PART B

Guide for Home Visitors

Preparing for Life

Support • Nurture • Thrive

PART B | Guide for Home Visitors

Introduction

This section of the manual outlines:

- The different phases of implementing the programme
- How to get started with families
- What is expected of the home visitor delivering the programme
- What the home visitor can expect from the programme, including supervision and other supports.

This section is primarily aimed at home visitors delivering the Preparing for Life home visiting programme.

It does not provide session-by-session instructions on delivering the programme content, i.e. which topics to deliver to each family, as this is individual to each family. However, this section of the manual will explain the general policies regarding ways in which home visits with families should start and continue.

The manual will explain the general theories and ways in which the sessions should occur. It will include information on:

- Recruitment
- Registration
- Initial meetings and conversations.

Any templates and forms referenced, such as goals and aspirations tool, tip-sheet delivery guides etc can be found in Part D - Tools and Resources. An exception to this is tip sheets which are found in the separate tip sheet folder.

10. PREPARING FOR LIFE HOME VISITING IN PRACTICE

10.1. Recruitment

To support the active inclusion of a diverse range of families in the programme, home visitors may wish to engage in recruitment activities. Home visitors may be involved in this activity, depending on whether your organisation/service has a dedicated role for promoting the programme and recruiting families. Recruitment involves attendance at local antenatal clinics, ensuring the programme is represented in local forums or meetings, presenting to services or groups, and representing the programme at local promotional or other events.

10.2. Referrals

The Preparing for Life programme is universally available to all expectant parents living in the target community. To manage the caseload, the team leader manages referrals[5] as well as the intake and registration processes. All families hoping to participate in the programme should have completed a referral form by this stage.

The **Preparing for Life home visiting information leaflet** (see Part D - Tools and Resources) provides general information about the programme.

10.3. The Initial Phone Discussion

The Preparing for Life home visiting team leader contacts all potential families (identified from recruitment, agency referrals or self-referrals) to have an initial phone discussion. This is important to help the family decide if this is the right service for them and if they would like to progress to registration. This supports the family to make an informed decision as to their commitment to participate and prepares them for the registration meeting. It also helps the team leader to get an initial sense of the needs of the family and fill in any gaps in the initial information received. Families are invited to complete the consent process online, or they can complete the paper copy at the registration meeting.

Table 15 Initial Phone Discussion

Content Of Initial Phone Discussion With Family
• Give an overview of what is involved. • Answer any questions the family has about the programme. • Confirm and check contact details. • Provide an overview of the first visit, what will happen, and who will attend. • Explore mother's preference for father/significant other involvement. • Agree on the date and location for the registration meeting. • Enquire as to how they heard about the programme.

5. Referrals can include self-referral and voluntary referrals via another agency, and expressions of interest into the programme via the recruitment process.

10.4. Registration Meeting

The team leader meets a family to complete the registration, meeting at a place and time that is convenient for the family. A text reminder should be sent to the family a couple of days before the meeting as well as on the morning or the day before it. Table 16 outlines the forms completed at this meeting.

Table 16 **Forms Completed at Registration**

Form	Purpose
GDPR form (if not already completed)	The purpose of this form is to inform families about how their information will be protected and used in line with GDPR, as well as their rights under the Freedom of Information Act.
Preparing for Life registration form	The purpose of this form is to gather some initial information about the family and generate a picture of them, including their potential strengths and needs. Furthermore, it also helps assess the potential complexity, which supports case allocation. The form gathers information on background demographics, initial indication of potential supports that may be required to support participation, and historical and current agencies that the family is linked to.
Programme & evaluation consent form	The purpose of this form is to provide a formal consent process to ensure the family understands what is involved in partaking in the programme and to provide an opportunity to discuss their interest in participating after hearing this information. An overview of how the process will work is also provided. A family should have enough information about the programme to decide if they wish to participate. It also helps to ensure there are clear expectations about what the programme involves. The process for disengagement is also discussed should the family decide they wish to withdraw from the programme at a future time point. The family should also be aware of the Preparing for Life home visiting evaluation process and how their information may be used for this purpose.
Child protection form	The purpose of this form is to explain the limits of confidentiality in relation to child protection concerns. This is important to ensure the family is aware of the duties of the Preparing for Life home visitor in this regard in case there is a need to ensure an appropriate response to a potential or identified risk to a child.
Information sharing consent form	This form articulates what information the family is comfortable to consent to share and to whom. A family will have highlighted the agencies that they are currently linked to on the registration form, and this may inform the discussion with the family.

Following the meeting, the family should have clarity about how the programme works, and there should be transparency about consent and limits to the confidentiality process. The family should be given the home visiting information leaflet.

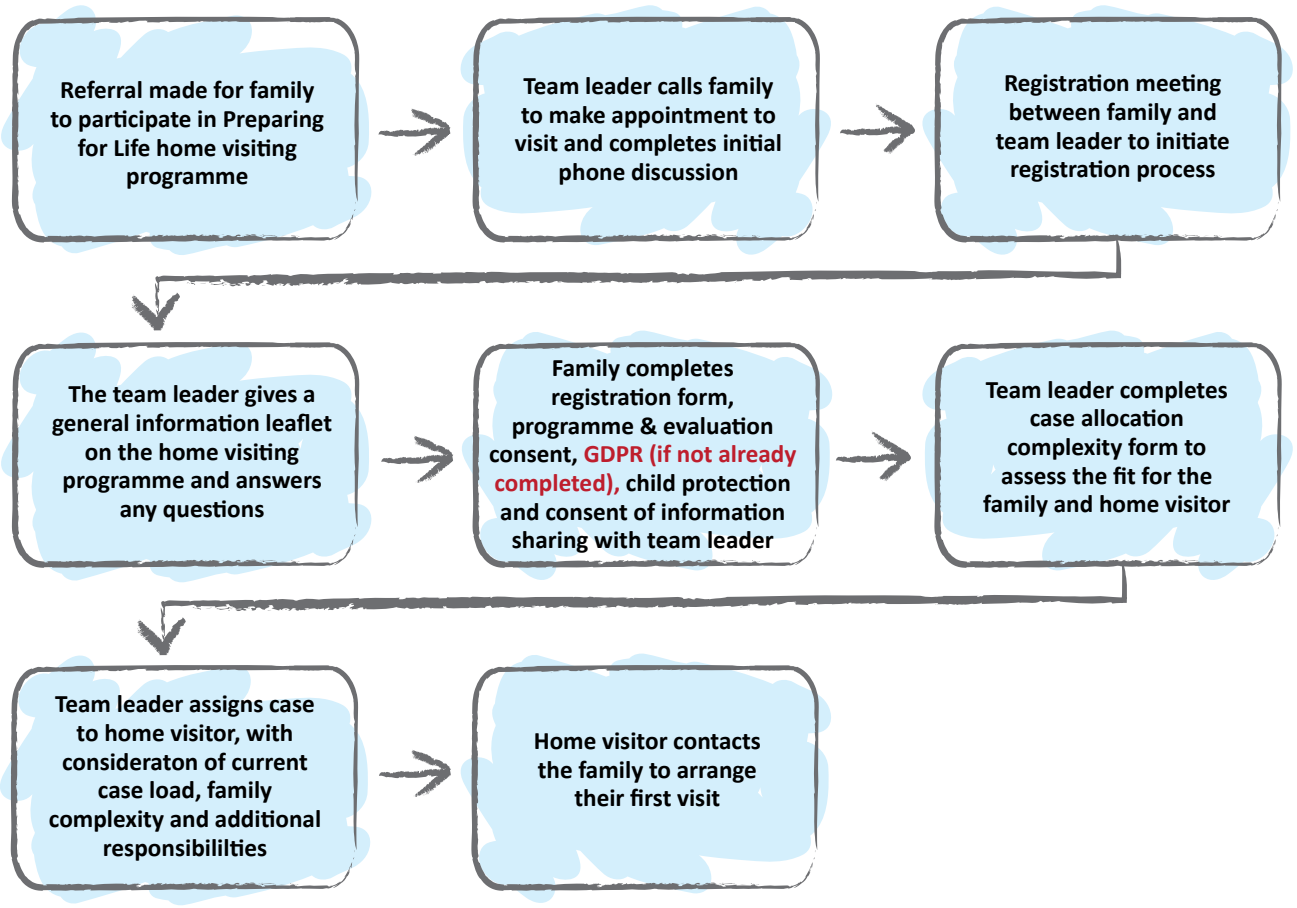
The team leader completes the possible participant list after the meeting. This is to support the allocation of the case while being mindful of the fit for the family and the home visitors. Families may be referred or linked to additional support as required to overcome any potential barriers to participation.

There are several telephone calls/texts following the registration meeting and before the first visit as follows:

1. The team leader telephones the family to let them know who their home visitor will be.
2. The home visitor contacts the family to introduce themselves and agree on a date for the first visit.
3. The home visitor sends a text reminder to the family a few days before and a further text reminder on the morning of or the day before the meeting.

The process and pathway for registration are presented in Figure 18.

Figure 18 Registration Process



10.5. The First Visit

The first visit is different to all subsequent visits. The first visit is about the home visitor meeting the family for the first time, getting to know them, and giving them an opportunity to get to know their home visitor. It is about setting the scene for the family of what the programme is about and answering any questions the family may have. The home visitor meets the family wherever the family wishes, ideally in their home, but it could be in the Preparing for Life offices or another community venue if this is preferred.

It is also intended that the home visitor will complete the following documents/ processes outlined in Table 17 on the next page. However, the flow of the meeting should be dictated by the family, and it is recognised that it may be necessary to complete these documents over more than one visit.

Table 17 Documents and Materials for First Visit

Form	Purpose
Preparing for Life home visiting pregnancy/ baseline questionnaire	The purpose of this form is to gather information about the family and to generate a picture of them and their potential strengths and needs. It looks at three key areas, including (a) Background, (b) Prenatal Care and Health/Wellbeing, and (c) Support Network and Social Support. These questions also form the baseline areas to be included in the evaluation process. It is intended that this will also help to stimulate goal-setting conversations between the home visitor and the family. **Note:** We understand that it may not be possible for the home visitor to complete this on the first visit and that it may need to be revisited when there is a more established relationship with the family. However, it is important to try to complete this questionnaire as soon as possible after a family has started.
Preparing for Life home visiting expectation agreement	The purpose of this form is to review GDPR and child protection and to answer any questions. It sets out the rights and responsibilities of the home visitor and family, and the expectations for each in the relationship. It also explains to the family what to expect in the coming weeks, months, and years, as well as setting clear boundaries for participating in the programme. Furthermore, it reiterates the process for disengagement. The home visitor will also review the completed child protection and GDPR form. These forms are revisited with the home visitor to ensure there is a clear understanding between the home visitor and family about the legal requirements and to support the family in feeling safe about how their information will be used.
Provide Preparing for Life home visiting tip sheet folder	The tip sheet folder is provided to mark the beginning of the process. The family may be given some initial tip sheets (if relevant) to place in their folder. The content in the folder builds as the programme progresses over time.
Information sharing consent form (as required)	This form articulates what information the family want to consent to sharing and to who has access to that information. This can be updated if a family wishes to add or remove any content. Depending on the family circumstances, it might not be necessary to complete this form as part of the registration process, but as the need arises. It is always important for the home visitor and family to discuss what the family is comfortable with and understand the boundaries in this regard at any point. Furthermore, the form may require updating if the home visitor becomes aware of other agencies involved with the family and the family sees a benefit to collaborative working.

The first visit concludes with the home visitor and the family agreeing on arrangements for the next visit. During the discussion and agreement of the initial plan for future visits, the home visitor should take lead from the family on the times, venue, frequency, and

duration of the visits that best suit them and their needs. In the initial rollout of the programme, families reported that monthly visits seemed to work best. However, this depends on the needs of the family and can be more frequent if required. The family should also have an opportunity to ask any final questions before the first visit finishes.

To help the home visitor prepare for their first visit, there is a helpful checklist included in **Part D - Tools and Resources.** The checklist should be completed and stored in the family's case file. It should be referred to before the second visit to ensure that all the necessary information has been shared and the essential forms completed and signed, as appropriate. Any outstanding issues from the checklist should be followed up with the family during the second visit.

11. DELIVERING THE PROGRAMME

The format and content of the first visit is different to all subsequent visits (as per the description above). The preparation for and delivery of the second and all subsequent visits follow a standard format.

11.1. Preparing for Home Visits

It is important that the home visitor prepares for each visit so they feel confident in the content that the family has suggested they would like to cover, to ensure outstanding actions are completed and to provide the best possible support. Home visitors send families a reminder text message a few days before each home visit as well as a further reminder on the previous day or morning of the visit. If the family does not wish to meet in the home, then an alternative venue should be agreed and confirmed with the supervisor at this point (if not already agreed at the first visit). The preparation recommended in advance of home visits is outlined in Table 18.

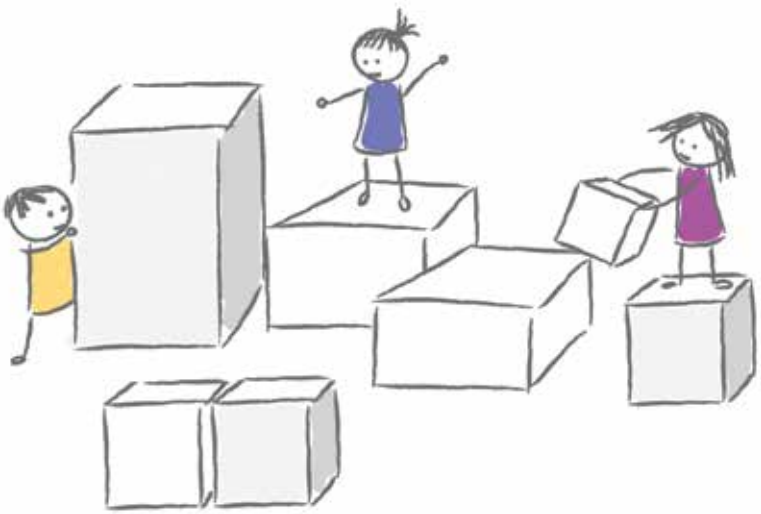


Table 18 Preparation in Advance of Home Visits

- Read over any session notes or completed questionnaires from the last visit with the family. Check if there are any outstanding actions that require attention.
- Consider any topics that the family has expressed an interest in covering or any potentially relevant topics based on the mother's stage of pregnancy or the current stage of development for the child. It is recommended that the home visitor has prepared information for approximately three months ahead in terms of expected potential milestones. These may not be delivered but it is important to be ready so flexibility can be provided if the topic does arise. The home visitor should bring potentially relevant tip sheets with them for the visit from the family's folder and, if indicated, select the supporting materials for the tip sheets, e.g. the HSE Weaning to Solids booklet, Play-Doh.
- Check if the family are due any developmental items.
- If the family have concerns about the development of their child, then consider bringing the appropriate ages and stages questionnaire as a point of discussion to explore further.
- Consult the tip sheet delivery guide, and (if indicated) select any supporting materials needed e.g. HSE Nutrition Booklet for 0-5 or Breastfeeding Booklet.
- Check if a questionnaire is due and read over questions in advance. Ideally, the family knows from the previous visit to expect a questionnaire, or at a minimum, the family should receive a call in advance to explain that a questionnaire is due and ensure that the family are comfortable to do it at the next visit.
- Check if the family are due a review of their goal setting and aspirations sheet and bring as appropriate and in line with the families wishes.
- Bring information about the key components of the programme (Antenatal education, breastfeeding education and support, baby massage and evidence-based parenting programmes). Check to see if the family has engaged in the group format. Consider any next steps (as required) to support engagement i.e. bringing information about the programme again or considering offering the family the intervention in the home to support participation.
- Check if anything additional is required to support fathers/significant others participation, e.g. posting out tip sheets or bringing extra to visit.

The home visitor should complete the subsequent visit checklists (see Part D - Tools and Resources) to ensure all steps are completed. This is particularly important for new home visitors and should be completed after every visit for at least the first six months.

The following safety steps are recommended to be taken prior to a visit. Note: your organisation may have a lone working policy as part of their governance policies, and in this scenario, your organisation's policy should be followed.

- It is important that the team leader or other members of the team know where and when home visitors have visits. Home visitors should write the time, family, and venue of any visits in the designated diary or calendar.
- Home visitors ensure their mobile phone is charged and SOS is activated before leaving for a visit.
- Contact home visiting office or team leader if the visit goes over the allocated time.

11.2. During the Visit

At the start of each visit, the home visitor will reflect on the previous visit and pay attention to any outstanding actions, review goals (as relevant), or check in on any referrals and/or signposting that occurred in previous home visits.

The family must be encouraged and given time, at the beginning and at the end of the session, to chat about family news and/or raise any other issues that they may require support with. These moments create opportunities to build and strengthen meaningful relationships with the family and to ensure that the programme is addressing the needs of each individual family member.

The Preparing for Life home visiting programme includes several components as outlined in Part A of this manual. It is not expected that the home visitor would complete all these activities in one home visit, and instead, these should be seen as a menu of options for families. An exception to this is the tip sheets, which are recommended to be included at differing levels during each home visit, i.e. tip sheets may be included in a visit as the focus or else as a secondary activity where information is briefly discussed and left with the family to digest so that other activities can be prioritised. Furthermore, it is recognised that families always have a choice to agree to participate or not in any of the activities outlined below, and ideally, these activities are led by the family and occur as per their wishes.

The different activities that may be part of a home visit are outlined in Table 19 below.

Table 19 Potential Activities on Home Visits

Activity	What This Is
Tip sheets	This is a core activity that facilitates discussion on key parenting topics between the home visitor and family. The Preparing for Life home visiting programme has developed a suite of evidence-informed tip sheets based on the best available information. The information is shared with the family as per their wishes.
Developmental packs	Resource and developmental packs are provided as educational resources to encourage milestones, e.g. a playmat is provided to support parent-child interaction and encourage tummy time; books to encourage a more language-rich environment; and jigsaws to help build on problem-solving skills and fine and gross motor skills of children in the programme. Please see Part D - Tools and resources for more information.
Goals and aspirations process	This is a structured process in which the family's and parents' goals and aspirations are explored and captured. Ways to support these are discussed, as well as considering potential and actual barriers, and how they can be addressed. The goals may benefit from support from the Preparing for Life programme or collaboration with other programmes or services as per the advocacy, referrals and case coordination process below, e.g. aspirations about employment, education, and housing.
Interagency work (as required)	This includes advocacy, signposting, screening, referrals, interagency meetings, case coordination (Preparing for Life as lead), participation in case coordination (Preparing for Life not as lead). These are collaborative process(es) with the family that assist them in availing of supports that they have identified as beneficial, ensuring the family has their voice heard, supporting the family with existing interagency coordination processes, or assisting the family in establishing a new interagency coordination process (as per their wishes).
Supporting access to other key elements of the programme	The home visitor supports the engagement of families in the other key elements offered to families, i.e. antenatal education (breastfeeding education and support, baby massage) and evidence-based parenting programmes. Home visitors are trained in baby massage and evidence-based parenting programmes so that they can deliver these aspects on a one-to-one basis as required, as well as reinforce or provide additional information for these groups attended by the family. Furthermore, the midwife can provide antenatal education and/or breastfeeding education and support on a one-to-one basis as required.

It is important that these activities are delivered in a way that builds on the practice principles outlined in Part A (see Figure 7), such as reflective practice (home visitor, coaching, scaffolding) and family capabilities (strengths-based approach/goals and aspirations process). Preparing for Life home visiting has been exploring strengthening these practices using models such as PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes) (Roggman, Boyce, & Innocenti, 2008) and

FAN (Facilitating Attuned Interactions) (Gilkerson, et al., 2012) to further enhance these interactions with families. The practice principles support a strong relationship between the home visitor and the family. This process is developed through the building of trust and rapport and ensuring the family is at the centre of the process. The development of a strong relationship supports activities to happen in a meaningful way. This may involve encouraging, helping, and demonstrating a range of strategies, tools, and techniques. For example, encouraging parents when they do things well, assisting parents with things that they find difficult, and demonstrating new tasks.

11.3. After the Visit

There is an after-visit checklist that can be used to reflect on each home visit. An example of this checklist is included in the Part D - Tools and Resources.

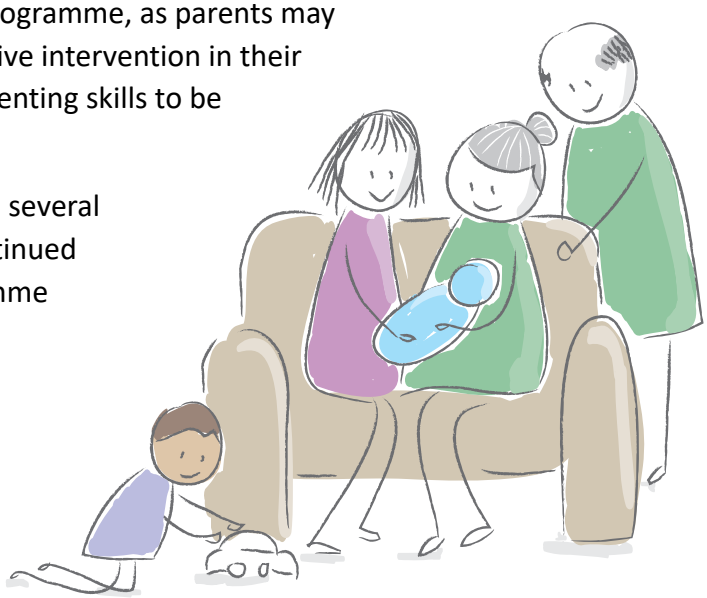
As part of the induction process for all new home visitors, the after-visit checklist is completed by the home visitor for the first six months after each home visit they have with a family. The types of issues covered in this checklist should be recorded in your session notes and filed in the family's case file.

Ideally, home visitors should record their session notes as soon as possible after a visit but no longer than one week. Furthermore, all actions to be completed should be recorded in the family action log (see a sample of this in Part D - Tools and Resources), and the home visitor should follow up on any agreed actions.

11.4. Keeping Families Engaged

It is intended that families in Preparing for Life home visiting stay engaged with the programme for approximately five years, that is, from pregnancy to when their child first starts school. The programme is designed to maximise the participating child's outcomes at each stage of their development, and the randomised control trial conducted on the Preparing for Life programme showed that it is important that families stay engaged until the child starts school.

However, there may be a range of reasons why families do not remain engaged in the programme; for example, families may move away from the communities in which the programme is offered. Sometimes, families might need responsive support to continue their engagement in the early days of the programme, as parents may fear that home visiting will be an invasive intervention in their private lives, and they expect their parenting skills to be examined and criticised.



Preparing for Life home visiting utilises several different strategies to support the continued participation of families in the programme following their consent and registration onto the programme and to enhance relationship building and rapport between the home visitor and family (see Table 20).

Table 20 Strategies to Support Continued Engagement

- Ensure the **support delivered is in line with each family's wishes,** goals and aspirations. Families should be kept at the centre of all processes. This includes **regular goal-setting meetings to help ensure relevance as well as to sustain momentum and support families to see potential progression in** their goals and aspirations.
- **Families choose the content** for each home visit (in line with the Preparing for Life home visiting programme content). This is usually decided at the end of a home visit so it can be accommodated for the next one.
- Support delivered should be **strengths-based and help the family** identify their capabilities. **Families are seen as the experts on their children.**
- There is **flexibility** regarding where, when, and how often visits occur. Some families may want frequent support. Furthermore, the pace of visits should fit the family's needs.
- **Case Coordination** is provided where families are engaged or likely to be engaged in multiple supports to ensure coordination of the process. This supports collaborative working towards a family's goals or aspirations or addresses any needs that may impact a parent's ability to engage or participate in the programme's content. This is done with the consent and agreement of the family.
- **Clear and regular communication is delivered** to families via phone calls and messages or social media platforms such as messenger as required.
  - Families receive a reminder text or message a few days before each home visit and a further reminder the day before or the morning of the visit.
  - If additional support is required, then further calls or messages between visits may occur.
- Opportunities are provided to reflect on and review the support to date and **check the family's satisfaction** regarding what has gone well and if anything could be improved.
- Families are treated with **sensitivity and respect,** and home visitors cultivate a non-judgmental and welcoming attitude.
- If families begin to miss appointments and there is a risk of disengagement, then efforts are made to support the family and **focus on supporting their continued participation.**
- **Family photoshoots** and **developmental packs** are provided to families to acknowledge progress to date towards different milestones and can encourage continued engagement.
- **Acknowledgement** via a **card** of key milestones in the family's life, including celebrations of baby's birthdays, new house, starting preschool/school, deaths in the family, and weddings. This builds rapport with families and lets them know we care.

11.5. Ending the Programme

The Preparing for Life home visiting programme aims to work with a family until the child starts school. Families may exit the programme in two ways:

- Expected and planned endings
- Unexpected and unplanned endings.

Expected and Planned Endings usually occur when the child has started school and the family has completed the full programme. However, this may also include an early planned ending, where a family does not complete the full programme, but a plan is provided for some continuation of support if needed. This may be due to several reasons, such as the family having moved out of the area, the family not wishing to continue for personal reasons from a certain date and notifying the service.

Unexpected and Unplanned Endings occur when the family has disengaged with no discussion with their home visitor, and it is not possible to plan any continuation of support that may be needed.

11.5.1. Expected and Planned Endings

The programme will work with the family to prepare for the end of the programme approximately six months before the programme's finish date. This is important as some families may experience the end of the programme as a challenge and a loss. Acknowledging the end of the programme is an important stage that should not be ignored. The process is outlined in Table 21 below.

Table 21 Process for Expected and Planned Endings

- Share information from the remaining tip sheets (as led by the family).
- Where the family have completed the full programme, support the family with the child's transition to school, to identify any final areas of potential support required.
- If a family requires additional services or support going forward, then the home visitor should assist their linkage into other services and supports as per the families wishes. If there are already several agencies involved, then it may be helpful to discuss the ending of support with Preparing for Life home visiting via an interagency meeting with the family (as per the families wishes). The home visitor will ideally work with the family until this transition has been supported.
- Acknowledge the family's participation and celebrate their successful completion of the programme.
- Briefly review the programme and ask the family to complete the exit form (see Part D - Tools and Resources to capture their experience.

11.5.2. Early Planned Endings

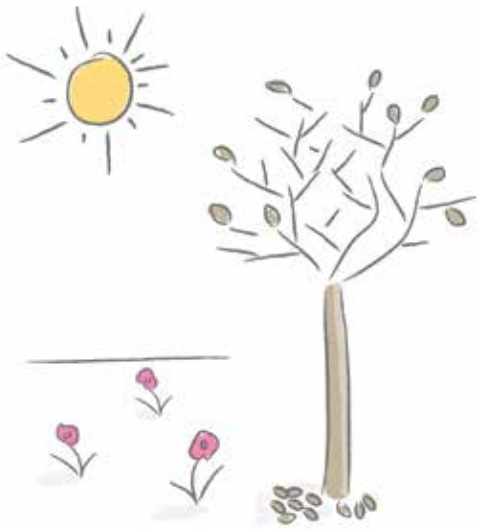
Some families may leave the programme before the child starts school. A family can decide at any time that they would like to stop participating in the programme. For example, a family's circumstance may change where participating in the programme is no longer feasible or desirable. This may occur if a family moves outside the area, has health reasons, or has a change of home visitor. All efforts should be made to support the family's continued engagement until the child starts school. There are a variety of approaches that can be taken, which should be chosen in consultation with the team leader as part of the supervision process.

Table 22 Alternatives to Early Planned Endings

- Offer the family, the option of **meeting every two months** rather than monthly meetings.
- **Pause the programme for a period of time**, during which the home visitor will have no contact with the family. The home visitor should discuss and agree the duration of this period with the team leader and the family. It is recommended that this is not more than six months duration unless there are exceptional circumstances. After this period, the home visitor should contact the family and discuss if they would like to continue with the programme.
- In very special circumstances, for example, family loss/bereavement or illness, a home visitor can maintain **'remote' contact** with the family, by posting the tip sheets to the family home. This approach may be used to respond to a family's needs at a particular time. However, this is only a temporary solution and should not be used as a long-term response.

If, after exploring the alternatives to an early ending, a family chooses to end participation in the programme, then the home visitor should begin planning the ending process with the family. This may include a final meeting to briefly review the programme and invite the family to complete the exit form. Furthermore, if a family requires additional services or support going forward, then the home visitor should support their linkage into other services and supports as required and as per the family's wishes. If there are already several agencies involved, then it may be helpful to organise an interagency meeting with the family to facilitate a discussion. As before, the home visitor will aim to support the family until this transition has been made.

As part of closing a case early (i.e. before a child starts school), the home visitor should actively let families know that home visiting will still be available to them if they wish to rejoin the programme over the next six to eight weeks. If the gap is longer than six to eight weeks, then the potential to re-join the programme is assessed on a case-by-case basis with the team leader.



11.5.3. Unexpected and Unplanned Endings

Families are expected to participate in the home visiting programme from before the birth of their child until that child starts primary school. Some families may disengage with little or no contact during this time. If home visitors are concerned about a family's engagement with the programme or is consistently missing or avoiding visits or contact, then this should be discussed with the team leader. Families in the programme should be made aware, during the first visit, of the procedures that you will follow if this occurs.

A family can decide at any time that they would like to stop working with the programme. Home visitors should discuss with the team leader if they are concerned about a family's engagement with the programme or if they are consistently missing or avoiding visits or contact with them. Home visitors should keep the team leader informed about non-attendance in supervision. The process to follow if a family misses a visit is outlined below.

Table 23 Stages of Disengagement

Stage 1: Family misses one visit with no contact	Home visitors should contact the family via text, phone or social media as sometimes families forget about appointments. If the family is not responding after 8 times points of contact, then efforts should be made to contact the family via post. This should be discussed with team leader.
Stage 2: Family does not respond to contact efforts in Stage 1 by home visitor	When the efforts above have been exhausted and no contact can be made, the home visitor should inform the team leader, who will try to make contact via text, phone, social media or post.
Stage 3: Family does not respond to contact by team leader	If there is no response from the family to the team leader within three attempts at contact (not exceeding a six-to-eight-week period), then the formal disengagement process is started.
Stage 4: No response within three attempts at contact (not exceeding a six-to-eight-week period) to Stage 3 above, then formal disengagement process started	The family is sent a formal letter to advise them of the need to respond to keep their case open. This happens over a period of up to 6 weeks with the first formal letter sent in the first two weeks. Then a monitoring period, then a second letter sent the following two weeks with another monitoring period. Then a final standard letter of disengagement is sent in the final two weeks stating that the case is closed.
Stage 5: Case is closed if no response to formal letters in Stage 4 above	The case is closed, and efforts are made to invite the family to complete the exit form to provide an opportunity to learn about their disengagement and if there are any opportunities to improve going forward. If a family subsequently contacts the programme, then their continued participation will be reviewed on a case-by-case basis by the team leader.

Examples of the hard to reach letters, no show letters and disengagement process letters are outlined in Part D - Tools and Resources.

12. CAPTURING OUTCOMES AND THE EVALUATION FRAMEWORK

Measuring outcomes for children and families is important, as it helps the home visitors to understand where they are having a positive effect and to learn from their ongoing interactions with families. Secondly, it helps the programme to demonstrate to others what is working. The programme uses an outcomes measurement framework to collect and monitor the achievement of outcomes over the course of the programme. The questionnaires developed and any standardised measures selected for this framework have been carefully chosen to ensure (as much as possible) they serve a dual purpose of: i) supporting the home visitor in their practice, facilitating them to build a picture of a family, including their strengths and potential areas for support, and to invite conversations on particular topics with families and ii) to facilitate an evaluation process of the programme. Therefore, the questionnaires may be helpful to complete with a family regardless of whether the information will be utilised in an evaluation process.

A separate document on the Preparing for Life home visiting evaluation framework is available and provides further information on the process and specific tools. Training in the use of the outcome measures included in the framework will also be provided as required. The evaluation framework should support the ongoing learning of the programme.

13. CASE NOTES AND RECORD KEEPING

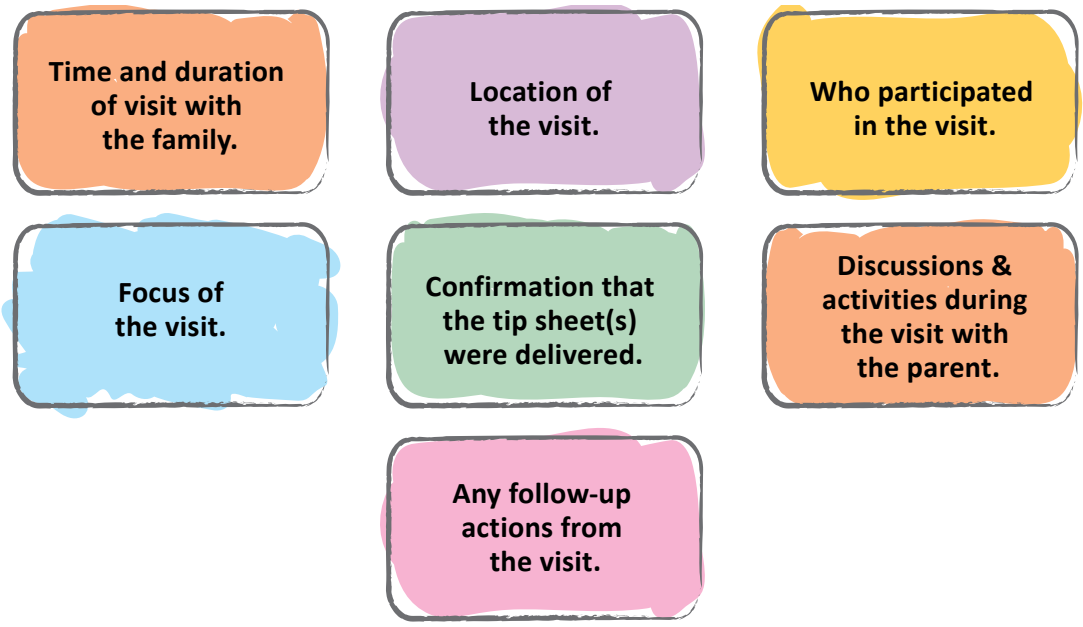
It is important that accurate and up-to-date case notes and files are kept for all families. Each family on the programme should have their own case file which their assigned home visitor will manage. The case file is opened once the registration process is completed. The case file should include the following documents and should be stored as directed by your team leader and in line with National Data Protection requirements.

Table 24 Case File Contents

- Referral form
- Registration form
- GDPR Consent (as per your organisation)
- Home visiting programme and evaluation form
- Child protection form (as per your organisation)
- Information Sharing Consent Form
- Consent to use photos for publicity purposes (as required)
- Preparing for Life home visiting expectation form
- Evaluation questionnaires
- Goals and aspirations tool with family's action plan and reflections
- Exit form
- Copies of correspondence to/from the family
- Copies of correspondence about the family to/from other agencies/services
- Incident reports (if required)

The home visitor should record each session as soon as possible after a family visit and within one week. Furthermore, any correspondence, including phone calls, text messages, and emails in between visits, should all be recorded. The subsequent visits checklist (see Part D - Tools and Resources) should inform what home visitors include in your session record. Home visitor's notes should record the following:

Figure 19 Content for Session Information Notes



Best practices around recording case notes should be followed, including writing from the first person and keeping notes clear and brief.

It is important that the family is satisfied with how their information will be used and shared within the Preparing for Life home visiting programme. Furthermore, they should be aware that their information will remain confidential to programme staff unless stated by the family via the information sharing consent form or in the case of child protection concerns.

14. POLICIES AND PROCEDURES

The following policies, which concern the operations of the programme, are included in Part D - Tools and Resources and provide more information about how the home visiting and other activities work in practice:

- Access, engagement and case completion policy
- Case allocation and management policy
- Supervision policy.

Organisations should ensure that standard policies in relation to governance and risk assessment are in place and reviewed frequently including:

- Child protection
- Health and safety, lone working, and transportation
- Domestic violence
- Substance abuse.

15. SUPPORT AND SUPERVISION FOR HOME VISITORS

This section outlines the supports available to home visitors, such as supervision, meetings, coaching and reflective practice, and training, as well as practical supports, such as the tools and resources box.

Home visitors need to be supported in their practice in ways that promote leadership while meeting home visitors' needs and ensuring the programme's effectiveness. Quality supervision has a bearing on the quality-of-service delivery and programme outcomes. The team leader should support all home visitors in a way that models how it is hoped and/or expected that the home visitors will support their families (parallel process). As per the process described for families in the sections above, this means providing home visitors with a safe and supportive space that models empathy, attunement and reflection. The team leader creates a relational process that supports observations, connecting, reflecting and modelling. This can help home visitors explore new ways of being in their family relationships. This process should be strengths-based, highlight what the home visitor does well, and facilitate space for learning opportunities.

Supervision can also be important to support home visitors in maintaining personal and professional boundaries that protect both themselves and the families they work with. Home visitors should be clear about what can and cannot be offered to families. It is also vital that home visitors are supported around any potentially difficult and emotional situations they may face during a visit and how they can be supported to learn from their experiences with families. Coaching is used as an approach to support home visitors throughout their practice. An overview of the supervision and meetings that a home visitor receives are outlined below.

Table 25 Supervision Supports for Home Visitors

Type Of Support	Aim And Purpose
Individual supervision	Ensuring the home visitor is supported in terms of their wellbeing and their ability to provide quality care to the families they are working with.
Home visitors meetings	Supporting the day-to-day running of the programme by considering key aspects such as recruitment and referrals, engagement levels and programme fidelity.
Group case review meetings	Providing a support network where challenging cases can be discussed and potential solutions found.

PLEASE NOTE: The supports described in this section of the manual are recommended for the Preparing for Life home visiting programme. The organisation may have other supervision, support and training processes and procedures. The home visitor should consult with the team leader about how the supports described in this section of the manual fit with the organisation's processes and procedures. However, the provision of a parallel process provided via the support and supervision between the team leader and the home visitor is an important aspect of the programme delivery.

15.1. Individual Supervision

Individual supervision is a key element of the programme delivery. The relationship between the supervisor and the home visitor should model the relationship that the home visitor builds with the family. As discussed earlier in the document, the practice principles outlined in Part A Figure 7 should be evident in supervision. In particular, the parallel process (including modelling and relational learning) and reflective practice (including coaching, mentoring, experiential learning, and scaffolding) are key to individual supervision. A facilitative, optimal environment that promotes trust, warmth, and a supportive learning environment should be created. Team leaders build relationships with home visitors by providing a secure and facilitative holding environment while setting supportive boundaries as well as using coaching as a technique to guide and support. It is hoped that, in turn, a home visitor will use this approach to support their families similarly. Furthermore, it is important to model a strengths-based approach across the programme with both staff and families.

It is important to attend supervision training before supervision takes place. Home visitors and team leaders should attend supervisee training, and the team leader subsequently attends supervisor training so that there is a shared understanding of the purpose and process of supervision.

Once all staff are trained, the home visitor and team leader should meet and draw up a supervision contract and expectation agreement, which are reviewed annually. A sample contract is included in **Part D - Tools and Resources.**

Individual supervision meetings usually last approx. 60-120 minutes and are held every four weeks for the first year of employment, moving to every six weeks after this. Additional supervision meetings can occur at the supervisor's discretion or the request of the home visitor. In addition, ad hoc supervision i.e. supervision required between formal meetings for a specific issue, should be provided as required.

This should ensure that a home visitor has an opportunity to discuss all aspects of their work. Home visitors are encouraged to add any topics they wish to discuss to the following suggested agenda topics.

Table 26 Suggested Agenda Topics for Supervision

Agenda Topic	Description
Agreement of agenda	Team leader and home visitor should agree on the agenda and discuss if there are any other items to add together.
Actions from previous supervision	The team leader and home visitor should recap the actions from the previous supervision.
Family work & programme fidelity	There will be a discussion on the current caseload of the home visitor and what they think is going well, in addition to any areas where they might like extra support. As well as considering how they are supporting fidelity to the overall programme and practice principles.
Other responsibilities	There will be a discussion on other activities the home visitor engages in, such as meetings where they represent Preparing for Life.
Supports required	Opportunity to see if the home visitor needs any additional support.
Training and development	Opportunity to discuss if the home visitor has any training requests or needs.
Any other business	Any other items that need to be discussed.

Both supervisor and supervisee should be fully prepared for supervision. Preparation is important to ensure the home visitor receives the most possible from the supervision sessions.

Table 27 Responsibilities in Supervision

Items To Be Sent Before Supervision	Who Is Responsible?
Any items to be added to the agenda	Home visitor
Home visitor's Family Action Log	Home visitor
Items To Be Brought To Supervision	**Who Is Responsible?**
A list of the home visitors' families	Home visitor/team leader
Any relevant documentation relating to work progress	Home visitor
A list of any additional items to be discussed	Home visitor/team Leader
Notes from the last session	Team leader

Please see the Supervision Policy in Part D - Tools and Resources for more information about individual supervision.

15.2. Home Visitors Meetings

Home visitors team meetings support the day-to-day running of the programme and fidelity of delivery. At the same time, the group case review meetings allow home visitors to learn from each other's practice. Home visitors meetings are held every two weeks, while group case review meetings are held every three months as an add-on to the home visitors meeting. Home visitor meetings usually last approximately 60-90 minutes, with an extra 30-60 minutes added for the group case review meeting every three months.

The agenda for a home visitors meeting is outlined below.

Table 28 Sample Agenda for Home Visitor Meetings

Agenda Topic	Description
Check-in	Introduction to ground everyone into the meeting.
Recruitment and referrals (allocation of new families)	Discuss the recruitment process and any new referrals received. New families are allocated to home visitors.
Overall engagement in Preparing for Life and activities (considering programme fidelity)	Monitoring families' engagement in the home visits and the associated activities as well as other integrated parts of the programme such as baby massage, evidence-based parenting, breastfeeding support and antenatal. It also considers fidelity to the programme model.
Roles and responsibilities/ updates	Updates from the team leader on the overall programme. Updates from home visitors who represent Preparing for Life at meetings or groups or coordinate specific parts of the programme.
Evaluation framework	Monitoring and supporting the implementation of the framework as well as information about any outcomes.
Any other business	Any other items the team wish to discuss.

15.3. Group Case Review Meetings

In the group case review meetings, one team member makes a presentation about an anonymous client case, followed by a discussion. Using an action learning approach, the team talk through a case that a team member is having difficulty with, and the rest of the group will act as coaches.

> *"Action Learning is a method for individual and organisational development based upon small groups of colleagues meeting over time to tackle real problems or issues to get things done; reflecting and learning with and from their experience and from each other as they attempt to change things."*
>
> *— John Edmonstone - The Action Learner's Toolkit (Edmonstone, 2003)*

This supports the home visitor in reflecting on practice and developing possible solutions for moving forward while inviting the broader group to practice their coaching skills. For more information, please see the Supervision Policy in Part D - Tools and Resources.

15.4. Reflective Practice

Reflective practice is woven throughout the Preparing for Life home visitor support and supervision process. This should create a learning environment for the home visitor that utilises key aspects of reflective practice and builds on their motivations and aspirations using coaching, mentoring, experiential learning and scaffolding. The process outlined below models the reflective practice principle that was discussed in Part A. There should be a parallel process in that the team leader models the process for the home visitor and opens up a space to learn in a relationship similar to the process that the home visitor creates for the parent.

The Preparing for Life team leader uses coaching to empower home visitors to make their own choices in a supportive way. They do this by listening to the home visitor and supporting them in considering options rather than telling them what to do and giving solutions. Ideally, the team leader gives the home visitor enough space to think for themselves, by slowing the process down and using questions to help a person reflect on how information or techniques may fit with their work-related practice or own values and goals related to their work practice. For example, the team leader or other home visitors in group case review meetings will only use who, what, where, when, and how questions when responding rather than telling someone what to do. The team leader must open this space for curiosity and questions as much as possible. Coaching may also support critical reflection on practice, particularly with new home visitors. Further information on the coaching process is provided in the standard home visitor induction training.

Building on the mutual competence principle below, Preparing for Life home visitors are the experts on their relationships with their families, while the team leader is the expert on the programme delivery. The team leader provides mentoring to support home visitors with implementation and delivery and, in particular, about the practice principles to guide home visitors in delivering the programme with families in ways that benefit the child, the family and the home environment. Topics are ideally led by areas of interest by the home visitors and are areas that they may be already reflecting on and where they would like more information.

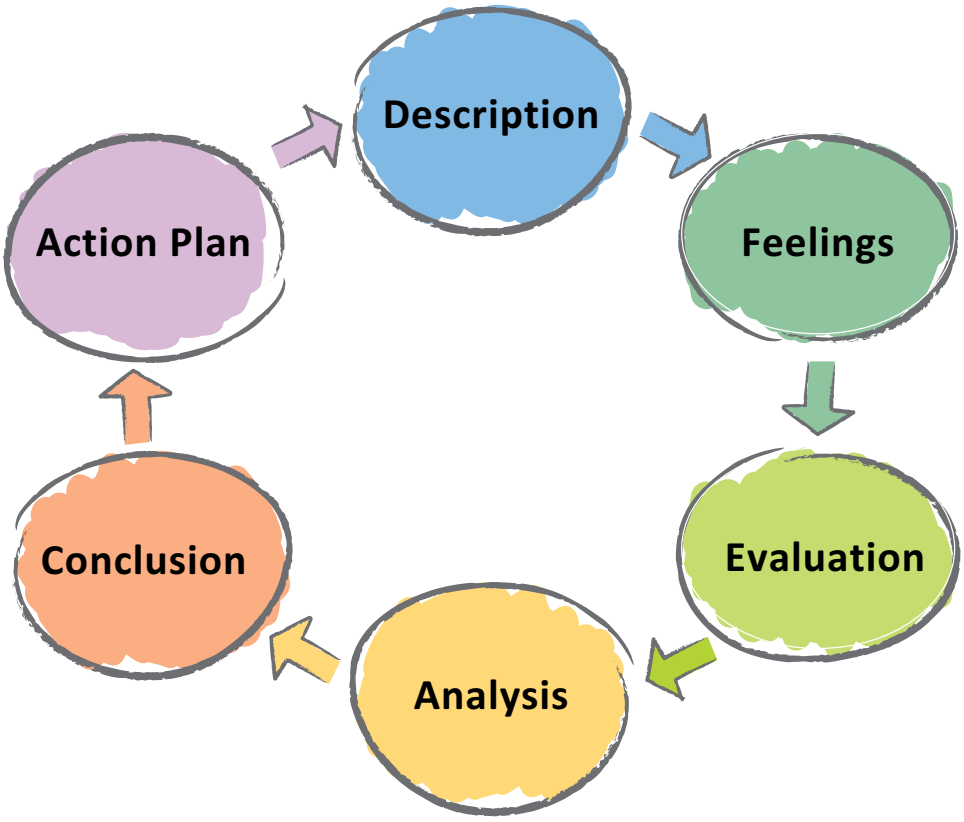
At times, the team leader may suggest areas of content that they think may be helpful for the home visitor based on conversations they are having. Hopefully, this will encourage home visitors to reflect on their choices and actions and stimulate more conversations between the home visitor and the team leader.

The experiential learning of the home visitor is also recognised as an important aspect of reflection as this allows consideration of what has or is working in their interactions with their families and why. This involves learning by doing, inviting home visitors to think critically about their professional practice and how it works. This may include exploring what they think is working, what they think could be improved, what they want to build on, and what other areas they want to explore.

As much as possible, the team leader scaffolds the learning and reflection process, supporting the home visitor with the intention that the scaffold can be removed at a future point or reinstated as required. This provides a safe environment for the home visitor to learn and explore. Therefore, the team leader provides different support levels until the home visitor is confident in their ability. The team leader always strives to support the home visitor's self-efficacy and confidence. This is only provided to the extent that it is needed, reduced, and removed as the home visitor learns and gains competence and can answer and solve problems independently. Sometimes, this also involves the team leader encouraging the home visitor to play with different scenarios by creating a space to help them imagine how they might do something. Therefore, scaffolding also builds on the principles of coaching, mentoring and experiential learning.

As stated above, reflective practice can build capacity within the home visitors, which they, in turn, can share with parents. The programme builds on the reflective cycle outlined by Gibbs (see Figure 20 below).

Figure 20 Gibbs Reflective Cycle



15.5. Training for Home Visitors

To provide the Preparing for Life programme appropriately and deliver it with fidelity, it is necessary that home visitors take part in training that is essential for the role.

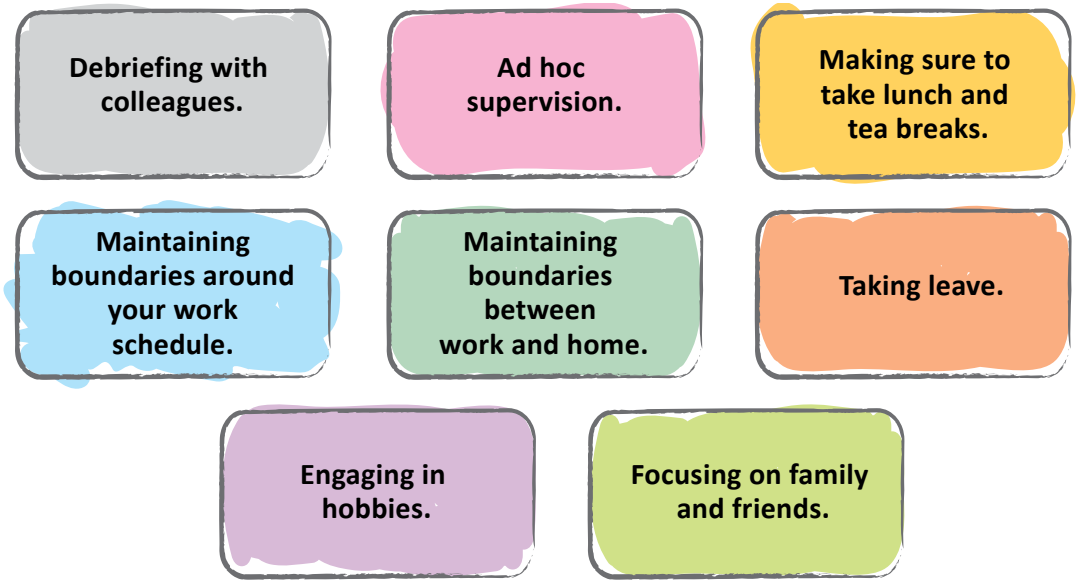
Table 29 Training for Home Visitors (Essential and Recommended)

Internal	External
Essential	
Home visiting training (including evaluation framework) (7 days)	Evidence-based parenting programme training Baby massage (IAIM) Child protection training (Tusla/HSE).
Recommended	
Evaluation tools (Ages and Stages)	Supervision training Paediatric first aid Domestic violence training Substance use training Infant mental health training Trauma informed practice training Safe Talk/ASSIST/STORM Culture and diversity training Evaluation tools (PICCOLO).

15.6. Self Care

Practising self-care is important to the role as a home visitor. Practical self-care actions which can help with these things include:

Figure 21 Effective Self-Care Strategies



Coping mechanisms for challenges can also be developed through training and maximising colleagues' support structure through peer support and learning, reflective supervision, and coaching.