

## Relationships Through the Lens of Outreach and Referrals

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### **NMAIMH competencies addressed:**

#### Theoretical Foundations:

- Relationship-focused practice
- Pregnancy & early parenthood

#### Systems Expertise:

- Service delivery systems
- Community resources

#### Direct Service Skills:

- Screening & assessment
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Relationships are foundational to all facets of ECECD Home Visiting, including how we make and receive referrals to/from our community partners. Our Home Visiting Outcomes drive our work with families, while exploring gaps and areas of need through ongoing observations, conversations and use of screening tools. As Home Visitors it is our job to universally screen all enrolled families to assess strengths, protective factors, and areas of risk and need. As a system, we have done a great job in referring families to services as noted by the 28,443 referrals made to community resources, as reported in the FY20 New Mexico Annual Home Visiting Outcomes Report. We know that the act of referring is most successful when taking a relationship-based, meaningful approach. When we can step-back and reflect on *how* we are referring families, we can give families a more transformational experience, with the intention of increasing family engagement in the referred service.

Virtual Home Visiting has made us reevaluate and adjust many systems and processes that were in place pre-pandemic; outreach and referrals being a big one. Long gone are the days of giving face-to-face presentations to outreach partners, or rounding at Labor and Delivery. Agencies had to quickly adapt, think outside the box, and be creative in their outreach approaches. February's Home Visiting Community of Learners session focused on outreach and recruitment during virtual Home Visiting where innovative and successful strategies were shared. Feeding the relationships between partner agencies not only supports incoming referrals to home visiting programs, but it also creates trust and confidence when referring families to resources. Some ideas presented at February's session were to attend virtual staff meetings, attending WIC classes, calling Labor and Delivery every 1-2/weeks, partnering with the Income Support Division or offering virtual playgroups or story times to the community. One program spoke about their newest initiative to engrain themselves within the local pediatric and OB/GYN clinic

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as a continuum of care with the intent that all eligible families are referred to Home Visiting.

We all know how impactful it can be to screen and identify developmental needs within the first three years of life, especially when paired with a strong system of interventions and supports (Zero to Three, 2012). ECECD Home Visiting uses the Ages & Stages Questionnaire (ASQ-3) and the Ages & Stages Questionnaire-Social-Emotional (ASQ-SE) to screen for potential developmental risks with all enrolled children. In Fiscal Year 2020 (FY20), The New Mexico Annual Home Visiting Outcomes Report reveals about 23% of children exhibited a risk and about 57% of those families followed through with the referral made to Early Intervention (EI) services by home visitors. Although EI and Home Visiting are very complimentary services, the main distinction is that EI provides *intervention*, while Home Visiting focuses on *prevention*. When a family or child's needs begin to branch out of our Home Visiting scope, it is our job to pull in the experts to fill in any gaps we are unable to attend to.

Making these referrals can be challenging, to say the least, as parents may react with a range of emotions. When home visitors feel confident and comfortable with the services we are referring to, we can create a more collaborative and eased space when talking with families about referrals. When I was a home visitor I distinctly remember having the conversation with a mom about referring her 2 year old to EI services and being attuned to mom's uncertainty by cueing into her body-language. I remember using the FAN with this mom by matching her in emotions and then moving into collaborative exploration. I asked her the question, "what might help make you feel more comfortable?" She asked if we would call together, with me by her side, and I also offered to attend the first visit with her Family Service Coordinator (FSC), after which I noticed an immediate softening of her body language. The other piece that was critical in mom's experience and readiness to enroll in services was based on my own comfort level, understanding of the services, and the relationship I built with the local EI agency. By having a mutual-understanding and real connection to the agency, this greatly informed my presentation, helping to create buy-in for the parent. We know that referring to services presents a wealth of barriers that extend beyond a families resistance such as issues with access, previous trauma, availability of resources, trust, cultural values, and much more which we must hold in our minds. As Home Visitors it is important that we explore deeper why families may not be engaging in referred services as it may serve as an "aha moment" and give us important information on both the client and systematic level.

Behavioral health referrals are the most frequent connection made by home visitors, as reported in the FY20 Annual Home Visiting Outcomes Report. One of the many ways Home Visiting promotes babies being born healthy is by ensuring the parent is emotionally healthy through screening for postpartum depression and referring to necessary services when needed. In FY20, of the 515 parents found at-risk for Postpartum Depression, 178 of these engaged in the referred behavioral health service. Building and sustaining relationships with behavioral and maternal mental health providers is critical so families feel comfortable enrolling in services. As Home Visitors we may be the family's first experience of hearing about the services we are suggesting

to them, highlighting how important it is for us to feel connected and solid in who we are referring to. In the same way, being informed on the subject of perinatal depression and understanding why it is so necessary to screen during pregnancy and postpartum periods is important as well. By taking a universal approach in discussing perinatal depression with each family, we are destigmatizing the subject, while increasing awareness that families are not alone when they are dealing with this concern, and that treatment is important for the health and well-being of both parent and baby (NIMH, 2020). If a family isn't quite ready to engage in the service, there will absolutely be other opportunities and entry points down the line for the family and home visitor to revisit the topic together.

Screening for Intimate Partner Violence (IPV) is one of the ways Home Visiting helps to prevent child maltreatment and injury, while promoting child and family safety. In FY20, of the 395 families identified at-risk for domestic violence, 78 families enrolled in the referred service. We know that referring to DV/IPV services is not black and white, for the victim it is never a single event, but rather a *process* of leaving their abuser. Research shows that it takes an average of seven attempts to leave their situation for good, which highlights our role in referring (*Domestic Violence Statistics 2020*). Knowing this information, it is critical that the conversation doesn't stop at a declined referral, but rather we continuously follow-up and check-in on their readiness to access help. As Home Visitors it is important that we are aware and knowledgeable of the local and national resources available to families experiencing IPV. When we make relevant referrals for support and have these sometimes challenging conversations with families, we want to feel as prepared and confident as possible to provide accurate information. Collaborating with local agencies can help form relationships, mutual understanding and increase opportunities for our families to access services both ways.

Completing the Relationship Assessment Tool (RAT) safely and referring to appropriate resources, particularly during the COVID-19 pandemic, has come with its hurdles, but we don't have to go it alone. Utilizing the expertise of local and national agencies focused on preventing intimate partner violence can help providers increase their comfort around the subject and aid in these discussions with all families, especially when a risk is noted. Our role in exploring how families will keep themselves and their children safe is huge in our presentation and conversations surrounding Safety Plans. In developing Safety Plans with families we are bolstering the family with tools to access if/when they need them. In a Futures Without Violence webinar (2016) it was noted that discomfort came across in conversations addressing domestic violence as the result of the provider comfort level, feelings of frustration and stress towards the client, and concerns about personal safety. These barriers offer us enormous information that we can use and grow from, which can be explored through reflective practice. Having awareness of our activations helps us try new ways and rethink our approaches to guiding families and children towards the help and support they need.

Relationships are the backbone of Home Visiting, and it is the how and who we bring to the work that truly impacts our services. When we take time to build safe and secure relationships with families and community partners, the opportunities for growth are

much more possible. As the wise Dr. Bruce Perry (2017) states, “relationships are the agents of change and the most powerful therapy is human love”.

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### **Questions to encourage discussion and reflection...**

- How have you shifted your outreach practices since the pandemic?
  - What are successes you have had in creating relationships with community partners? Have you seen this have an impact on families engaging in the referred services?
  - What continues to be barriers, or areas of need in referring families to services?
  - When thinking about how you discuss the results of the tools and screenings you provide families, remember to explore what is working, areas for growth and what you might try doing differently.
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### **References/Additional Resources**

Achieving the promise of a bright future: Developmental screening of infants and toddlers. (2012, February 8). Retrieved March 01, 2021, from <https://www.zerotothree.org/resources/71-achieving-the-promise-of-a-bright-future-developmental-screening-of-infants-and-toddlers>

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National Institute of Mental Health. (2020). *Perinatal Depression* [Brochure].

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