

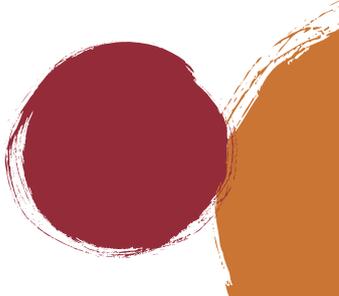
MODULE 2

**THE NEW ROLE OF
THE HOME VISITOR**





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INTRODUCTION

I



KEY MESSAGES - why is this topic important for you?

Strengthened communities need not just people to survive and live longer, but also to live well. Early life is a wonderful opportunity to invest in how children grow and develop.

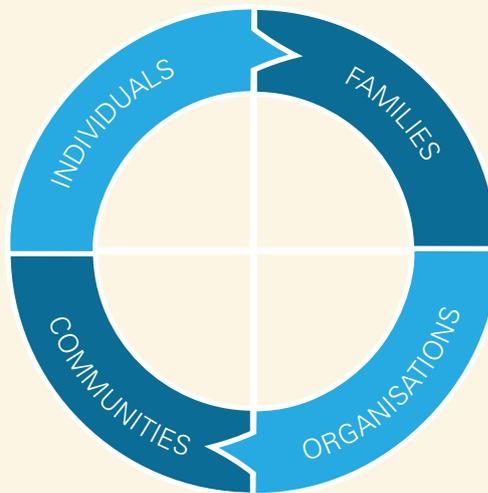
- Meeting families in their own settings and homes provides you with the chance to really understand and recognise the resources surrounding children and the opportunity to create safe enriching environments for learning, development and positive fulfilment.
- During your home visits, you can offer a range of health and child development knowledge and skills in a non-stigmatising way to engage those who are reluctant or fearful to engage in other government services (e.g., social services), and through home visiting, you can take the service directly to families who can benefit from helping relationships.
- Through your professional understanding and connections with other services in the community you can provide an important link through advocacy and referral between vulnerable families and a wider infrastructure of support.
- By delivering a universal model of prevention to support early child development, you can fulfil the professional aspiration to make a difference to young children and families and be guided by values concerned with valuing all human life, creating good health, and appreciating the different circumstances that impact on family life.
- Working in a professional manner and investing in a positive professional image of the service is critical to developing trusting relationships with families. This provides an important basis for encouraging families to engage with services and access community programmes, such as immunisation schemes, designed to improve population health.
- Your role involves working with children, keeping them in-mind and making their needs visible, within the context of the wider family and community. You will work with the family members to identify strengths and human resources. They are located within communities and by knowing families living across a setting, you can help with the growth of new supportive community networks.
- Finally as a professional, you are working to rules and regulations of organisations to ensure you provide safe practice and work within available resources.



LEARNING OUTCOMES

This module will assist you in understanding the importance of your role and responsibility for demonstrating professional practice when delivering the home visiting programme and working with individuals, families, communities and organisations.

Figure 1. The dimensions of the professional role



After completing this module, you will be able to:

- **Reflect** upon and explain the important role professionals like you play in improving the lives of children and families
- **Detail** key elements of home visiting professional practice necessary for successful service delivery
- **Identify** principles that support effective working and liaison between professionals from health and other sectors
- **Explain** approaches for raising concerns and taking action to safeguard the interests of young children.



Important points

As a home visitor you will travel on different journeys with families. It is a fantastic and privileged role that provides you with a unique insight into the lives of others and a real opportunity to reduce suffering or promote opportunities that may otherwise be missed.

Thank you or everything that you are doing for young children, their families and communities!



BACKGROUND: THE ROLE AND YOUR PROFESSIONAL ASPIRATIONS

'Considerable progress has been made in improving child survival. However, in order to help children reach their full development potential, to avoid later chronic disease and to move towards sustainable development and social equity, the child survival and child development agendas need to be intertwined. (WHO, 2013, p. 13).

Home visiting during pregnancy and the early years is an important strategy for reducing inequalities, improving health, and helping children achieve their potentials. Through home visiting, you are offering the opportunity to:

- Provide education & guidance,
- Strengthen infant care in all families and promote resilience,
- Identify high need and take action to address risks and vulnerability, and
- Make the invisible, visible.

However this requires a skilled and professional workforce of home visitors (Engle et al. 2011).

Modern day home visiting nurses are employed across the globe offering services that aim to promote health and human development in families with young children. However, the educational preparation, precise scope of practice and titles used vary from country to country. For example child focused public health practitioners are known as:

- Health visitors in the UK, Denmark (Kronborg et al, 2007) and Norway (Ellefsen et al, 2001)
- Public health nurses (PHN) in North American countries, Ireland (Cawley et al, 2011) and Japan (Saeki et al, 2007)
- Child health nurses in Australia (Kemp et al, 2006) and Sweden
- Social health nurses in Belgium (Grietens et al, 2004)
- Patronage nurses in some former Yugoslavian countries (Kisman & Donev, 2007).

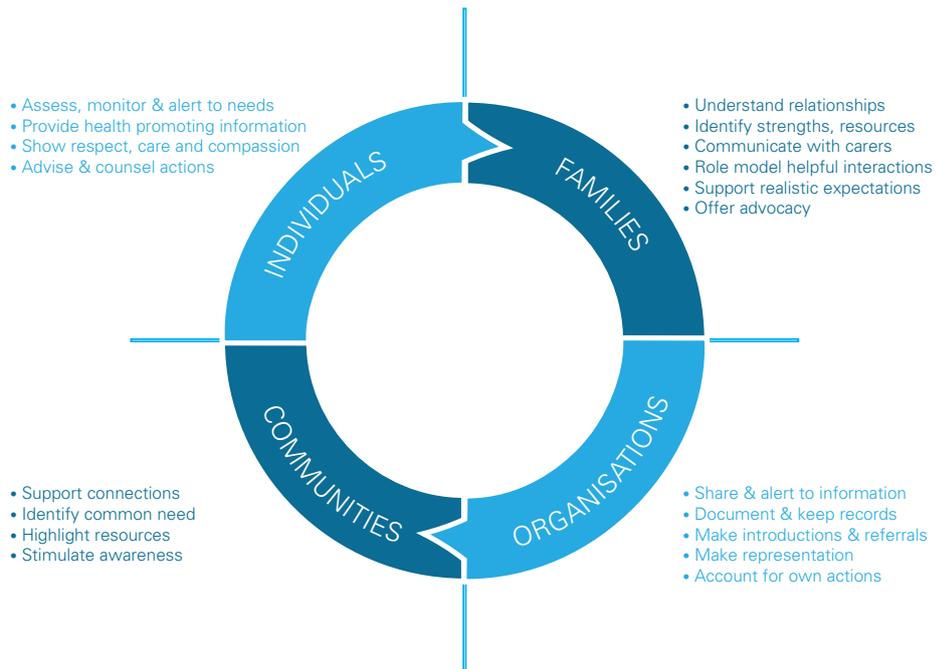
Similar to these is the family health nurse (FHN), piloted in Europe to address the changing needs of populations (WHO Europe, 2006). Although with a cross-generational (on all age groups) focus, the FHN role could be said to be more generalist than other PHN roles directed at promoting health in early childhood.

This variation in titles and roles for nurse home visitors means there will be an inevitable difference in starting points for each country. As a result the difference between the existing roles and the new role presented in this module will also vary. However, a common difference will be seen in the practice of proactivity and professional decision making on the part of the new home visitor. It is likely that in the new role home visitors will need greater autonomy in order to plan priorities, daily work schedules and when and who they liaise with in order to provide relevant and necessary support for families. Below is a description of the breadth of the role and an opportunity to reflect on what your existing expectations are for this new role of the home visitor.

The Comprehensive Role of the Home Visitor

A comprehensive role can be very broad, because it involves thinking about all the factors influencing a child's life as well as the influences on the home visitor themselves. To summarise it is useful to consider the role against the dimensions of the individual, family, community and organisation. This has been set out as a summary in the diagram below (Figure 2).

Figure 2. The role actions with the dimensions



Reflection and discussion

You need to keep a reflective diary whilst completing this module; this may include your thoughts on what you have done, learned or observed. Write about your thoughts and experiences, the things you enjoyed, the things you have done well and the things you could have done better.

- Consider your expectations of the professional role of the home visitor.



Video clips

Watch this video about the role of a home visitor in Serbia available at: <http://bit.ly/1BLUwbw> or <https://www.youtube.com/watch?v=uCN06LF-x8A&feature=youtu.be>

- Now give some thought to the skills you need to deliver the role working with individuals and families, who are part of whole communities and who make use of the services of different organisations.



Information cards

Use Information Card 1 with the reflections template to start your reflective diary.



SECTION 1

1. THE PROFESSIONAL PURPOSE

Home visiting is distinctive. It provides a focus on the family and individual during pregnancy and after birth. It makes the invisible, visible.

By meeting people in the home it is possible to develop an insight to their situation, providing a good base for:

- Realistic assessment
- Identifying strengths/assets
- Working with individuals
- Addressing common difficulties
- Achieving good parent engagement in services (Astuto & Allen, 2009)

Skilled home visitors will match interventions to individual need (Turner et al, 2010), but at the same time provide a link - connecting families to neighbourhood resources and working to ecological principles.

You as the home visitor are working across layers as shown in Figure 2, recognising that the child's experiences are influenced by the family situation, which is in turn influenced by the neighbourhood and wider environment. This means you are working with ecological principles which are represented in the *Information Card 2*.

Figure 3. The ecological layers of influence and resource

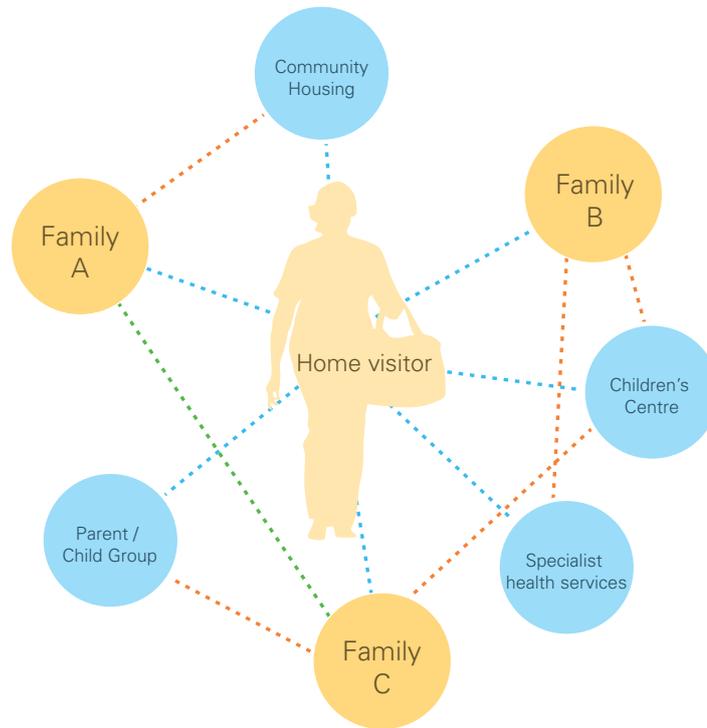


Home Visitor at Heart of the Service

With a purpose of working across layers within a community, helping to put children in contact with important resources and offers of help, this places you, the home visitor, at the heart of the service. This is shown in the example in Figure 3, where the home visitor working with colleagues in a team will act by:

- Having a connection with each family individually and each service shown with the blue lines
- Connecting families with other community services and resources, shown with the orange lines; and also by
- Helping families use one another as a source of assistance, shown as an example with the green line.

Figure 4. The Home visitor at the heart of the service.



By helping the growth of new relationships between families, you can help create stronger communities. This is sometimes describes as building social cohesion in a community – making it stronger to care for its members (South Bank University, 2006).



Values for Practice

A review of published literature (Cowley et al, 2014) noted that home visitors need to have a value base that promotes quality care and positive client experience. This is represented in the Information Card 3.

You demonstrate this during your home visits through your behaviours and interactions when working with families. These values are informed by three principles.

1. Is salutogenic (health-creating) – identifying strengths to seek solutions and being pro-active.
2. Demonstrates a positive regard for others (human valuing), through 'keeping the person-in-mind' and matching practice to the need of the person and not giving up.
3. Recognises the person-in-situation (human ecology) – so when assessing needs, it always acknowledges individual circumstances and works across the levels shown in figure 4.

Why do individuals like yourself become home visiting professionals? For home visitors in the UK who took part in the Start and Stay Study (Whittaker et al, 2013) which examined why nurses chose this role, they explained that it could be a very humbling role and it was a privilege to work with the families.

A student home visitor commented:

It highlights peoples' strengths in the face of adversity.

A qualified home visitor (UK health visitor) commented:

No two families are the same and each and every birth notification and "movements in" presents exciting challenge. The first time you knock on the door you are starting a new and exciting journey.



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Like the open doorway you see here, the role provides an opening (opportunity) into people's lives. Pregnancy and a new birth, is a new beginning, and the home visitor goes through the doorway to join the family and to guide it in taking a healthier path into the future. Although you cannot see the end of the path, the uncertainty creates an exciting challenge. In this picture, the path has some shadow and sunshine. Following the path means moving perhaps from darkness and uncertainty, into light and great clarity. It is the role of the home visitor to support the parents in taking this path and overcome challenges as they grow and support the development of their new baby.

Going on a Journey with the Family

You as a home visitor will work alongside the family over time, from pregnancy through to early childhood (Figure 5). You will be available to support parents who teach their children and help them reach developmental milestones.

Figure 5. The family journey by pictures

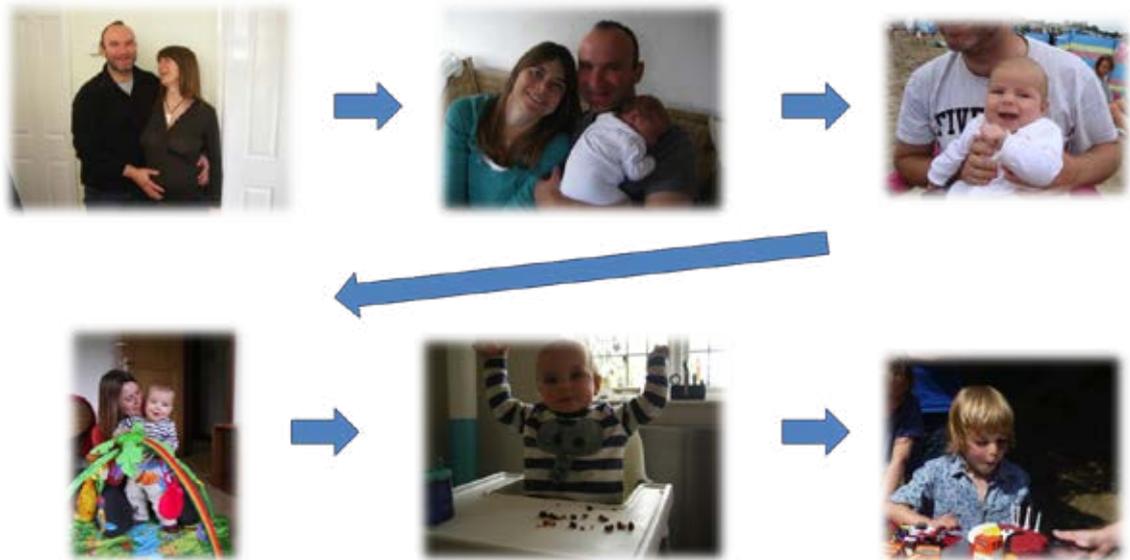


Photo credit Whittaker 2008, 2009, 2009, 2010, 2010, 2012

Seeking Family Strengths and Offering an Asset Focused Approach



Case studies - Case study 1

Consider the following case study example.

A family living in a two bed-roomed rented flat with four children under the age of 10 years, including a new baby. The next youngest child, aged 2.5 years has patches of eczema on his back and legs and he has some creams that have been purchased from the pharmacy. However the eczema continues to itch and disrupt his sleep. The mother usually works part-time although she is currently on maternity leave. The father had recently taken 5 weeks off work for an operation but had been able to help around the home. The mother really appreciated this as she found it 'difficult to fit everything in with the new baby and with the other one not sleeping'. Having four children meant 'it's just running backwards and forwards ...' to get the children to their schools for which they are often late.

A home visiting nurse had completed the usual baby checks and provided valuable emotional support. The eldest child had seen the family doctor and the parents had seen a solicitor/lawyer over an accident at school. During this time the parents have had some confrontational conversations with the school teachers and lost their temper. The family had moved into the area quite recently and now had little support from their relatives. The mother had made a couple of friends who would provide child care on a reciprocal basis.

At the last visit made by the home visitor, the mother was tearful saying she felt bad as she just couldn't be the mother she needed to be for the new baby. When the baby cried she felt uncertain how to settle him and didn't believe she had the patience to care for him properly.

This scenario shows a family living in difficult circumstances and the mother particularly facing a lot of demands. When the home visitor is confronted by the parent in distress, there is a possibility that the conversation will be focused on the problems and difficulties, with little acknowledgement of achievements and the family strengths. This would be a 'deficits focused' approach that supports conversations that concentrate on problems. An alternative, 'assets focused' approach would concentrate on the strengths and resources within the family and use these when giving consideration to the problems. In a detailed analysis of what is meant by health assets, Rotegård et al (2010, p. 522) identified that they comprise 'the patient's experiences, preferences, and knowledge'. These authors explain that when nurses can understand what the assets are in each situation they can ensure that the support provided is relevant to the needs of the individual and family. This allows people's strengths to be appreciated and used (Rotegård et al, 2010).

To be assets-focused the home visitor should introduce a conversation that demonstrates an understanding and appreciation of what the parents have to offer, what they value and believe is important to their family. As the home visitor you will help the parents recognise their strengths and use these to seek solutions and plans of action for the things they find challenging about their life. Whiting et al (2012) suggest that this will help the parents to:

- think positively about their situation,
- be realistic by thinking about what exists,
- share a common understanding of their situation and
- discover more about themselves and their own potential.



Self-assessment

From the above case study scenario, identify the assets and the home visitor activities (what you might say and do).

Possible answers	
Assets	What the home visitor can say & do
<p>Mother’s desire to be a good parent,</p> <p>Father’s willingness to help with household chores,</p> <p>friends who they can sharing child care with,</p> <p>Parents’ concern to act on their child’s behalf when he had had an accident,</p> <p>Willingness to tackle the issue head on,</p> <p>Willingness to trust and confide in the home visiting service, self-awareness, employment, and therefore an income.</p>	<p>“You have done such a good job at keeping up with things and you’ve done this whilst feeling sleep deprived.”</p> <p>“You have a good awareness of the needs of your children.”</p> <p>“It is wonderful that you’ve developed friendships with other mothers and can share some child care. That must also give your children the chance to play with other children in a different environment.”</p> <p>“What are your dreams for the future?”</p> <p>Ask what has worked well when you help out other mothers.</p> <p>The home visitor could draw an eco-map with the parents to help understand what the parents recognise as resources – whether they know about other resources or help sources in the community, e.g. a housing charity.</p>

2. WHERE AND HOW IS SUPPORT PROVIDED?

Settings

To work across the layers of influence impacting on the child, you are also connected to the wider community. This means you are visible to families in different settings and need to consider how you present yourself in each situation. The settings can be described as professional, public and private spaces:

- The clinic - professional setting

The clinic or community centre is where a family needs to feel welcomed to encourage use of the facilities and services. Research shows that an invitation alone is not enough to ensure good use of service – families need to feel welcomed and the service must be relevant to their needs (Whittaker & Cowley, 2012).
- The community - public setting

The park, school playground, etc., can be places where home visitors ‘bump into’ families. Because this is not a private space, care must be taken not to talk about sensitive or confidential topics, however opportunities can be taken to offer invitations to clinics, parent groups, or to plan a home visit. Meeting families in public settings may also provide the opportunity to introduce parents to one another, though respect for the parents’ wishes remains important.
- The family home – private setting

The home visit provides the basis for the universal progressive service. Meeting families at home is a core aspect of your role and gives you the opportunity to get to know each family and build a relationship (see Information Card 4). The home is an important space where health and social needs can be assessed, offering privacy to ask difficult questions and the chance to observe what resources the family has to protect and nurture the growth and development of their child. However as a guest, you must be respectful of cultural preferences and family customs.



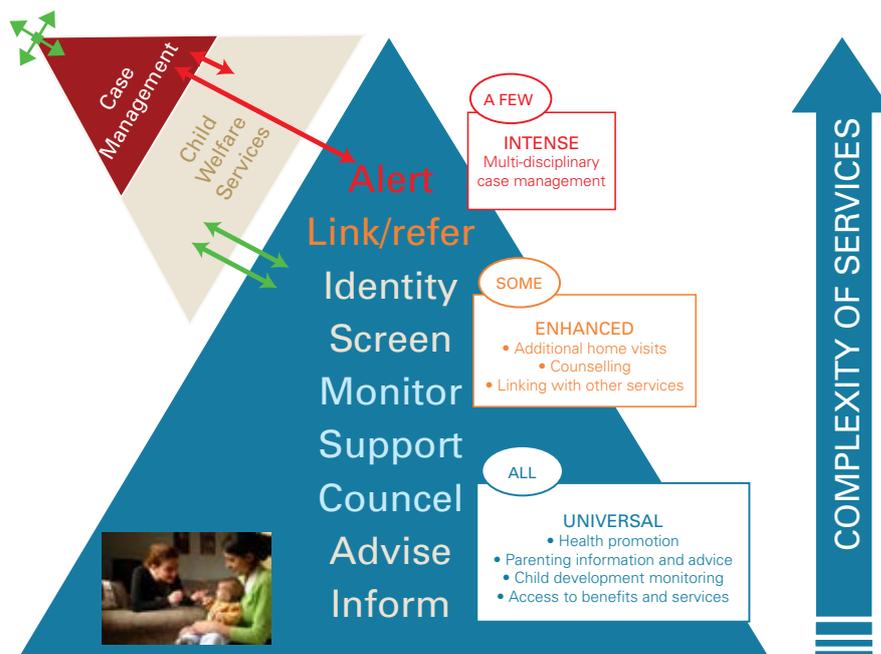
Reflection and discussion - Building Community Networks

An important role of the home visitor is to improve the lives of children and families. This can be partly achieved by helping families connect with each other. To do this exercise, go to the Information Card 3: Building community networks.

3. A FRAMEWORK FOR PRACTICE –THE UNIVERSAL PROGRESSIVE MODEL

The way in which Home Visitors offer their services differs according to the circumstances of each family and their identified need. All families with children under three years of age are offered a range of universal services to support them with parenting, child development, parental attachment, maintaining a safe family environment and access to other community services.

Figure 6. UNICEF Schematic of the universal progressive home visiting model



Sometimes, the wellbeing of families and children may be threatened by factors that are individual, parental or caused by family circumstances. We call these ‘vulnerabilities’. It means that something about the child, parent or family is creating a risk of poor physical, mental or developmental health or the capacity to care for themselves. These vulnerabilities, if not addressed, could mean that children are at risk of not developing to their full potential. In such cases a more enhanced service would be offered. When complex difficulties are identified the home visitor will work with other professionals in an inter-professional team with the family to increase access to specialist help.

Notably the home visitor maintains contact to ensure ongoing access to universal services, even when the family has been referred for specialist support. This means you will remain in your ongoing and central relationship with the family, even when the family is using the services of other agencies.



Additional resources

To be familiar with regional recommendations for home visiting, read the UNICEF Recommended Standards for Home Visiting in CEE/CIS.

Core Practice Actions

There are core activities that the home visitor will engage in as part of providing a universal progressive service that can alter in intensity depending on the child and/or the family's needs. These are shown in figure 5 and starts at the universal level with information and advice, moving to identifying difficulties and then taking action by involving other services when complex needs are established.



Case studies – Case Study 2

The home visitor telephoned a new mother to make an appointment to visit when the baby was 2 weeks old. Whilst speaking she explained that as well as offering a visit she was available at a community centre 3 mornings a week where she provided advice on infant care or was able to introduce parents to the other neighbourhood services accessible through the centre. The mother said they didn't really want a visit as they were *'managing very well and they had lots of friends to help'*. The following week the mother came to the community centre to find the home visitor as the family wanted some advice on how to get the baby to *'stop crying and sleep'*. The home visitor asked the mother how she was feeling, at which point the mother became very tearful. The home visitor sat quietly with the mother, then, speaking gently noted how the baby appeared to like being held by the mother, and that the mother must be exhausted with the continual feeding. She then offered to visit at home where they would have more privacy and time to observe a breast feed. The mother accepted the offer and an appointment was made for the following day.



Self- assessment

Explain what other core practice actions you can identify?

For each of these actions state why they are important for professional home visitor practice?

Example core actions may include:

Making an introduction: = if the reason for contact is not clearly understood the parent may be suspicious and reject the offer.

Being available: = being present in the neighbourhood increases the chances of becoming known and endorsed by other parents. It also helps the home visitor know the community and resources available for families.

Calm, gentle speech: = first impressions count! Giving attention to 'what you say', 'how you say it', noting tone and speed of speech as well as non-verbal signals from facial expressions, are all important to help engage parents and communicate genuine interest.



Self- assessment - Core Practice Actions

To complete this self-assessment think about the three families you identified for the activity on building community networks. From the following list of actions that are part of the Universal Progressive Home Visiting model identify why it is an important core practice, noting why these actions may connect and overlap:

Core practice	Why it is important	Identify for which of the families earlier, this core practice is very relevant and why	A community service or resource you could work with or use for delivering this core practice
EXAMPLE Inform	EXAMPLE So family can have choices and make decisions based on accurate information	EXAMPLE Family 2, because they are new to the area and have no relative/friends living locally they lacked knowledge of local area and services	EXAMPLE A parent and child play group
Advise			
Counsel			
Support			
Monitor			
Screen			
Identify			
Link/refer			
Alert			

4. PROFESSIONALISM

What it means

Professional practice is demonstrated by what the home visitor says and does. The home visitor's behaviours and actions when interacting with others will have a powerful impact on how she is understood and her reputation. The characteristics and behaviours necessary for demonstrating professionalism may develop early in a person's life, but can also be developed as part of continuing education and training in the work environment. Role modelling is very important for developing an awareness of what behaviours are appropriate in different workplace situations.

In a study involving a range of health care professionals, the UK Health Care and Professions Council (HCPC, 2014) explain professionalism as a

'... holistic concept, and as a multidimensional, multi-faceted construct consisting of professional identity, professional attitudes, and professional behaviour.'

Working to agreed standards for practice

Standards for professional practice provide guidance for the home visiting role, which help the home visitor and others develop a shared understanding and reasonable expectations. These standards can be understood as a set of regulations for the practitioner and therefore provide rules to work with.

'Regulations provide basic guidance and signposting on what is appropriate and what is unacceptable, but act as a baseline for behaviour, more than a specification. *The true skill of professionalism may be not so much in knowing what to do, but when to do it.*' (HCPC, 2014)

Professional standards are important for helping home visitors to manage themselves so that they can fulfil the professional role, demonstrate trustworthy and safe practice and project an appropriate image of the service.

As a practitioner working with recognised standards for practice, you will need to:

- respect rules but raise questions about uncertainties,
- note the range of responsibility,
- document actions as they occur,
- liaise with others to co-produce (develop together) plans of action, and
- be able to account for your own actions.

The behaviours listed above are all markers of professional practice.

Working with other professionals

To achieve the best services and outcomes for families', home visitors will also need to work closely with other professionals, developing partnerships to ensure care is co-ordinated and comprehensive. There can be challenges to this, especially when professionals do not share the same employer, primary focus or purpose and group identity. In such circumstances, communication can be slow and difficult to establish. Communication errors are known to be a main cause of adverse events in services and client care (Leonard et al 2004), therefore effective communication between professionals is very important to safeguard the interests of families. Establishing good communication will require working out agreed mechanisms for sharing information, such as use of e-mail, telephone and face-to-face meetings. Strategies recommended by Owens (2009) for supporting good communication include:

- Establishing telephone contact
- Using communication books or diaries
- Inviting the other professional to plan joint appointments with the family
- Attending training or information sessions provided by the external professional
- Attending one off or regular meetings.

Time will need to be committed to communication, and opportunity should be taken to understand the roles of other professionals and sectors. Research on inter-professional (involving different professions) education shows (Darlow et al. , 2015) how this shared learning can help each professional to understand each other's roles, and this then makes it easier to form good relationships and strong working partnerships.

Making the effort to working in partnership with other professionals and families is everyone's responsibility. As a home visitors you have a responsibility for thinking about how you can initiate a partnership with another sector if it could lead to improved services and help for a family. Information sharing is an important part of partnership working as it can promote a better understanding of needs, help with assessment and thereby strengthen referral systems.

See also the Module 15 on Working with Other Sectors.



Important points

To consider your own contribution to developing partnerships, take time to reflect about:

<p>How do you promote active information sharing with your colleagues form other disciplines or sectors?</p>	
<p>Which colleagues do you work in partnership with and how do you measure the impact of your partnership working?</p>	



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Professional image

The direct contact you, as a home visitor, have with others (parents, community members and other colleagues) will create a professional image of the home visiting service. This applies to contact by phone, written e-mail or letters and when meeting in-person.

These different types of contacts allow others to create an image of the service. This image is important because it influences how much individuals' value, trust and then make use of any service offers. A poorly used service or a service that does not engage with others, or only

with certain groups of populations, will not be efficient. It will not be successful in making a difference to reducing vulnerability and improving the health and wellbeing of young children and their families. A good professional image can encourage parents to ask for help when they need it most, for example when a baby cries excessively. Asking for help early can help prevent parents acting without thinking and angrily shaking or hitting their baby in frustration. This dangerous behaviour can be prevented if they have trusted professional home visitors they can call on for advice.



Important points

Thinking about our interactions with others helps us understand the professional image we display and whether others will engage with us. Remember how we appear and sound forms most of the immediate impression and so can influence how our words are interpreted

(see also the Module 10 on Caring and Empowering – Enhancing Communication Skills for Home Visitors).

Things to keep in mind are:

- Eye contact
- Relaxed facial expressions
- Tone and speed of voice
- Tidiness of clothing and personal hygiene (hands, hair and handkerchiefs)
- Types of questions – open or closed?
- Words used
- Whether promises are honoured
- Whether words used are consistent with body language – being authentic
- Being honest and reasoned
- Being respectful of others (colleagues and clients)
- Use of social media (Facebook profiles)

5. INTERACTION WITH OTHERS

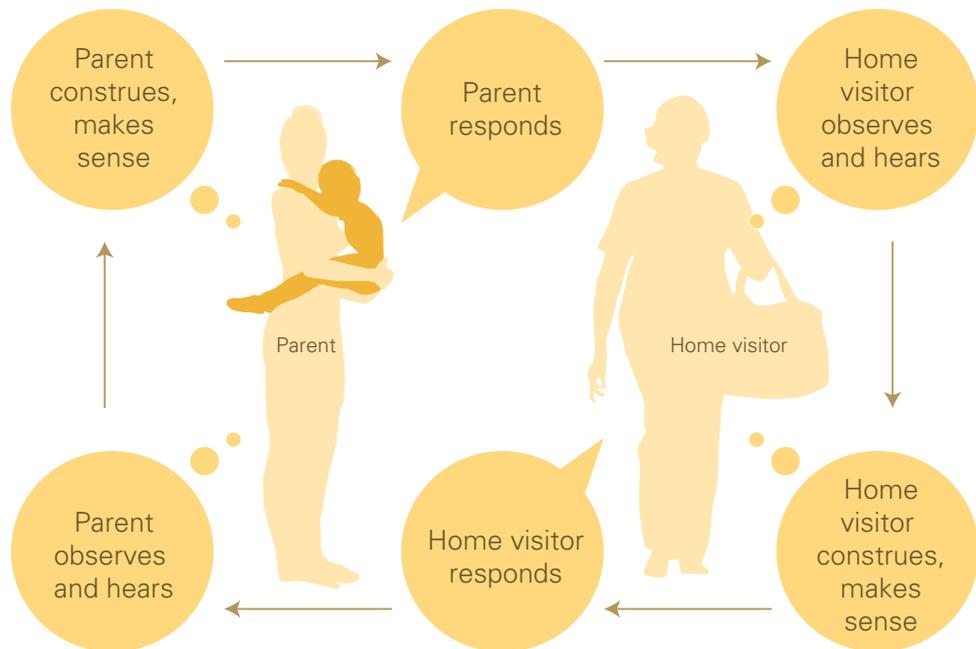
Research emphasises the importance of home visitors' interactions with parents (Donetto et al, 2013).

The parent adviser model developed by Davis et al (2002, p. 112) explains interactions using the theory of personal constructs (see below). Home visitors can demonstrate helpful responses if they carefully observe and listen to make sense of the parent's behaviours.

This means checking one's own attitudes and assumptions to avoid imposing one's own views and seeing what one expects to see, rather than what is actually in the parents' response (Chalmers, 2012). A helpful, friendly and respectful response from the home visitor is more likely to encourage the parent to engage as they observe her response and interpret it as an indication that the home visitor is genuine and the interaction will be of value. Research by Whittaker et al (2014) suggests that this will support an opportunity for greater depth in the home visitor-family relationship.

Importantly, by behaving in this way with the parent and with other family members, the home visitor is role modelling positive social interaction skills in the family home.

Figure 7. Interactions using Personal Construct Theory



Communication and Counselling – using promotional guides

An important purpose of communicating with families is to help the parents focus on the needs and priorities of their growing baby and children. Crispin Day, a parent and child researcher, and his colleagues have developed ‘promotional guides’ that can be used in the antenatal and early post-natal period to assist practitioners in developing a partnership-based approach when working with parents. These guides can help parents and home visitors work together to explore the parents’ experiences; identify, assess and prioritise family strengths; and develop plans of action to address priorities for strengthening nurturing relationships and child development (Day et al, 2014).



See information Cards 5 and 6, for examples on how to use promotional interviewing in working with your families.

When using the promotional guides, it is recommended to have both parents or partners present. If a mother is not married or does not have a partner, then you can encourage her to involve a trusted friend or relative in the visit. The guides are most useful when they are integrated into the conversation with the parents, and you should avoid presenting the items as a list of questions as if the interaction was an interview with the parents. To achieve this you will need to become very familiar with the topics listed in the guide and recognise when to move between specific topics depending on the responses of the parents. Using the guides in this way will help you and the parents explore important issues together. With some experience and practice, you will be able to blend the guide topics in with other routine areas that you are required to cover during a home visit, and completions of all topics within each guide should take about 60 minutes.



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Visits from the parents' perspective

Chalmers (2012) also encourages us to consider the visit and the interactions from the client's perspective. Planned visits from anyone to our home can provoke an amount of anticipation and, for some of us, a desire to prepare our home, ourselves and/or our children. It is worth noting that concerns about inviting professionals into the family home may cause some parents (as in case study 1) to refuse or delay a visit.

The home visit from a professional is different from those involving friends or relatives: the home visitor is the one who initiates the contact, determines its purpose and often, its length. This influences the experience of the parent/s who during the visit will be making judgements about attitudes, trustworthiness, friendliness, knowledge and the home visitor's personal appearance.



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These parental judgments will influence how the relationship develops and how the home visiting service is perceived. Indeed the relationship and the ongoing offer of contact are crucial factors for achieving successful service delivery (Russell, 2008).

During home visits, parents are invited to spend time concentrating and listening. They are encouraged to reflect on their feelings or to discuss emotional issues. This can be a tiring experience for the parent, especially if they are also caring for infants or young children or are facing other problems (e.g., unemployment, poor living conditions, etc.).

From the parents' perspective, the experience of home visits and conversations with their home visitor should leave them feeling listened to and heard. Day et al (2014) added that if communicating effectively, parents should have the opportunity to summarise key issues and priorities. They need to feel that their home visitors shares with them an understanding of their strengths, resources and concerns and is ready to work with them on plans and actions. This does however require effort from the home visitor and the family.



The Home Visit from the Parents' Perspective

Take information Card 7, read the following statements and take time to reflect on the attached questions. Write down your thoughts.

Use the Information Card 8 and complete an assessment of your views on how far professional home visitors can make a difference to children and families.

6. SUMMARY OF SECTION 1 AND WHAT YOU HAVE CONSIDERED SO FAR



Final summary

Your home visiting role is important because it is at the heart of the service – offering continuity and connections to families.

There is a clear professional purpose working across a community and reaching families and individuals, particularly those that would not have accessed other services.

There are core practices for service delivery.

How you present yourself is important for engaging with families and colleagues.

Through using reflection, you can consider what families already know and what new knowledge and skills they need to continue to develop.



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IV

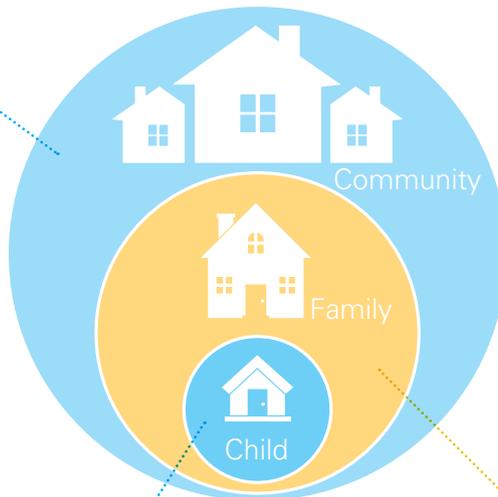
SECTION 2

1. VULNERABILITY AND RESILIENCE

A period of life when humans are at their most vulnerable is between conception and 24 months of age, and some of the risk comes from inadequacies in nutrition, infections (HIV, sexually transmitted infections), substance use, and poor mental health of caregivers (Lundberg & Wuermli, 2012).

Variables that magnify these inadequacies to make some families and children more vulnerable and in need of support include: poverty, lack of education, poor literacy, poor housing and exposure to violence. These can be described at an individual, family and community level. The Home Visitor needs to have the knowledge and skills to support families in the situations noted and during these critical early days.

The community level is where the environmental, social and economic factors such as unemployment, poor quality housing and low educational attainment affect an individual's chances of achieving wellbeing. These can be of a temporary nature or may be more longstanding and serious.



The family level is where one or more members of the family is affected by physical, mental health problems or long term disability.

The individual level is when someone is unable to care for him or herself, or unable to protect him or herself against significant harm or exploitation.

Surviving risks and adversities in life is explained as resilience. For children, their resilience or 'capacity for positive adaptation in the face of adversity' (Lundberg & Wuermli, 2012, p. 248) depends to some degree on the nature of their relationships with their caregivers, the resilience of caregiver, and the wider community (Masten 2010).

Managing Risks

To achieve one of the primary purposes of home visiting, i.e., to support good health, wellbeing, and development, you will need to manage risk.

Risks for injuries, ill-health, or poor developmental outcomes occur at three different levels:

- individual level, for example alcohol abuse in the pregnant woman leading to fetal alcohol syndrome or smoking to low birth weight;

- societal level, where poor immunisation uptake can lead to disease outbreak such as measles;
- environmental level, where families living in an urban area, near a busy highway can suffer the effects of air pollution or have difficulty taking children to safe play areas where they can exercise whilst playing.

Preventing injuries, ill-health, and poor developmental outcomes requires different approaches at each level. Some of these approaches include education, public awareness campaigns, legislation and enforcement, engineering, and modifying the environment

(see also the Module 9 on Home Environment and Safety and the Module 7 on Parental Wellbeing). Many risks must be addressed at more than one level, and often at all three.



Important points

If risk to health, wellbeing, and safety is high and immediate, you must act without delay, following referral protocols and or calling for emergency intervention from health or social care services.



Additional resources

In Scotland a National Risk Framework has been developed and home visitors and other professionals are required to work with this framework – see: <http://bit.ly/1CZLEnM>

A key responsibility in all situations is to document any actions taken (with a signature, date and time). This should be completed immediately after the event to ensure accuracy. The information is very important to the family and all involved professionals as it may influence future care and service requirements.

You can learn more about safeguarding the interests of children and vulnerable in the Module 14 on Keeping Children Safe from Maltreatment.

Supporting Resilience

One of the ways in which you can take action in your home visiting to improve child and maternal health is to support the development of resilience. Action can be taken by:

1) Reducing risk exposure – for example, providing health education information and supporting a parent through a smoking cessation programme that would reduce the toxins risks to the unborn child or infant. Provide information to a parent experiencing violence in the home to increase options to move to the place of safety and away from danger and high stress environment. Where couples argue and experience difficulty in ‘getting along’, provide information about couple support programmes and guidance on strategies for managing tempers and learning to communicate more effectively.

2) Increase resources and assets – introduce parents to other services in the community. This might include services that:

- support educational development or employment,
- help parents join a parenting or infant play group,
- ensure access to any financial aid families are entitled to,
- help with housing that is suitable for a family with young children

It can also include helping the family connect with other community networks or people who collectively can be a powerful asset of the community when they share ideas and time.

As mentioned in the previous section, as a home visitor you have a responsibility to develop partnerships with other professionals and parents. Through these partnerships, relevant information about family needs and strengths can be shared with other professionals. Several independent reviews of vulnerable groups in the UK (the Munro Review in 2011 and the Francis Inquiry 2013) have noted how crucial information sharing is for preventing families' needs from becoming invisible and neglected. Involving families in the process of information sharing can support self-disclosure and a pathway towards empowering families that otherwise might be ignored. See also the Module 15 on Working with Other Sectors.

3) Mobilize & facilitate powerful protective systems – assess parent-infant relationships and support these to strengthen a secure attachment and helpful parenting practices that enable the child to self-regulate (self-manage) their behaviours and emotions (see also the Module 4 on Falling in Love – Promoting Parent Child Attachment). You also have a role in helping the family understand their own assets or strengths. This may start by exploring with the family their aspirations and looking at what exists within their immediate relationships. Eco-mapping can be helpful for developing an understanding of important relationships and protective systems. This is a tool we discuss later in this section.

2. ACTIONS AND BEHAVIOURS

You as a home visitor may have little direct personal experience of some of the things you witness, e.g., extreme poverty, being abandoned by the partner, domestic abuse and violence, addiction, depression, low literacy, severe maternal stress and others. For this reason it is important that you and your colleagues reflect regularly on the home visits you have made, acknowledging honestly your personal feelings and thoughts. Then set your feelings beside what is factual. This is important for maintaining professional practice, in that you avoid making unfair judgements which can lead to unhelpful discriminatory actions and increase existing vulnerabilities in your families.



Reflection and discussion - Reflecting on a Recent Home Visit



Time to return to your reflection journal
Think about a recent visit to a family and write your answers to the following questions in your diary.

- What are your thoughts and personal feeling about the family's circumstances and parenting practices?
- What are the 'facts' about the life of this family?
- Do you feel this was a good interaction?
- Say why it was good or not?
- Is there anything you would do differently during your next contact with this family?



Important points - Professionalism during a Home Visit

A home visit should last approximately 30-60 minutes, it should have a structure and consistency in terms of aims and objectives, but allow for you as a home visitor to respond to any needs expressed or identified by the family (see the standards for home visiting).

When making a visit to a family you will be courteous at all times and should:

- Have up-to-date information.
- Have clear aims and objectives for visiting.
- Be prepared and have all information and resources relevant to the visit.
- On arrival, introduce yourself offering: name/location of work base, role and purpose for visiting.
- Establish who lives at the address and obtain information about others relevant to the family, e.g. mother-in-law, friends. This assists with understanding the family's dynamics.
- Whilst making contact remember to keep the 'child in mind'. We will look at what 'keeping in-mind' means below. First, let us think again about interactions with others.

Thinking about our interactions with others helps us understand the professional image we display and whether others will engage with us.



Use the Information card 9 to revisit interactions and learning from observing peers.

3. KEEPING THE CHILD 'IN MIND'

The need to keep the 'baby in mind' is discussed by researcher Arietta Slade (2002) in her paper on perinatal mental health guide on helping families in trouble. To use this thinking as part of professional work Rhodes (2007) writes about working with families in trouble and explains what keeping the child in mind means and how to do it.

WHAT DOES IT MEAN?

Thinking about the needs of the child whilst working directly with adults.

WHY DO IT?

To avoid losing sight of why it is we are working with the family – the purpose of the work.

To avoid overlooking the child's needs and experiences whilst working with the adults in the family.

HOW TO DO IT?

Build in regular reflective sessions immediately after contact with the family

Develop the habit of asking the internal question – 'what does this mean for the child?' during contact with families

Activity for understanding the child’s situation at the centre of the family

An eco-map is a visual representation of the relationships and connections between people and their wider environment. It was introduced by social worker Ann Hartman in 1978 and has been used as a means of detailing the make-up of a family and the significant others connected to the family. Practitioners can find that creating an eco-map is a useful way to identify relationships within a family, noting the ties between children and adults as well as sources of help. It can be drawn with the family and the resulting graphic or diagram can be used to prompt discussion about key relationships, sources of influence and strengths within the family.



Additional resources

There is a range of guidance available via the internet, such as that produced by The National Early Transition Centre at the University Kentucky, available at: <http://bit.ly/19IUla8>

There are also some helpful templates for the eco-mapping process and examples include those produced by the Michigan State University School of Social Work Available at: <http://bit.ly/1IYEE7> and The Scottish Government available at: <http://bit.ly/1IPGVVv>



Reflection and discussion -Drawing Eco Maps

Using the instructions below complete an eco-map for yourself. It will offer a snapshot of your own relationships with family and friends.

Drawing your own eco-map

1. Take a blank sheet of paper
2. Draw a circle at the centre and write your name.
3. Draw circles on the outside to illustrate the other people in your life, for example your partner, children, parents, siblings, friends and work colleagues
4. Beside each name note your connection with them, showing the:
 - R= your relationship**, for example mother, friend, or partner
 - S= Support provided by this person**, for example emotional, financial, practical assistance
 - F= Frequency of support**, for example every day, week or few days.
5. Draw arrows between these smaller circles and your own circle to show whether the relationship benefits both people.

Try to draw an eco-map for one of the children you are visiting, noting their relationships with parents, carers and professionals working in the community.



Drawing an eco-map for a family

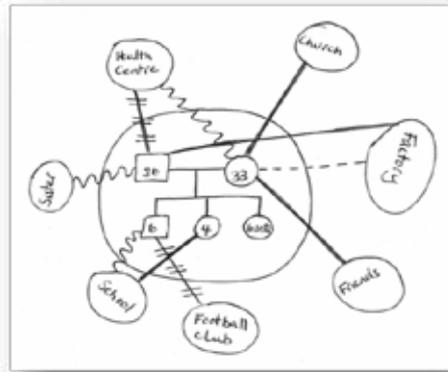
To use the eco-map exercise to understand a family and its relationships, the family is in a large circle at the centre of a page, with individual male and female members shown as squares and circles. Outer circles are included to show the wider community facilities, for example the church, school, health centre and others. The connecting lines note whether the relationships are:

- Strong = a solid straight line 
- Stressful = a wavy line 
- Tenuous, weak = a line made of dashes 
- Broken = a line with strikes through it 



Self-assessments

In the example the father and mother, aged 36 and 33 years have a son 6 years and two daughters aged 4 years and 6 months. The son finds school stressful and has stopped going to football club. The 4 year old is however very happy at school and has a good relationship with the teacher. The 6 month old infant is in danger of being forgotten as the parents do not have good relationships with the health services. The father works at the factory and his job seems secure, but the mother is only able to have casual work, and so her relationship with the factory is tenuous. Although the mother has good connections with the church and some friends, she has no siblings or parents. Her husband is always arguing with his sister and so that relationship creates stress within the family.



Try to draw these relationships, using the instructions provided above before looking at the answer below. Such a picture can then be used during your visit with the family to understand how to proceed in engaging the parents and ensuring the children have access to appropriate healthcare. If you have problems with drawing it, look at the image on the right.

Now draw an eco-map for one of the families you are working with, noting their connections with facilities in the wider community.

Elements of a visit

Whilst keeping the child in mind, consider how a home visit should be organised, and the elements it will include. Use the Information card 10 to do the task on planning a visit.

Taking the random elements of the visit listed below, place a number in the side column to identify the priority issues for this visit? Why?

Elements of the visit	Order
Review and agree areas covered and goals for next visit	9
Enquire about maternal well being	5
Discuss activity for the parent/caregiver to engage in to assist with child's development	2
Review planned activity and issues discussed/planned from last visit	7
Discuss aims of the current visit e.g. screening	1
Observe the parent handling the baby/child	4
Leave any relevant health education materials e.g. leaflets	11
Enquire about the wellbeing of other family members	8
Agree on actions e.g. referral to another professional/service	10
Enquire about infant/child wellbeing	3
Agree on next appointment according to the proposed home visiting structure (see standards for Home Visiting)	12
Ask questions about issues such as nutrition.	6
Document actions within health and family records	13
Other...	



Self-assessment

To check your understanding read the following case studies.



Case studies - Case Study 3.

Monica's Story

You have recently come to work in this area, and today is your first visit to this family. Monica is 28 years old, married to Paul, aged 32 years, and has two children, Kristina aged 4 years and Rachael aged 10 months. The records kept by the previous Home Visitor do not indicate any ongoing concerns. During the visit, Monica makes a comment about Rachael's head being small. You observe that it does appear out of proportion with her body, you measure Rachael's head circumference and find it is on the 10th centile for growth. Her last documented height was on the 45th centile, and her weight was on the 60th centile. Monica reports no other concerns, and your assessment shows she has no significant developmental delay, but her speech is limited. Monica tells you that her husband has a cousin with a small head. Monica reports that she doesn't go out much, she doesn't really like living in the city and she hasn't made any friends.

What risks need to be safeguarded against in Monica's story?

Taking the elements of the visit listed on the previous page, what would be your priority issues for this visit? Why?

Record keeping

To maintain an accurate record of the needs of children and families, the contact you have with them, and the actions taken need to be documented in a client or family record. This might be a written or electronic document. Keeping the documentation up-to-date is a key professional responsibility and assists with keeping yourself and other with access to the document informed about the needs of the children and their primary carers. Records are therefore essential resources for service delivery, but also important legal documents that can be scrutinised to determine what level of service has been offered and provided.

As a home visitor you can demonstrate good professional practice with record keeping by taking the following actions:

- Ensure the family is aware that you will be maintaining a factual record of home visits and contacts, documenting these on each occasion.

- Explain that documentation within the record is confidential and what this means.
- Ensure what you document is factual; write clear statements based on what you did, heard, saw and felt.
- Do not use jargon, meaningless phrases (such as 'nice baby'), irrelevant speculation, subjective statements or offensive comments.
- Where possible write the record with the family – ensuring they have an awareness of what you are documenting.
- Complete documentation as soon as possible after the event (in some countries it is a legal requirement to complete the record within 24 hours).
- When recording a decision taken, provide the rationale (reasoning) for the decision.
- For each entry provide a date, time, and signature with your name printed (do not use initials and if inserts are added ensure these too are signed and dated).
- If documenting an action plan, use the SMART model as a guide to ensure the plan is: Specific, Measureable, Achievable, Realistic and Time-based.
- Review whether written 'standards for record keeping' have been published by your employer and or a professional body with whom you may be registered, and ensure you are familiar and can adhere to these standards for record keeping.
- If your ability to maintain clear and accurate records is altered, (for example if computer system denies access to electronic records) ensure you bring this to the attention of your employer and seek assistance to resolve the difficulty.



Case studies - Case study 4

The Izzardi Family

The Izzardi family has just recently moved into the area and is staying with another family in a 3 bedroom apartment. You are with the mother, Maria. The family has two children; Marco aged 3 and Paola, aged 14 months. They mainly speak Italian. This is your first visit to the family. During your conversation you find out that because the family has been moving around, the children are not up to date with their immunisations, but have had most of them. Maria reports that Marco has bad eczema that needs treatment, but she has no medication. (You observe his skin on arms and legs is affected, and he is seen to be scratching his arm). She explains she has found it difficult to keep his appointments for treating the eczema, as the family living situation is always changing, and keeping a diary is not easy. Otherwise she says she has no concerns with his development.

They have moved homes 3 times in the last 10 months, as her husband is always looking for work. She says he is a good father, but shouts a lot at the children because he is frustrated. Neither parent sleeps well; they feel stressed because they are constantly worried about money.

Maria also reports she finds Paola difficult, as she is not eating as well as she used to and thinks she may be losing weight. You observe Paola who seems interested in your presence, alert and active, playing on the floor happily, chewing on the arm of her doll and smiling at you. Maria reports she has no relatives in the area and only goes out with her friend to do the shopping.

What factors would you consider important in responding to this family's needs?

What would you prioritise?

Draw an eco-map for this family as if they were living in the community where you work.

4. BEING AN ADVOCATE FOR FAMILIES AND MAKING REFERRALS

Action to support families to find their own solutions to problems and achieve the outcomes they are seeking through their own efforts is more effective than having professionals offering answers. However, there are situations where this is not always possible.

There will also be times when the identified need cannot be met by the home visiting service alone.

In such situations, you as a home visitor are the vital connection between the individual, family and another agency/service in the community that can meet the specific need (see also Module 15 on Working with Other Sectors). In such a case, your role is to act as an advocate for the family when they approach another agency and to introduce the family and share relevant information. Where necessary, you can also offer a referral to other services.

When meeting with other professionals, you as the home visitor must raise issues professionally, adhering to the facts of the case and avoiding expressing personal opinions or bias. The Home Visitor as advocate is well placed to ask questions of the other health professionals and note their advice and recommendations, ready to feed it back to the family.

You as the Home Visitor, will be the link for the family to a range of other services provided locally; acting as a bridge connecting services and the family, signposting the family to services and ensuring that the family's interests are represented and rights upheld.

Having explored the family's situation or concerns with other professionals, you will know how to refer the family and how to help the family take up any advice, intervention or service offered. The advocacy role is therefore another aspect of the way in which a Home Visitor may provide access to services, following through from identification of an issue to its resolution

The need for referral should ideally be done with the family's knowledge and consent. The process may vary depending on local protocol, but generally requires liaison with the other professional and completion of documentation (home visiting record and a referral form completion). The referral should be made promptly and the family should be kept informed of progress. If it has not been possible to discuss the issue with the family and gain consent, the referral must still go ahead if the child's safety is at risk. This may occur in cases of neglect where the child's wellbeing is threatened.



Self-assessment: Advocacy and Referrals

- Using the Izzadi Family as an example: How would you advocate for this family?
- In the case of the Izzadi Family, who would you make a referral to and why?
- What may be the expected outcomes from a referral?
- What steps could you take to ensure the referral and access to additional support goes well?

5. CONTINUING PROFESSIONAL DEVELOPMENT

By completing this module and doing the exercises, you are taking action to address your continuing professional development needs. A key component of this has been to reflect on your past activities and experiences and thinking what you can learn. The second form of reflection requires you to think about the present, i.e., what you are currently engaged in and adjust your thoughts, behaviours and activities to strengthen your existing practice.

Some of the exercises have encouraged you to obtain feedback from others or to think what the experience might be like from the perspective of the family. Giving consideration to the view of others can help you develop a fairer and wider understanding of a situation. It is helpful to continue to reflect on your practices in the future by asking yourself, how might this fit with the:

- Families you work with
- Your peers or managers
- Yourself and your personal thoughts and ambitions
- Existing theory or evidence for the practice of your profession

Other methods you can use to support your ongoing learning include working closely with colleagues and observing alternative approaches and practices. Taking the opportunity to demonstrate to another person what your actions are and offer an explanation for them is also a powerful tool for learning. It helps you engage at a cognitive and practical level with the issues at stake. Likewise observing others and discussing aspects of practice, including exploring reasons for decisions, can help support a culture of mutual learning. In some organisations, home visitors meet regularly to review current cases and challenges in peer learning or supervision groups. In this situation, the group members benefit from support as well perspectives offered by their colleagues. The discussions enable the home visitor to explore ideas and concerns and to develop fresh insights on a case they have been working with.

6. SUMMARY OF SECTION 2



Final summary

In your role as the professional home visitor who promotes health, early childhood development, and comprehensive wellbeing, you have a responsibility to engage sensitively with families, using careful communication skills to assess needs and providing a service that takes individual circumstance into account.

In this role it is important that you make good use of community resources and connect with other agencies whose services impact on child health and development. You take responsibility for:

- Managing your workload
- Liaising with peers and other professionals
- Maintaining documentation
- Accounting for actions, and
- Attending to your own continuing professional development and wellbeing to ensure that your practice is safe and fit for purpose.

In your role as home visitor, it is also crucial that you act with integrity to proudly represent a wider health service that families can trust.



FINAL SELF-ASSESSMENT TEST



Self-assessment

At the end of the module please complete this self-assessment.
Revisiting the Module Learning Outcomes

1. Reflect upon and explain the important role home visitors play in improving the lives of children and families
 - A. What values are important to you in this role?
 - B. What can you do to 'keep the child in mind'?
 - C. Describe the type of relationship you would like to develop with a family?

2. Describe key elements of home visiting practices that are necessary for successful service delivery
 - A. When making contact with families what do you need to pay attention to?
 - B. Why do you need to be familiar with the wider community where the family lives?
 - C. What factors contribute to a successful home visiting service?
 - D. Why is it important to present a professional image to the family?

3. Identify principles that support effective working and liaison between professionals from health and other sectors
 - A. Why would a home visitor liaise with another agency? Give three different examples?
 - B. What tools can home visitors use to support good liaison with other professionals?
 - C. What information may need to be shared with another professional?

4. Explain approaches for raising concerns and taking action to safeguard the interests of children and vulnerable people.
 - A. What can the home visitor do to check their own thinking and approaches when working with families?
 - B. What actions are important for making a successful referral?
 - C. What should the home visitor consider when assessing risks to family health and the needs of any children?

ANSWERS

1.

- A. Health creation, valuing human life, recognising personal and different circumstances.
- B. Engage in regular reflection, when planning action with the parents, asking 'what consequences will this have for the child?'
- C. Supportive, professional, one of understanding that can demonstrate respect whilst also be firm about what is not acceptable is a child or vulnerable person is at risk from harm.

2.

- A. How you present yourself, your body language, choice of words, friendliness and being professional at the same time.
- B. You can then act as an advocate for the family and help the family make better use of resources in the community. This can make the difference to a family and enable them to manage their own needs in an improved way and enable their children to develop helpful social ties with others
- C. Trust, respect, being available for families and setting professional boundaries, providing a non-discriminatory service working with agreed standards for practice.
- D. To ensure trust and respect. To enable families to feel safe in sharing information and that it will be managed confidentially. This encourages continued use of the service and means families are more likely to ask for help when needed to prevent a crisis intervention. This might be the case when a baby is crying excessively and the parent does not know how to manage the situation. Asking for help earlier on can prevent the parent losing their temper and shaking or hitting the baby.

3.

- A. Referral could be made to a housing department to make a case on behalf of the children's needs. The home visitor might have concerns about the risk of domestic violence and liaise with another community service to establish whether the person at risk met criteria of referral. A child may have a disability and need a more detailed assessment to ensure he/she has access to early intervention services, for example language development or mobility.
- B. The home visitor could gain permission from a family to share an eco-map developed with the family to illustrate the needs of a child. Clearly documented records are an important tool for home visitors to use to share information within a team. Approved referral and assessment paperwork can also be valuable tools for supporting liaison.
- C. Who the family members are, their ages and the nature of the family relationships. You might need to share specifics about a child's growth and development, noting whether they are reaching key milestones if making a case for the need for additional help and service

4.

- A. They can complete an eco-map, they should reflect on their own behaviours and ensure they have recorded on factual information rather than only suspicions. They can take cases that are concerning them to a confidential group supervision session with colleagues to gain objective feedback on decisions and actions.
- B. Openness with the family to discuss the referral in advance, explain the purpose and process. Follow-up of the referral to establish whether the family has received an appointment. Check whether a joint visit is necessary to support family engagement. Clear documentation, factual information.
- C. The physical environment, the capabilities of those caring for the children, the presence of existing disease or disability, any risks from existing relationships or employment situation. The understanding of the family member of risks to themselves and what they see as hazards or risks.

VI. ANNEX



INFORMATION CARD 1: REFLECTIONS TEMPLATE PROFESSIONAL ROLE OF THE HOME VISITOR

1. Complete the following statement

My hopes as a professional home visitor/health visitor are.....

2. Complete the template to list the essential skills you believe a professional home visitor needs to demonstrate and then note your own existing skills.

<p>The essential skills needed by the professional home visitor.</p> <p>Identify five, but there may be others.</p>	<p>Identify those for you to prioritise to strengthen your own professional practice.</p> <p>Put them in order with 1 being a top.</p>	<p>Possible activities I can do to develop these skills and gain new knowledge</p>
1		
2		
3		
4		
5		



INFORMATION CARD 2: PROFESSIONAL PURPOSE

Home visiting is an effective way to offer family focused services to pregnant women and parents with new babies and young children because it brings a health professional, the Home Visitor, into a family's home. This helps each child within a family in a neighbourhood become visible.

Entering the home makes it easier to understand the environment and situation surrounding the child and the family. This provides a good base for addressing common issues such as child and maternal injury prevention (Astuto & Allen, 2009).

When in the home, the Home Visitor can assess needs. This is important for providing early interventions that support the health and wellbeing of children and their parents/carers.

Skilled home visitors match interventions to child and family need (Turner et al 2010) noting risks to mental health or neglect and child abuse. They will provide a useful link to services available in the neighbourhood and where appropriate refer families to other services they need.

The home visitor works to ecological principles developed by Bronfenbrenner (1979), which identifies individuals as part of their environmental contexts. This means children's needs are noted as part of the family situation. The resources available to the family are linked to the interaction the family has with the wider community. Thus the home visitor is always thinking about the 'bigger picture'





INFORMATION CARD 3: BUILDING COMMUNITY NETWORKS

An important role of the home visitor is to improve the lives of children and families. This can be partly achieved by helping families connect with each other. To do this exercise go to the template: Building community networks, or you can find a peer to work with and discuss your conclusions.

1. Identify 3 families that you work with who share similar needs or circumstances. Note a need for each family, but to protect their identities, do not use the real family name.

Family (1)



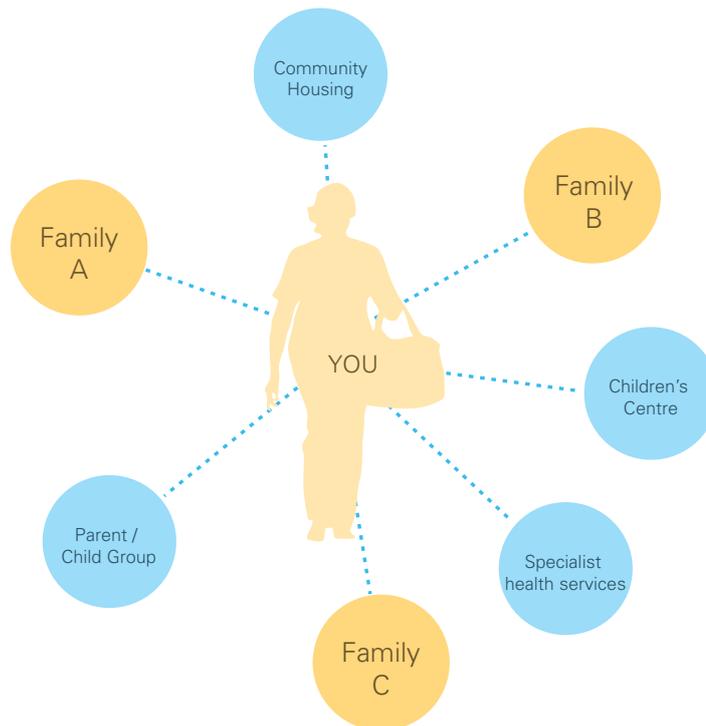
Family (2)



Family (3)



2. Which services or facilities in the community could they also use – draw your own lines to indicate.



3. What other connections/relationships could you help the families to develop?



INFORMATION CARD 4: VALUES FOR PRACTICE

A review of published literature (Cowley et al. 2014) noted that home visitors – need to have a values base that promotes quality of care and a positive experience for families. Home visitors demonstrate this by delivering appropriate and excellent services when working with families which:

1. Are salutogenic (health-creating), which involves being proactive, identifying and building strengths and resources (those held by the client and those in the community) and being solution-focused.
2. Demonstrate a positive regard for others (human valuing), by keeping the child in mind and shifting (the health visitor's) focus to align (fit) with the child and family's needs, recognising the potential for unmet need, actively seeking out potential strengths, and maintaining hope. Thinking in this way means that the home visitor does not give-up on the family, even if they seem reluctant to accept services.
3. Recognise the person-in-situation (human ecology), continuously assessing and acting taking into account the child and family and their personal and situational circumstances, whether acting in the family's home, the community or the workplace.

Cowley et al. (2014) also found that in working to provide a service which aims to create good health, value others (recognise their strengths) and which takes account of individual differences and circumstances, the home visitor is involved in three inter-woven core activities:

- **Universal home visiting**

Taking the service to where the family lives, making information available to allow a realistic assessment of family needs and strengths, and with support tailored to individual need

- **Assessment**

To understand individual differences and offer a service that is suitable for the family situation. To recognise what risks exist and what action to take and whether the service offer should be enhanced

- **Relationship development**

Enabling trust in professional services and facilitate good use of the universal service. This is important for ensuring that children and their families gain access to the services they are entitled to. It is through a trusting relationship that the home visitor is able to offer supportive interventions and referral.

These core practices work together to strengthen the service offer available to different families, which is necessary for tackling health inequalities. They allow for a universal progressive service approach where all families have access to a universal package of services to promote and support good health wellbeing. Families and children with additional identified needs – whether short-term, sporadic or ongoing and channelled to enhanced or intense services.



INFORMATION CARD 5: ANTENATAL PROMOTIONAL INTERVIEW

Antenatal promotional interview with parents/caregivers should cover the following topics (under topics you can see sample questions):

1. Your feelings about your pregnancy
How did you feel when you learned that you are pregnant?
2. Your family & friends
How your family and friends reacted when they learned that you are pregnant?
3. Changing family life & relationships
How do you think the arrival of the baby will affect your relationship with your partner?
4. Looking after yourself & your baby
How do you feel about yourself now?
5. Your unborn baby
How do you feel when you think about your baby? What are the things that you enjoy, and the things that worry or upset you? What do you think how your baby is going to look like?
6. Your labour & your baby's birth
What are you doing to prepare for the labour? What kind of support you need?
7. Becoming a mum/dad, becoming parents
What becoming mummy daddy for you means personally?
8. Caring for your baby
What is your experience until now about taking care of babies?
9. Your circumstances & community
Do you know what is available locally for young mums and dads?
10. Recent and & life events
How are things going in general for you these days? What's going well and good for you at the moment?
11. Your priorities, plans & support
Is there anything that you would like to change or improve before your baby is born?

(from Dr Crispin Day, South London & Maudsley NHS Foundation Trust, King's College, London, UNICEF UK Baby Friendly Initiative, Annual Conference, Glasgow, November 28th, 2013)



INFORMATION CARD 6: POST-NATAL PROMOTIONAL INTERVIEW

Post-natal promotional interview with parents/caregivers should cover the following topics (under topics you can see sample questions):

1. Your labour, birth & recovery
How do you feel? Do you think that you are feeling strong and healthy?
2. Your emotional wellbeing
How do you feel? Are you happy and content? Is there something that worries you?
3. Becoming a mum, dad & family
How do you feel as mum/dad?
4. Your family & friends
What are the main reactions among your family members related to the birth of the child?
5. Your baby's development
*How is your baby doing? In what ways has s/he changed and developed since s/he was born?
What have you learnt about your baby so far? What sort of person is s/he?*
6. Caring for your baby
*How is feeding going? How is your baby sleeping? How are you coping with broken nights?
How do you cope when your baby cries a lot or is difficult to settle?*
7. Baby cues, getting to know your baby
What have you learned about your child until now? What kind of person he/she is?
8. Your circumstance & community
Do you use services available in community?
9. Recent & past life events
How are things going in general for you these days? What's going well and good for you at the moment?
10. Your priorities, plans & support
Who is around you to help? Do you need any additional help?

(Dr Crispin Day, South London & Maudsley NHS Foundation Trust, King's College, London, UNICEF UK Baby Friendly Initiative, Annual Conference, Glasgow, November 28th, 2013)



INFORMATION CARD 7: THE HOME VISIT FROM THE PARENTS PERSPECTIVE

Read the following statements and take time to reflect about the attached questions. Write down your thoughts.

Situation 1. Imagine you are expecting a visit from two old work colleagues. They are likely to visit for about 1 hour to break up their journey as they travel to a nearby town for a short holiday/vacation.

- What preparations might you make for the visit?
- Describe anything that might make you feel slightly anxious before the visit?

When they arrive, they complain how difficult it was to find your house and remark how all the houses seem to be exactly the same at the front. During the conversation, they then comment on how much they believe you can learn about an area and its residents from the gardens and cleanliness of pathways.

- How does this visit leave you feeling?

Situation 2. It is Saturday morning and you receive a phone call from a friendly work colleague, who happens to be in your neighbourhood and would like to call to say hello and catch up.

- What would you be thinking and how would you reply?
- Describe anything that you might feel slightly anxious about?

Given your own experience of receiving visitors to your home –

- What do you believe parents might be thinking about when you visit their homes?
- How might this influence the visit?

Consider your purpose when planning and delivering a home visit and think about what you hope to achieve.

- Write a list of the things you expect from the parent if the visit is to go well

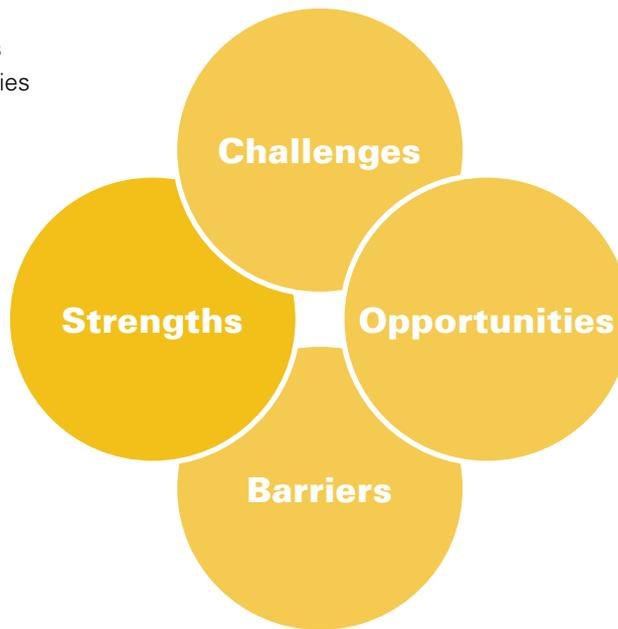


INFORMATION CARD 8: ASSESS YOUR THINKING

Consider what we have discussed so far, in SECTION 1 of this module

Complete an assessment of your views on how home visitors can make a difference to children and families. Do this using the SCOB framework to list the

- Strengths
- Challenges
- Opportunities
- Barriers





INFORMATION CARD 9: REVISITING INTERACTIONS AND LEARNING FROM OBSERVING PEERS

Thinking about our interactions with others helps us understand the professional image we display and whether others will engage with us.

First reflect on your own actions - Think about a recent introduction you made of yourself to a new client and another to a colleague. Second work with a colleague to review each other's actions - Agree with a colleague to observe each other

Did you feel confident or nervous? Why did you feel this way?

Use the list below to note how you presented yourself,

Are there aspects of your behaviour you are less happy with?

Use the list below to guide your observation

Share your observations and discuss.

Our actions	Reflect on your own actions when introducing yourself	Your observations of a colleague's interaction with a client
1. Words used		
2. Tone and speed of voice		
3. Eye contact		
4. Relaxed body language and facial expressions		
5. Types of questions – open or closed?		
6. Personal tidiness of clothing / hair		
7. Whether promises are honoured		
8. Whether words used are consistent with body language – being authentic		
9. Being honest and reasonable		
10. Being respectful of others (colleagues & clients)		



INFORMATION CARD 10: ESSENTIAL ELEMENTS OF A HOME VISIT

Imagine planning a visit to a family with 12-day old infant – what order would you plan to do these suggested things? Would you add anything else to the visit?

Elements of the visit	Order
Review and agree areas covered and goals for next visit	
Enquire about maternal well being	
Discuss activity for the parent/caregiver to engage in to assist with child's development	
Review planned activity and issues discussed/to be implemented from last visit	
Discuss aims of the current visit e.g. screening	
Observe the parent handling the baby	
Leave any relevant health education materials e.g. leaflets	
Enquire about the wellbeing of other family members	
Agree on actions e.g. referral to another professional/service	
Enquire about infant/child wellbeing	
Agree on next appointment according to the proposed home visiting structure (see standards for Home Visiting)	
Document action within health record	
Ask questions about issues such as nutrition.	

Rationale/reasons for the order chosen....

Additional items of activity	Order
.....
.....
.....

Reasons for these additional items...

Remember, there are no absolute right answers – but you need to have rationale for the order and items chosen



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The Institute of Health Visiting website: <http://www.ihv.org.uk/>

The international council of nurses website: <http://www.icn.ch/>



