

Helping Policymakers See Through the Eyes of the Infant

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In programs serving families with young children, policies—whether national, local, or within agencies—have an impact on: who can be served, what type of services they can receive, who can provide services, and how services are funded. Likewise, success in a program for children and families can be impacted as much by what goes on outside the program as inside. For example, it is hard to make much progress on clinical treatment goals when families cannot fully participate in the type of services they need because poverty or other environmental barriers block their way. No matter where you work or what role you have in the community, it is important to consider how you can influence policies to help bring about system change to improve the lives of very young children and their families. How can you help policymakers see through the eyes of the infant?

This article is a brief review of efforts to make changes with the courts in Seattle and King County, Washington. The successful components and approaches of this work can be applied to almost any policy area and by anyone, regardless of formal training in policy or advocacy. (See Table 1 for an overview of the Steps to System Change.)

Collaboration and Relationship Building

IT IS CRITICAL to begin changing systems with a focus on collaboration and relationship building. Engaging others in your work increases exponentially your ability to make a positive change. First, identify potential partners and champions. It is important here to recognize the limits of your personal influence. You may have great ideas, but communities respond best to respected and familiar leaders. Engaging respected leaders is also a good way to show honor and respect for others. If you focus on respectfully requesting their help to impact change, giving deference to their leadership within their community, they are much more likely to join with you rather than oppose you. In this case, I knew that if I wanted to impact change in the justice system we needed a powerful agent for change—we needed a judge.

Sharing information and resources is an excellent way to draw champions to your work, so long as you do so in a respectful fashion. Demonstrating respect for other disciplines in this process is critical to engaging others. No one, particularly institutions and individuals with strong leadership roles, likes for a newcomer or outsider to just appear and tell them what they should do and how they should act. It is important to remember that being right does not necessarily make you effective. With this in mind, colleagues from the University of Washington Graduate Certificate Program in Infant Mental Health and I conducted informational interviews with community leaders. We provided each interviewee with compelling information and resources around infants and toddlers in foster care and infant mental health. But our conversations focused on finding out what the interviewees perceived were the needs of infants, toddlers, and their families who encountered the courts. This led to the formation, in February 2005, of the Infant Mental Health in the Courts Policy Workgroup. This interdisciplinary group includes court staff, judges, lawyers, public health workers, nurses, mental health providers, Court Appointed Special Advocates, child welfare personnel, social workers, early

intervention providers, and policy analysts, and continues to meet regularly to this day.

One reason for the workgroup's continued success was we started with what they needed rather than with what we needed. Initially, an advanced and somewhat complex day-long working conference had been proposed as the ideal way to launch this system-changing work. The Workgroup exhibited little interest in that idea. However, one of the courts represented did need to fill a lunch-time training slot and welcomed our willingness to address that need for them with the "Through the Eyes of the Infant" training. By being flexible with our plans, and responding to the need expressed by the community, we were able to launch a successful movement for system change that continues to grow. All too often advocates, and those seeking system reform, will become so enamored of a single approach to change (such as a particular event or venue) that they miss the unique opportunities found in much more everyday moments. In this way, infant mental health treatment and collaboration development for policy

Abstract

Policies and policymakers have an enormous impact on how we as individual and communities are able to meet the needs of infants and toddlers. All systems must work together to change how communities are able to support families with very young children. The author shares practical lessons about creating system change by focusing on collaboration and relationship-building, keeping the community interested in the story, cultivating change in multiple areas, and maintaining change over time.

TABLE 1: STEPS TO SYSTEM CHANGE

1. Collaboration and Relationship Building

- Identify potential partners and champions
- Share information and resources
- Start with what they need

2. Keeping the Community Interested in the Story

- Demonstrate relevance
- Share the science
- Show me the baby

3. Cultivating Change in Multiple Areas

- How issues are discussed
- Balance immediate service and system needs
- Consistent repetition of message across disciplines

4. Maintaining Change

- Never stop building relationships
- Keep focusing on the goal
- Keep spreading the message

work are very similar. In both cases, when you focus on addressing the goals of the family (or system) in the moment, rather than only on a pre-identified set of goals, you often find the family (and system) reaches a point of readiness to change much more rapidly than they would otherwise.

Keeping the Community Interested

A STRONG START does not alone equate to successful system change. You must also keep the community interested in the story all the way through to action. Three components have emerged as being essential to both generating and maintaining community interest. Again, I believe these concepts can be applied to any topic you might be interested in, and with any audience.

First, you must demonstrate relevance to your audience. In this case, we discussed startling findings regarding the high number of infants and toddlers in foster care and their needs (Wulczyn, & Hislop, 2002). However, when I discuss the mental health needs of very young children with child care providers I might begin instead with the fact that 42% of surveyed child care programs in Illinois reported having asked a family to remove their infant or toddler from care because the program was unable to handle the child's social or emotional challenges (Collin et al., 2003). What is important at this stage is to highlight how the information you have to share relates to your audience's everyday work. When your audience is elected officials,

it is important for them to know how this relates to their constituency (i.e., the voting public). Keep in mind you do not need hundreds of statistics to make your point, often two to four are more than enough.

In today's policy environment, after you have gotten your audience's attention it is important to share the science. Increasingly, policymakers and leaders around the world are placing high value on research and scientific findings to inform their decision-making processes. In the United States generally, and in my experience in Washington State specifically, there is a great deal of interest in both neuroscience and evidenced-based practice. Neuroscience and brain research in particular are considered to be hot topics, which is reflected in their inclusion in everything from main stream news media (e.g., *Newsweek*) to the proliferation of brain scanning techniques in evening dramas (e.g., *House*). But it is not enough merely to connect your work to research. It is extremely important that you talk about the science in a way that is accessible to your audience. Being too focused on scientific jargon will not only lose their attention, but can be experienced by leaders in other disciplines as being disrespectful or that you are "talking over their heads." It is only a short leap from there to the leaders feeling like you "think you are over their heads" or "above them" or "smarter than them." As I mentioned earlier, the best collaboration building comes about when true respect and honor is conveyed for what each discipline brings to a conversation. In addition, the more you can convey of the science with practical everyday examples, the easier it is for your audience to take that information away from your training and begin to share it with others.

There is also a great deal of interest in many fields in the idea of evidenced-based practice. I believe that the core issue at stake here is that decision makers like to know that there are proven ways to address the issue you raise. For example, in trainings for court-related personnel I highlight effective justice-affiliated, relationship-based, infant mental health programs. In contrast, if I am speaking to a child care audience, I am more likely to focus on mental health consultation in child care. You are much more likely to see the outcome you desire if, as part of sharing the science, you share solutions. No one, particularly decision makers and community leaders, likes to feel that there is a problem that they can do nothing about. If you leave them without any ideas for solutions, they are as likely to begin to resent you for highlighting the problem as they are to work with you to solve it.

Finally, I have found that there is nothing quite as powerful for keeping the community

interested in the story as showing them video of a real baby whenever possible. In part, it is about "putting a real face" on abstract ideas. If you cannot show video, I encourage you to share stories about individuals or families you have worked with. These do not have to be complicated or long stories. They can be simple examples of one small interaction you had with a family. If something that happened one day in a home visit, or was said by a parent in a clinic, impacted you and touched your heart, it is quite possible that it will have a similar impact on others.

That said, there is something extremely powerful about showing a short (3 minute or less) video clip of an infant or toddler. There are most likely a number of reasons for this. With the rise of the internet, Web sites like YouTube, and video cameras small enough to fit in a phone, we are increasingly becoming a video-oriented global society. Also, when telling a story, you typically expect your listeners to create a picture in their heads. When you provide a picture for them, they are free to attend to what you are sharing on a deeper level. Videos seem especially powerful when talking about work with very young children. This may be due in part to the increasingly age-segregated nature of many societies. In



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Policies have an impact on who can be served, what type of services they can receive, who can provide services, and how services are funded.

the US, many times the first time a person may hold a baby in their lives may be when they hold their own baby. Even if one is lucky enough to be around very young children semi-regularly, as adults we often fail to actually focus our attention on carefully watching what the baby is doing. Using videos is a powerful way to grab the attention of leaders and have them really attend to watching a baby for a few moments. This better equips them to see through the eyes of the infant. Because infants are unable to speak for themselves, we as advocates need to speak for them.

I would again emphasize that none of this needs to be complex. A few simple facts and a short story are really all you need to begin. Nor do you personally need to be an individual in a position of great power. Most people in positions of influence want to do a good job. If you consistently and respectfully offer information to help others do their jobs better, you will be amazed at the results. That said, I recognize that speaking out in this way, particularly the first time, can be challenging and is often highly intimidating. Still, I encourage you to gather your courage and give it a try. Consider it like water dripping on a stone. Each individual drop may seem to carry no power. But one drop gathers others and soon you will find the water no longer is diverted but begins to mold and shape the stone itself.

Cultivating Change

ONCE YOU HAVE the community interested in the story, then it is time to cultivate change in multiple areas. I have found that addressing multiple areas of change at the same time provides more opportunities for the community and its leaders to engage in change. One area that I have focused on in my infant mental health work with the justice system is on changing how issues are discussed. The language and terms we use to discuss children and families have a huge impact on how we think about the ways our choices impact their lives. In the justice arena we have highlighted two language shifts we hope to see occur when people talk about what infants and toddlers experience in the child welfare system.

1. “When we move a baby in care from one *home* to another *home* ... or one *placement* to another *placement* ... what we are really doing is moving a baby from one *relationship* to another *relationship*” (Henderson, 2005).
2. “Babies don’t see legal or blood relationships—they only see interpersonal relationships” (Hill & Solchany, 2005).

Having decision makers talk differently about an issue is typically a key first



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Infant and early childhood mental health has emerged as a key focal area for policy efforts.

step in having them change their actions. It also is a nice beginning point for individuals who may want to make changes but have limited power themselves. It is important that people have both grand and more limited ways to be involved. What we found was that shortly after encouraging leaders in the justice system to start by changing how they talked about infants and toddlers, they began to respond to us and demand even bigger changes. For example, shortly after we provided lunch-time trainings, a judge requested we collaborate with the community to provide infant mental health services. What we now know as the Supporting Early Connections project was launched and implemented within 3 years. This project is an effective multisystem partnership providing early mental health intervention for infants, toddlers, and their biological parents; supporting family engagement; and improving knowledge and understanding across systems. By starting with sharing information rather than insisting they change their behavior immediately, we found that judicial officers not only cooperated with change, but lead it.

I would insert a word of caution at this point in the work. You may need, at this stage, to expend extra energy to ensure that you balance immediate service needs with system change. It is important to not become so caught up in expanding services that the need to build system change is lost. In fact, this is possibly the most difficult balancing act to

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Recent Webinars included:

- Region I Consultants in Child Care Settings Serving Infants & Toddlers: An Overview of Types, Requirements, Initiatives, Standards, and Supports (4/15/09)
- Focusing on Infants and Toddlers in State Advisory Councils on Early Childhood Education and Care (1/29/09)
- Finding, Engaging and Supporting Family, Friend and Neighbor Caregivers: Promising Approaches (12/2/08)

strike for advocates in policy and system change. Given that services are concrete and create a tangible product, it is often easier to garner support and resources for expanding direct services than for system changing activities such as cross-trainings, specialized educational opportunities, and collaboration-building work. However, I have found it is much easier to ask leaders (such as judges) to change what they are doing when I simultaneously seek more direct supports and services for the families about whom they make decisions.

If you are going to change systems, you must keep the conversation going over the long haul. For me, that has meant bringing up the needs of babies in a wide variety of policy discussions. I have found that persistence pays both across and within systems. The judges I work with find it easier to give their support to justice system change when they see that state policymakers are also thinking about infant mental health and the needs of infants and toddlers. Systems work in communities, not in isolation. Change is easier if you feel like the whole community is behind these changes, even if individuals work in markedly different arenas.

Consistent repetition of the same message across disciplines and populations is another powerful tool for developing a movement for change. Since May 2005, more than 2,000 individuals involved with the justice, mental health, and child welfare systems have participated in “Through the Eyes of the Infant” trainings I have conducted. In addition, I developed a training designed for a broader early childhood audience including parents and child care providers—“Babies, Brains and Relationships”—which has been provided to over 1,000 individuals. These trainings share similar core messages even though they are designed for different audiences. The core messages they share include:

- Early relationships are important
- Babies and toddlers do have mental health
- Changes to relationships matter to babies
- Babies need a special someone
- Relationships take time and need support

It has been very powerful that so many people from such diverse backgrounds (judges to janitors, law makers to librarians) can now discuss with each other what babies need using similar vocabulary. I have been repeatedly told by child welfare workers how much easier it makes their jobs when people who are not in their field (i.e., social work), but still hold great power in their daily work (i.e., judges), “speak the same language” they do when it comes to infants and toddlers.

Maintaining Change

A MOVEMENT FOR positive change has begun in King County specifically and in Washington State more generally. This means now we must focus on maintaining change. It is easy, once change truly begins, to fall into the trap of resting on your laurels and becoming complacent. It is vital that you not let this occur. I find there are three important components to keeping change going once it begins.

First—never stop building relationships. As Dr. Kathryn Barnard has noted, policy and infant mental health work share a similar mantra: “Relationships, Relationships, Relationships” (personal communication, October 2, 2003). By treating each person you meet as a potentially honored contributor to improving systems, you will be surprised by the sheer number of individuals who will join you in your work. I would again emphasize my belief in the critical importance of maintaining an attitude of respect and honor for all you encounter. It is easy to fall into one of two traps in this regard. First, be cautious that your expertise in one arena does not interfere with your continually learning from others. Second, keep in mind that the goal is system change—not your own personal glory or credit.

Relationship-building takes time. That means you must devote time to networking, connecting, and building relationships with others. That may range from answering questions over email, to having tea with a colleague, to giving your business cards to those you meet at conferences and other events. These activities may seem nonproductive on the surface, and are often not billable, but are actually essential for long-term success.

Second—keep focusing on the goal. My personal vision is a stronger, more secure future for very young children in Washington State and beyond. However, it is easy to lose track of the big picture or not see the forest for the trees. Reminding yourself of your long-term goal can also revitalize yourself and others. Too often, the minutia of everyday work can drown out the dedication and excitement that brought us to the work in the first place. Also, effective system change involves frequently stopping to say “Is this working?”, “Is what you are doing accomplishing your goal?”, or “Do you need to make a mid-course correction?” If you do not keep your focus on the larger goal, it is easy either to answer these questions incorrectly or to forget to ask them at all. It is best when systems do not change just for the sake of changing, but to accomplish some purpose.

Finally—keep spreading the message. Persistence pays and we all learn better through repetition. In my experience, continually being a voice for babies wherever

you go engages more than it bores others. First it allows you to improve and tighten your message. Each time you repeat trainings, testimonies, or use other opportunities to advocate, you learn a little more about which phrases, examples, and facts resonate best with different audiences. Second, over time, you become a resource for policymakers. When they have a question about an issue related to early childhood mental health or the needs of young children, they will reach out to you. And finally, repeating your message over the years (yes, I did say years) is like repeating a simple and familiar tune. Given time others will join in knowing you are there to carry the melody. Repeat your message over and over, and soon you will find that what began as a quiet solo performance has swelled to a full chorus. Every new voice will add depth and complexity to the song. ♪

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“Through the Eyes of the Infant” training for court-related personnel was originally developed by D. Henderson and B. Grellong with the Judicial Consultation Project in New York. Ms. Henderson graciously shared the core materials of this presentation with the author and granted permission for the training to be modified to meet local needs. Ms. Henderson continues to provide “Through the Eyes of the Infant” training in New York and surrounding areas.

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