undeveloped verbal communication and social invisibility. Compared to older children and adolescents, the vulnerability of infants and young children places them at a disproportionate risk of developmental delay, serious injury or death resulting from abuse or neglect." (p. 11)

Home visitation programs and the home visitor play a significant role here because they develop long-term, supportive relationships with families, often very early in a child's life. The home visitor may be the only person who sees a family during the preschool years, so they can be helpful in identifying family violence early.

AHVNA created the Family Violence Screening Protocol and corresponding training so that home visitors are able to support families experiencing family violence. The training provides knowledge and tools, and increases confidence in asking questions about family violence.

This is to ensure that home visitors:

1. Have the foundational knowledge and skills required to recognize and respond to incidents of family violence.
2. Understand the extent, impacts, and complexity of family violence issues.
3. Understand the dynamics of abusive relationships and the difficulty in making decisions around staying or leaving those relationships.
4. Know how to respond, keeping in mind: the safety of the victim and other vulnerable individuals in the home, the cultural context, legal and professional responsibilities, safety planning, and referral agencies.

All the work home visitors do with families happens within relationship, allowing them to use the family's strengths, values and goals to guide the work. The long-term nature of the service allows home visitors to support the family often before, immediately following, and after a violent episode.

As a result of the screening protocol and training, home visitors have found it is easier to ask questions about family violence, especially because it is a universal screen, so they're not potentially stigmatizing or singling out a family just by asking. Having a process to follow allows them to be proactive in working with the family, while still following their lead. As family violence is complex, this family-led approach is essential—without a protocol, home visitors were left wondering what, exactly, they were supposed to do when they determined there was violence within a family. The protocol also clearly outlines the duty to report to Children's Services. This information can be shared with the family in a supportive way.

The number of incidents of family violence in Alberta is hard to quantify. Many people dealing with abuse in their relationships may be reluctant to involve the police, do not access shelters and may be too embarrassed or ashamed to discuss the situation. Using the relationship-based, family-led practice inherent to home visitation, home visitors encourage families to access services and supports in ways that meet their needs and support their child(ren) during this sensitive time in their development. When universal screening for family violence is part of a home visitor's conversations with family members, they are in a unique position to be a frontline responder able to stay connected with individuals experiencing abuse in their relationships. ■

Judilonne Beebe is one of the family violence specialists with the Alberta Home Visitation Network Association. She can be reached at FVspecialist@ahvna.org. Shannon Mitchell is the training coordinator with the Alberta Home Visitation Network Association.

A Paradigm Shift: From "At Risk" to "At Potential"

by Wayne Hammond

There is nothing new about the observation that challenge is ever-present in most communities. What is new is the clear evidence that children and families in complex communities can not only be resilient, but thrive in the face of adversity and the labels placed on them. McCashen (2005), Rapp (1998) and Sharry (2004) have been significant influencers (among a growing number of practitioners) inviting community members and care providers to view children and their families as "having potential" instead of just being "at risk." The strengths-based perspective they propose operates from the belief that children, youth and their families have strengths, resources and the ability to recover from adversity—as opposed to emphasizing problems, vulnerabilities and deficits.

A strengths-based paradigm invites a different language to describe the challenges and struggles people experience. It allows one to see opportunities, hope and solutions rather than mostly problems and hopelessness. The new paradigm avoids labelling and assumes potential in children, youth and families to help themselves. Providers become partners instead of experts and directors of the change process. This fundamental shift means working with and facilitating rather than fixing; pointing to health rather than dysfunction; and turning away from limiting labels and diagnosis to wholeness and positive well-being.

"The only real voyage of discovery exists, not in seeking new landscapes, but in having new eyes." – Marcel Proust

A true strengths-based approach is one that guides the way we think about people and the way we go about our daily work for all actions and interactions. Researchers and practitioners have outlined and commented on the nine concepts and principles below as the foundation for guiding and implementing a strengths-based practice (McCashen, 2005; Rapp, 1998; Sharry, 2004).

1. An absolute belief that every person has potential and it is their unique strengths and capabilities—not their limitations—that will determine their evolving story as well as define who they are. (Not, "I will believe when I see"; rather, "I believe and I will see.")
2. What we focus on becomes our reality—focus on strengths, not labels, and see challenges as capacity fostering (not something to avoid) that creates hope and optimism.
3. The language we use creates our reality—both for the care providers and the children, youth and their families.
4. Believe that change is inevitable—all individuals have the urge to succeed, to explore the world around them and to make themselves useful to others and their communities.
5. Positive change occurs in the context of authentic relationships—people need to know someone cares and will be there unconditionally for them. It is a transactional and facilitating process of supporting change and capacity building (not fixing).
6. A person's perspective of reality is primary (their story)—therefore, we need to value and start the change process with what is important to the person, not the expert.
7. People have more confidence and comfort to journey to the future (the unknown) when they are invited to start with what they already know.
8. Capacity building is a process and a goal—a lifelong journey that is dynamic as opposed to static.
9. It is important to value differences and essential to collaborate—effective change is a collaborative, inclusive and participatory process.

If the strengths-based approach truly guides and influences our practice, Rapp and Goscha (2006) point out that it should be evident in all aspects of the care provision process—from how we engage the people we serve, communicate our desired intent and support, and create the intervention protocol, to how we develop the organizational interactions, support the service provision activities with written documentation and training, and more. Simply put, this approach:

- Focuses on exploring and understanding the crucial variables contributing to individual resilience and well-functioning families/communities.
- Provides a common language and proactive-preventative philosophy.
- Sees thriving as a goal that provides a conceptual map to guide prevention and evaluation efforts.
- Provides intervention strategies that are client-driven and relationship-focused.
- Engages distressed people with respect and compassion.
- Perceives capacity building as a dynamic and synergetic process that evolves over a lifetime.
- Affirms the reparative potential in people and seeks to enhance strengths as opposed to deficits.

The strengths-based approach is a philosophy for working with people that ultimately enhances their ability to thrive. It needs to be embraced because it leads to resilient people who:

- Feel special and appreciated, with a strong sense of hope and optimism.
- Are actively involved in writing the current and next chapters of their life journey.
- Have learned to set realistic goals and expectations for themselves.
- Rely on productive coping strategies that are growth-fostering rather than self-defeating.
- View obstacles as challenges to confront, not avoid.
- Are aware of their limitations and vulnerabilities, but purposefully build on strengths.
- Have a strong self-esteem and sense of competence.
- Have effective interpersonal skills and can seek out assistance from others.
- Know what they can and cannot control in their lives.
- Are developing a desire to give back and support others in their journey.

As McCashen points out, "The strengths approach as a philosophy of practice draws one away from an emphasis on procedures, techniques and knowledge as the keys to change. It reminds us that every person, family, group, and community holds the key to their own transformation and meaningful change process" (p. 16). The real challenge is, and always has been, whether we are willing to fully embrace this way of approaching or working with people. If we do, then the change starts with us, not with those we serve. ■

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Using "Brain Bowls" to Support Child Development

A visual tool to explain how experience shapes our brains

by Sharon Smith

I had the opportunity to work with a lovely family experiencing first-time parenting with double the baby joy—twins! The twins' father was busy working during the day, and it was clear after a few visits that mom was feeling the exhausting effects of caregiving for two babies. This mom was very interested in child development and asked how she and her husband could best support their children to reach their future potential. With two babies needing constant feeding, changing and naps (never at the same time), the parents were unable to listen to or read lengthy articles on child development. I needed a quick visual tool to teach the importance of parent engagement. One of my colleagues reminded me about using the "Brain Bowl" presentation.

As home visitors, one of our main program goals is to motivate parents to support their child's healthy growth and development. Using a visual tool and plain language is a simple and effective way to provide families with reliable information, especially around complex matters, that can educate regardless of language or cognitive barriers.

After returning from a Great Kids Inc. Integrated Strategies training, several of the home visitation staff from Family Futures Resource Network were inspired to use the Brain Bowl presentation with their families. Brain Bowl kits consist of two sets of nesting bowls.

One set of bowls represents the healthy brain. The smallest bowl is labelled "Brain Base." It is also known as the survival centre responsible for regulating autonomic functions such as breathing, digestion, sleep, hunger and instinctual behaviours that sustain life (for example crying when hungry or in pain). In the healthy brain presentation, this bowl is put down first—it is the most primitive part of the brain and the first to develop.

The mid-size bowl is labelled "Limbic System." The mid brain is the emotional centre that processes emotions, memory, responses to stress, nurturing, fear, social bonding and hormone control. This bowl goes over the "Brain Base" bowl and represents the brain development of a baby who has a caregiver that will help them to name, manage and understand their emotions. As the limbic system begins developing from zero to five years, babies need to learn from a reliable caregiver to trust and see that emotions can be regulated in order to access the prefrontal cortex or "Thinking Centre."

The largest nesting bowl, labelled "Thinking Centre," represents the prefrontal cortex as it is the executive centre that directs thoughts, emotions and instincts to appropriate actions. In typically developing brains, this thinking brain significantly develops around the ages of 5, 11 and 15 years and is not fully developed until the mid-twenties. To finish the healthy brain presentation, the "Thinking Centre" (prefrontal cortex) bowl goes over the "Limbic System" (middle) bowl.

> "Genes provide the basic blueprint, but experiences influence how or whether genes are expressed. Together, they shape the quality of brain architecture and establish a sturdy or a fragile foundation for all of the learning, health, and behaviour that follow."
>
> *– Three Core Concepts in Early Development,*
> National Scientific Council on the Developing Child

This visual demonstrates how the brain develops outwardly, starting in utero and continuing to grow and form throughout life's experiences. The stability of the thinking brain is dependent on a strong foundation, which is initiated in the brain base through simple circuits in the brain. As these simple circuits are stimulated in positive ways by caregivers providing essential needs such as food, touch and affection, more complex circuits develop and become the framework for higher learning.

What happens when the brain base is exposed to toxic stress or doesn't receive reliable care and nurturing?

This is where the bowls representing the trauma-exposed brain come into action. The largest bowl now represents the "Brain Base" or mid brain. Having an unreliable or a disengaged caregiver results in a toxic stress response. As a result of

prolonged exposure to violence, neglect or abuse the mid brain is in constant fight or flight response. This results in the production of excess cortisol and stress hormones, which can lead to cognitive and developmental impairment.

The middle bowl, labelled to represent the "Limbic System," is now placed on top of the large bowl ("Brain Base"). The circuitry of the limbic system is wired to process emotions, memory and response to stress. When lacking a reliable and nurturing caregiver, a baby has to navigate or interpret emotions on their own, learning to trust or mistrust an unpredictable world. When a baby can learn to trust that their emotions can be regulated, they are able to access the prefrontal cortex or thinking brain, but when the thinking brain is blocked by stress responses, significant impairment in thinking, learning, focusing, controlling emotions and managing stress may result.

The smallest bowl represents what a "Thinking Centre" looks like in a child who is exposed to chronic toxic stress. The stack of bowls representing the brain exposed to significant toxic stress is unstable. When shaken, they will easily shift and topple. Conversely, the nesting bowls stacked neatly underneath the large "Thinking Centre" bowl from the first part of the presentation are secure—a visually powerful and yet easy-to-understand demonstration of the solid architecture of a brain that has received the right ingredients of nurturing and experience to create a solid foundation for further learning success.

Your family may not remember the difference between the limbic system versus the prefrontal cortex. But a Brain Bowl demonstration is an effective visual and interactive tool to help parents understand that their love, attention and engagement is the most powerful piece in providing the foundation for their child's brain to reach its potential. For the family with twins, it was encouraging to know that even just changing a diaper—when done with singing, tickles and smiles—builds the foundation of a healthy, thriving brain. ■

Sharon Smith is the family mentorship supervisor at the Family Futures Resource Network in Edmonton.

SMILE! I Noticed You Being a Great Parent!

A community initiative

by Kayla Blackadar

The first five years of a child's life are the most critical period in human development. These years will have a lifelong impact on learning, health, work, relationships and well-being. We know that, along with strong connections to community, responsive and nurturing relationships with parents create the best environments to develop the life skills children need. We also know that caring for young children is both rewarding and challenging. Often the small things parents do go unnoticed, but have the biggest impact on a child's development.

These small things that go unnoticed became the centre of discussion at the Strathcona County Early Childhood Coalition. The coalition is a collective of people focused on drawing attention to the importance of the early years and how these years support children's continued development and well-being. Each member of the coalition knows that playful, back-and-forth serve and return interactions are crucial to growing healthy brains and responsive connections between parent and child. And yet one of the prevailing themes we hear playing out in multiple ways in our work is how the well-meaning, "helpful" comments offered to parents everywhere they go can end up undermining a parent's confidence. New parents can struggle with the enormity of shaping the lives of the next generation. Many succumb to the notion that specialized knowledge, tools and equipment are required to parent well, which further erodes their sense of competence.

The coalition embarked on a pay-it-forward campaign to acknowledge and validate the parenting journey by creating the ***SMILE! I Noticed You Being a Great Parent!*** card. We gave the card to parents observed in serve and return interactions with their children in public spaces like the library, riding the bus, in waiting rooms, at the park and in grocery stores. We were not looking for golden, crystallized moments when parent and child were in perfect harmony. In fact, sometimes quite the opposite was true. The point was to recognize parents in the moment with a powerful "I see you—you've got this and here's the proof of why what you do matters so very much."

Parents could redeem their card for a small gift bag. Inside the bag were more ***SMILE!*** cards for parents to disperse to other parents. We also included information on serve and return and a few play suggestions to continue strengthening these interactions. Initially coalition members seeded the campaign by handing out these cards, with the intention that parents would continue to recognize other parents by giving them cards.

Help me build my brain.

Lets make time for play!

The campaign was inspired by a similar campaign initiated by the Cochrane Parent Link Centre and elements from the *Parenting Interactions with Children: Checklist Observations Linked to Outcomes (PICCOLO Tool)*. Many home visitors use the PICCOLO tool, based on research conducted by Roggman and Innocenti, which identifies 29 important parenting behaviours in four categories: affection, responsiveness, encouragement and praise. These behaviours help get preschool children ready for school and positively impact their thinking, language, literacy and social emotional skills. We listed the parenting behaviours inside the ***SMILE!*** card to highlight the most important aspect of parenting: building strong and responsive relationships. Best of all? No equipment required!

These "29 things" help bring awareness to the importance of human connection, a central component to the health of children, families and communities. ■

Kayla Blackadar is the early childhood coalition assistant for Strathcona County and working towards a master's degree in public health. For more information about the Smile! card or campaign, please contact strathconaearlychildhoodcoalition@strathcona.ca.

connections

Coming up

The next issue of *Connections* will continue our focus on home visitation/ family support practice. If you would like to submit an article or resource for this topic, please contact the AHVNA office by June 15, 2020.

Hearing from you

Connections is published two times per year by the Alberta Home Visitation Network Association. We welcome comments, questions and feedback on this newsletter. Please direct any comments to Lavonne Roloff, AHVNA provincial director, by phone at 780.429.4784 or by email to info@ahvna.org.

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The first five years of a child's life are the most critical period in development and have a lifelong impact on learning, health, work, relationships and well-being.

Responsive and nurturing relationships with caregivers and strong connections to community create the best environments to develop the skills children need for life.

Research suggests that doing the things on the list below ("29 Things Parents Do") helps get your preschool child ready for school and will positively impact their thinking skills, language, literacy skills and social emotional skills.

29 THINGS PARENTS DO THAT PREDICTS SCHOOL READINESS

SHOW AFFECTION

- ◯ Speak warmly
- ◯ Smile at child
- ◯ Praise child
- ◯ Stay physically close to the child
- ◯ Say positive things to child
- ◯ Interact in positive ways with child
- ◯ Show emotional warmth

BE RESPONSIVE

- ◯ Pay attention to what child is doing
- ◯ Change activities to meet child's interests or needs
- ◯ Be flexible when child changes interests
- ◯ Follow what child is trying to do
- ◯ Respond to child's emotions
- ◯ Looks at child when child talks or makes sounds
- ◯ Reply to child's words or sounds

GIVE ENCOURAGEMENT

- ◯ Wait for child's response after making a suggestion
- ◯ Encourage child to do things with toys
- ◯ Support child's choice
- ◯ Help child do things on his or her own
- ◯ Verbally encourage child's efforts
- ◯ Offer suggestions to help child
- ◯ Show enthusiasm about what child does

TEACH

- ◯ Explain reasons for something to child
- ◯ Suggest activities to build on what child is doing
- ◯ Repeat or expand child's words or sounds
- ◯ Label objects or actions for child
- ◯ Engage in pretend play with child
- ◯ Do activities in a sequence of steps
- ◯ Talk about characteristics of objects
- ◯ Ask child for information