

# Home Visiting Toolkit

## *Making the first 1000 days count!*

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## Introduction

### Purpose and scope of the Toolkit

*‘Every parent wants to give their best to support their child’s development. Well trained, respectful, sensitive and family centred home visitors can build on this motivation and contribute to strengthening parenting competencies and family resilience. By reaching out and including the most vulnerable populations in their services, home visitors can also contribute to making disadvantaged families more visible, facilitate the access to services, and reduce thereby equity gaps’ (UNICEF, 2016).*

This Toolkit has been developed in the context of the project ‘Making the first 1000 days count!’<sup>1</sup>. It is composed of original material produced by International Child Development Initiatives – ICDI, as well as the adaptation of existing materials produced by other organisations.

The aim of this Toolkit is to provide home visitors with the latest scientific evidence about child development, learning and well-being as well as practical advice and materials, which they can share with parents and carers. The tool will also be used to prevent child abuse and improve child well-being by providing education and services in families’ homes through parent education and access to community resources. The information and materials provided in this Toolkit focus on **play, learning and development** in the first 3 years of a child’s life. Attention is also given to their **safety and protection**. This kind of information provides an important supplement to advice on feeding, nutrition, vaccinations and other aspects of infant health, which traditionally is the focus of community health workers.

Quality home visiting programs help parents provide safe and supportive environments for their children. Specifically, they can alert the parents to the importance of establishing healthy connections with their babies and of building loving, trustful and supportive relationships with their children. They can learn how to do that during their routine and everyday family activities. Home visiting programmes are also intended to reduce the stress parents and carers may experience in their parenting role – by providing a listening ear, calm reassurance, support and information. Over time, families and home visitors build strong relationships that lead to lasting benefits for the entire family.

Research shows that home visits have many benefits<sup>2</sup>:

- Mothers and children are healthier and happier
- Children are better prepared for school and life
- Caregivers are more aware about safety and protection matters
- Families are more self-sufficient and have stronger networks
- Better overview and management of household finances

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<sup>1</sup> ICDI and ESD are focusing on the first 1000 days of children’s lives in Ethiopia. This project involves integrating parenting support with community based health and social care support in 10 communities in Ethiopia, in Siyadebirna Wayu districts of Amhara regional State and Debre Birhan area. This project is co-funded by the Dutch foundation *Stichting Dioraphte* and the Swiss organisation FSI. For more information, visit: <https://icdi.nl/projects/making-the-first-1000-days-count>

<sup>2</sup> <https://childandfamilyresearch.utexas.edu/eci-home-visiting>

## Target audience

The Toolkit was developed specifically for health visitors, para-professional community workers and volunteers who are engaged in home visiting programmes. As noted above it should be considered as an important supplement to existing materials focussing on infant health, nutrition, development and protection. Another audiences for the Toolkit are professionals and health officers who provide pre-service and regular professional support to community health workers.

In the 'Making the first 1000 days count!' project, the home visiting programme is closely linked to and complementary to two other activities:

1. Establishing **committees** with members of each community to develop long-term and short-term plans and targets for the well-being of young children;
2. Establishing **Play Hubs (local non-formal ECD centres)** for young children and their families, and the community in general, to come together and play, borrow toys, meet other families, take part in creative and social activities and share information about local preschools and schools available to young families. The toolkit will therefore also be of value to the coordinators of the Play Hubs.

## How to use the Toolkit

The Toolkit is organised in four parts:

- Part One: Being an home visitor: roles, responsibilities, communication skills;
- Part Two: Home visits in Practice: planning, outline, do's and don'ts;
- Part Three: 12 Info Cards on child development, play, learning and parenting;
- Part Four: Activity Cards for home visitors and carers.

**Part One and Two** are intended for trainers and mentors of home visitors and can be used to develop training programmes.

**Part Three and Four** are intended for home visitors and provide important background theory on child development, play, learning and parenting. They also provide an easy-to-use selection of simple activities home visitors can use during their visits.

## Part One: Being a home visitor: roles, responsibilities, communication skills

### Being a Home Visitor, your Roles and Responsibilities<sup>3</sup>

Your main role as a home visitor is to **listen** to and **empower the families** you work with. You need to form a **trusting relationship with families** and help them understand **the importance of play, learning and safety for their children's development**.

Be positive! Praise families for the things that they are doing well. Acknowledge mothers and fathers for their efforts and willingness to be good parents. Praise the good behaviour of their children.

Be curious and ask a lot of questions. Look people in the eye. Let parents talk about their children. Everyone wants the best for their child, keep that in mind. You are not there to teach “the right way” or preach to how to raise children. You are there to **support and empower** families.

#### Confidentiality

**Respecting families' confidentiality is an essential part of good care.** Without the trust that confidentiality brings, mothers and their families might not seek care and advice, or they might not tell all the facts needed to provide a good home visit.

Confidentiality is an **important responsibility** of the home visitors. All the information of the families, such as directions of their house, names, age as well as everything discussed with them needs to be kept confidential during and after the project ends. ESD is responsible to organise a system to keep all data and information safe.

Home visitors will also be asked to sign ESD Child Protection Policy.

#### Principles of practice in home-based family interventions and the basic attitude of the home visitor

##### Tailor made help

No one person or one family is the same. That means that the support of the family needs to fit into and be adapted to the unique situation and context of the family. The care given to the family should therefore be flexible and determined by the specific needs of the clients.

##### Family orientation

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<sup>3</sup> This section has been adapted from *Supporting Families for Nurturing Care: A Resource Package for Strengthening Home Visiting Practices* by ISSA and UNICEF, 2016



Home based interventions involve all members of the family. The work is done from a systems approach. The help and support is connected to the environment of the family and takes place at the home of the family. At home the home visitor has the opportunity to observe the functioning of the family and the interaction between the family members. He/she can provide direct feedback to the parents and the family members can practise new/preferred behaviour in its own context. If possible the network surrounding the family can be used as an important resource for support.

### **Empowerment**

The support focuses on reinforcing and strengthening competences and skills of all members of the family. Parents are seen as experts in their own lives where as the home visitor is the professional expert. This means that the collaboration between the home visitor and the parent is one of dialogue and shared responsibility. This is called partnership.

### **Basic attitude of the Home Visitor:**

When working with families the attitude of the Home Visitor is the main tool to get the family members to change. The Home Visitor should understand, recognize and acknowledge that their visit might cause some unease with parents. It is good to explicitly show understanding to parents. Parents should feel that they are taken seriously and that their side of the story is being listened to and matters. If they feel that their weaknesses are understood and their strengths are recognised they will feel much more comfortable and be more collaborative. The Home visitor doesn't judge. It is important to all parents to be fully informed about every step of the interventions and that the expectations of the Home Visits are clear to them.

The basic attitude of the home visitor starts with behaving like a guest when entering the family home. The home visitor asks permission for everything he does (i.e. 'is it okay if I sit here?' etc.). By doing this the family will feel respected and are therefore more willing to be open to the Home Visitor. When talking to the family members it is very important for the Home Visitor to pay attention to the use of language; he/she should not use jargon or labels and make sure the family members understand what you are saying.

Support by the home visitor needs to focus on reinforcing and strengthening competences. It also focusses on linking families to supportive family and community networks. If the focus is solely on the problems and the worries, the process will be very discouraging for both the home visitor as well as for the family members. The home visitor has to show confidence in the ability of the parents to take matters in their own hands. If the home visitor is able to show this confidence, parents themselves will also start to feel that is possible.

The home visitors should complete the **Eco Map** for themselves as part of training. The **Eco Map** could also be used in the first home visit with the families. *See separate document titled 'Suggested Outline for the Home Visits'* for the Eco Map.

## Parents need support, not preaching<sup>4</sup>

- Parents are the child’s first educator and they want best for their child.
- Every individual, group, family and community has strengths. Identify, mobilize and respect the resources, assets, wisdom and knowledge.
- All parents have hopes and dreams for their children, but families may differ in how they support their children.
- Ask families what they want for their children, their goals and dreams for them. Work with them to help them realize those goals and dreams. What social and life skills are important for them that their children acquire? What knowledge should they have to be successful as members of their own communities?
- Ask families how they help their children learn certain skills. What do family members know about how to help their children learn certain skills? What do family members know about how to help their children learn?
- Listen to families about what is important to them and explore ways together to help them achieve their goals. Make what is important to them also important to you. Seek out their solutions, as well as provide new ideas to them. All those that support the child’s development have equal status, value and responsibility.
- When families do not respond, do not assume that it is because they do not want to. Explore other ways to reach them. Every family is different and will have different ways of communicating, preferred times and places to meet, and their own interests and needs.

## Introduce families to each other, mobilise the community

Your main goal is to **help create a support system for the families of the community**. The best outcome is for the **families to support each other in raising their children**, allowing their children **to learn through play**, in order for them to be ready to learn when they are school age.

If families are aware of the importance of play on the development of their child, they can arrange for their children to play together, support each other and new families in the process, and pass on the knowledge on the importance of early play and stimulation.

## Connecting to other services

A community mapping of the seven communities where the home visitors will operate shows that the following services are available within **one and half hour walking distance of the communities**:

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<sup>4</sup> This section has been adapted from *Supporting Families for Nurturing Care: A Resource Package for Strengthening Home Visiting Practices* by ISSA and UNICEF, 2016, *Early Moments Matter for every child*, UNICEF, 2017 and *Strong from the Start – Let’s Give Them Wings: Roma Children, Families and the Community*, CIP, 2013

### Pre-natal services:

- **57%** of the communities have **pre-natal checks in hospitals**,
- **100%** of the communities have **pre-natal checks** in health post or equivalent, **hospital birth** and **assisted home birth with a traditional birth attendant in the community**
- None of the communities (**0%**) have the **services of assisted home birth with a trained midwife**.

### Post-natal services:

- All the communities have the majority of the post-natal services (**post-natal checks in health post, vaccinations, birth registration, home visits by community health worker and family planning**).
- BUT 42% of the communities don't have access to post-natal checks in hospitals.

### Nurturing, play and development services:

- The **nurturing, play and development of the baby** are the services missing in the most in this communities. **0%** of the communities don't have **childcare centres** and **parent education regarding play with their babies**.
- All the communities (**100%**) have **preschool** and **parent education regarding malnutrition and child development**.
- Only **42%** of the communities have parent education in **breastfeeding**.

There are three main services missing in all communities:

1. Childcare centres
2. Assisted home birth with trained midwife
3. Parent education in play with babies

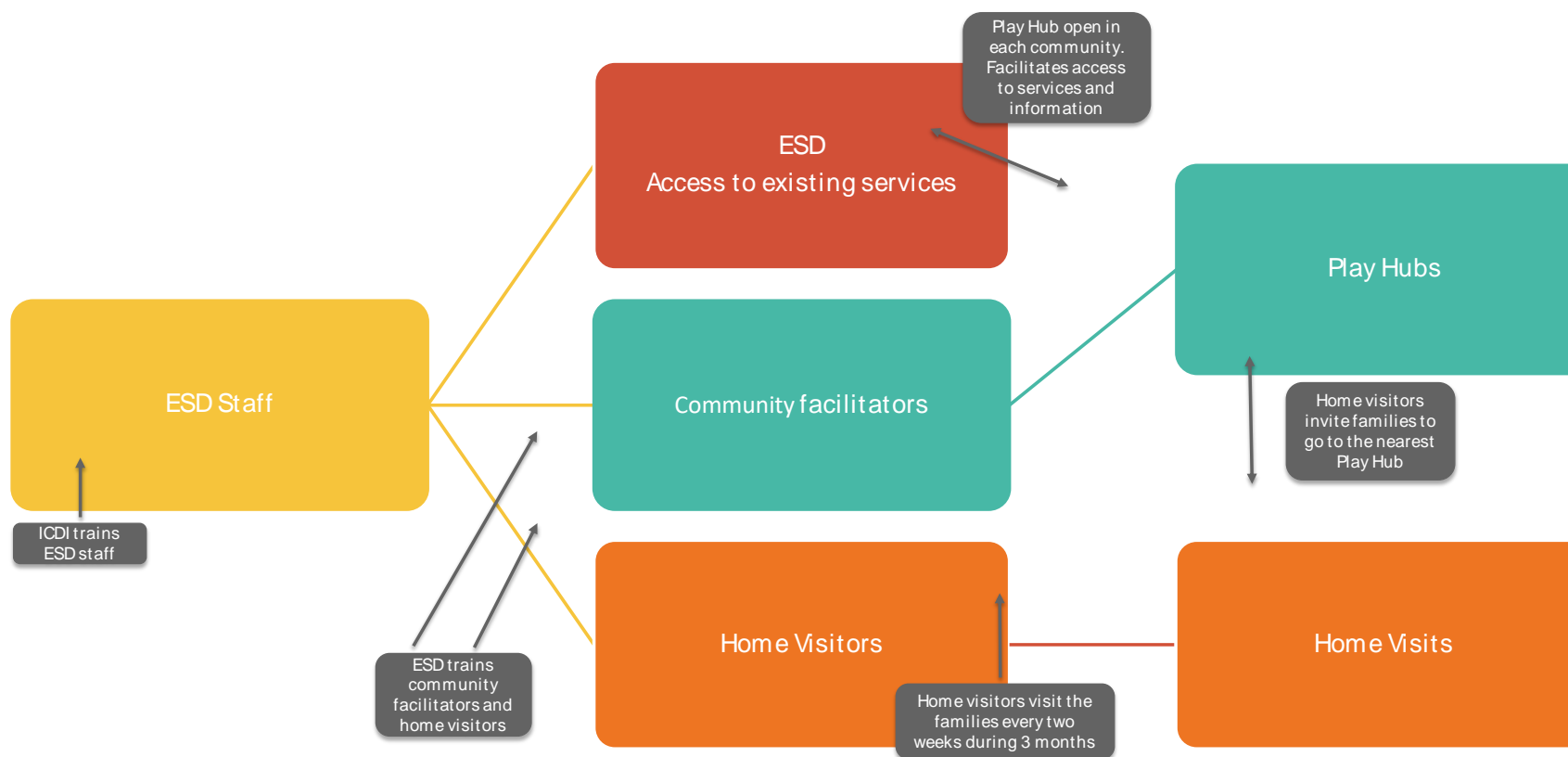
Besides the missing services in the communities, there is concern about the **quality** of the services provided e.g. how services users are treated, the fact that not all families are covered, and absence of well-trained professionals.

It is important that **Home Visitors** know exactly what services are available and where to they can tell parents about these. They also need to stay up-to-date with new services being developed.

## Outline of the program



## Structure of the program





## Outline of the training for home visitors

Refer to the document **Training Program for the home visits** where you will find outlines for the introductory home visit, the suggested visits schedule and an outline for the final visit.

## Part Two: Home visits in Practice: planning, outline, do's and don'ts

The home visit programme outlined in the Toolkit is an extension of the Play Hubs and has an important role in promoting the Hubs and reaching out to the most vulnerable families in the community.

The role of the home visitor will be to visit families in their own home to guide and motivate parents to play with their children, explain how this supports their learning and development and inform them about the available services in the Play Hubs and more in general.

Home visits are offered by health extension workers who received extra training or trained community facilitators.

The programme foresees one introduction visit per family for all targeted families, to assess the home environment and offer support and information to parents and carers. After the introduction visit, families are invited to access the services offered in Play Hubs.

Families considered particularly vulnerable or less likely to go to the Play Hubs, receive further support through a 4-month home visiting trajectory which includes bi-monthly home visits. The final goal of this trajectory is to make sure that also the most vulnerable families eventually become regular visitors at the Play Hubs, where they will be able to be involved in early learning activities for their children, parenting workshops and access basic health services.

Please refer to the separate document **Suggested outline for the home visits** where you will find outlines for the introductory home visit, the suggested visits schedule and an outline for the final visit.