

## Open Doors

### Chapter 11b: Reflective Practice Experience It

Kraig: I would say that we have built a system around home visitors to be very supportive. In the last couple of years, particularly since ARRA, we have reduced our supervisor-to-staff ratio. Before, it was me and one other person for 12 people. Now, the ratio is about one supervisor for four. We've also spent a lot of time building teams, so that they can talk to each other and put them in offices together and said, "You have to have office time and access your supervisor." The other part of that is we've built a management team that's very responsive.

I'm available from an administrative perspective, but we also have health staff that are available and social work staff that are available and mental health staff and nutrition staff, so if they have questions that -- and that's the other thing we've been very honest about is if you don't know the answer then don't make anything up. [Chuckles] You know, be honest and call and tell the parents you don't know the answer and find the answer, and if that's us, then that's us, but then find the answer you can get back to them. So, we've built in a lot of that kind of very basic support, but I think the families or home visitors dealing with, you know, we've got a pregnant mom and she's spotting, then, that's something that needs to be dealt with now, and we have somebody that right then can deal with that and can make a call and say, "Yeah, this is what needs to happen." And home visitors have gotten comfortable now in resourcing that and have learned, you know.

For new home visitors, it's very good to have that. The older ones now understand that, okay, if this is what's happening, this is my recommendation, this is what I need to do. And so, it's kind of a capacity-building all the way up from, you know, new employees that are coming in that don't have a lot of skills, all the way up to, you know, the management level being able to articulate and get that information out. I think some of the things that the home visitors face today are very different.

We have home visitors that have exposure to violence. We have home visitors that are exposed to substance use and home visitors that have to deal with some significant mental health issues. And some of that is working with the courts, and some of that is reporting and, you know, maltreatment of minors and neglect, minors and neglect, and they deal with issues of children that are not developing for a lot of different reasons, and mostly it's environmental. You know, and we routinely have those discussions with families. You know, if there's not food in the house and the child isn't growing, we have people that are looking in cupboards and saying, "Okay, what's going on here? We need to address this."

You know, and the same can be said for moms that moms or dads -- and that's the other piece, is there are dads I mean, we have dads in the program we try to include them, but if we're in a house and there's domestic violence and it's you can see it and it's going on, there's referrals, and things have to happen. Sometimes, that happens on the walk out to the car, because you don't want to do that in front of other people. You know, and substance use is the same thing if you're in a house and you're smelling things or you're seeing things, those are things that we report and have to deal with. And, of course, all of that is done up front.

You know, parents know that we're reporting that we have to report, and I make that very clear to staff that this is part of your job, and you don't want to lose your job, because you didn't do something because you didn't do something and, you know, it's somebody else's job to figure out what that is, you know. I can talk about teen moms and we have teen moms that really love their kids, they don't have any idea what parenting is or how to raise children and those are things that you really have to spend time with, so much so that you have to, you know talk about changing diapers. It's an importa -- I mean, very basic kinds of things that, you know, most folks won't even think about, but it's like, "Okay, it's time." It's not how to change, but it's time, and it's time to give a bath and it's time to feed so it's very basic things. And we've started building in supports around mental health for that.

You know, part of that is we've done training around DC Zero to Three and recognizing -- staff recognizing that children that are not sleeping, that are not sleeping with any amount of time that have eating issues, have elimination issues all of those things in infants and toddlers can be clues to a lot of serious kind of issues that are in the house and issues that, you know if you've worked with parents you can deal with some of those things, before they become bigger things you know, bigger problems.