Community & Recruitment
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NMAIMH competencies addressed
Working with others
• Building and maintaining relationship
• Collaborating
Communicating
• Listening
• Speaking

“No man is an island, entire of itself.”
— John Donne, No Man Is An Island - Meditation XVII

Recruiting, engaging and enrolling a family in home visiting is no easy task! Every manager and home visitor approaches this process in their own unique way. No matter how diverse communities can be in New Mexico, a strategy for recruitment is par for the course in home visiting. Home visiting programs are in areas where there are families, kids going to school, and babies being born. Even in low-resource settings, there are agencies and partners to be made to help guide families to services that improve the well-being of children; this includes home visiting.

In this short article about community and recruitment, I begin with a real situation that happened when I had the opportunity to present a basic Infant & Early Childhood Mental Health promotion piece on brain development to a group of parents in an Early Head Start program. This story will help us look at a number of issues around community and recruitment in home visiting.

A young pregnant woman approached me after the presentation and asked if we could talk privately. We waited until everyone left and one of many questions was: “Why is it so hard to get information about services for me, my baby and my son?” The young woman who I will call Denise was single, staying in a shelter and had a four year old son in the Head Start program. Of all her issues, Denise was mostly afraid of bringing the baby into this world alone. She said she really wanted a doula but could not afford one.
After listening for a good while, I shared information about myself, my job and eventually information about free doulas. I asked her if she wanted to hear about a great service called home visiting.

Now, you all know how difficult it can be to explain home visiting, especially to someone who does not have a home. As I described the unique, free and voluntary service, Denise started to relax a bit and expressed interest in both services. I gave her the contact numbers. Within two days she contacted a home visiting program and a doula. Denise called to thank me and tell me about the appointments she set up for the following week. While this interaction did not address all of Denise’s issues, it helped alleviate one of her greatest fears.

Thinking about all the different places Denise had to go to in order to access information and services made me think again about how our society can be so disconnected, especially for people with high needs. This example speaks to us about the necessity for providers, organizations, and home visiting programs to meet and partner with each other. We often say relationships are the foundation for the work of home visiting. Shouldn’t this be true for relationships with organizations in the community, especially those who serve prenatal to early childhood?

Interactions between organizations including home visiting programs are often referred to as partnerships, community building or collaboration. What does your community look like for families? Do families have to search several agencies to learn about different services like Denise?

This is something to think about in the development of programs. In many ways, I believe home visiting programs are a gateway to a wealth of information for families. But what happens to families who do not have home visiting? How and where do they get information about the critical period between birth and 3 and early childhood services?

Cindy Bernard’s statement from the November 2014 article applies to our work in the community and the recruitment process:

“Sometimes learning and growing means stepping outside of our comfort zone. And because we tend to stick with what’s familiar, we all need to encourage each other to approach our work with an attitude of exploration and curiosity. We need to celebrate our willingness to think about trying something that might be a bit different, we need to share our wisdom, and cheer each other on, because none of us can do this alone.”

Someone has to make the first move toward partnership in the community. When we make contact and set up a time to meet, how do we envision the conversation? This is where effective listening is crucial. Both home visiting program and the partner have to find common ground in the mission to support families. Many times someone has to take the lead with an idea for next steps.
How do we decide who to contact in our community for a partnership or collaboration? It seems obvious at first; we look to other places where families go, specifically families who are expecting or with young toddlers.

Making the connection to Denise in the parent group wasn’t a coincidence; it was the result of reaching out over time and forming relationships to a lot of different people including the staff therapist, the teacher/supervisor, the parent coordinator and the social worker. To create partnerships, both sides have to be interested and see the value in the relationship. Both sides need to know that good things will happen to benefit families. Through this process, referrals may flow both ways and ultimately, the families stand to gain from the partnerships.

Lastly, communicating talking points about your home visiting program is important. It may be helpful for veteran programs to share some of their strategies with newer programs. It takes time and practice, but each time we share our talking points, we improve our delivery. Written information, flyers and handouts, are useful, but do not take the place of conversation with partners and, as yet, unenrolled families. Those conversations, both sharing and listening, are critical. Alan Nadig, Ph.D. says: “We were given two ears but only have one mouth, because listening is twice as hard as talking.”

Questions to encourage discussion and reflection...

- How do you initiate relationship building with providers and/or leaders in your community related to services for young children & their families?
- Is your mission strictly referrals or do you try to raise awareness with the promotion piece around infant and early childhood mental health?
- How do you market your home visiting program?
- Is there any level of early childhood collaboration in your area/community?
- Is there a possibility of common professional development, common referral for services, or shared marketing strategies?
- Are there opportunities to target young families with a presentation on brain development, followed by an overview of services in your area?