**Accompanied Home Visits (AHV) Documentation**

**Introduction**

Core Model Element #12 of the Nurse Family Partnership (NFP) programme is a key component of the governance framework that facilitates safe and effective NFP programme delivery and supports FN development and performance. CME 12 makes explicit the obligation that each Supervisor completes a minimum of one home visit every four months with each nurse.

This documentation to support collaborative and successful use of AHVs is divided into 4 sections:

1. Guidance for NFP Supervisors and Nurses
2. NFP Supervisor AHV documentation
3. NFP Nurse AHV documentation
4. Record of AHV completion

The document is intended to be used by both NFP Supervisors and Nurses and has been developed from the international experiences of NFP teams over a number of years. Please take the time to familiarise yourself with the guidance in part A below, before attempting to use the documents in parts B, C and D.

**SECTION A: Guidance for NFP Supervisors and Nurses**

***Accompanied home visits provide an opportunity for:***

* The NFP nurse and supervisor to actively reflect on their experiences and observations, sharing these with each other in a collaborative, strength-based, and dynamic way using the reflective model chosen by their country.
* Reflections on practice to become translated into learning and plans for next steps for the nurse’s professional growth and development
* Understanding the challenges that the nurse may be facing and assist in finding solutions together and agreeing goals
* Observation of the quality and integrity of program delivery
* Gathering of feedback from clients on their experiences of the programme

In this way accompanied home visits facilitate a deeper working knowledge and understanding of the NFP clinical model for both the NFP nurse and Supervisor. The AHV also supports attainment of, and sustains, the NFP nurse competencies and is an important facet of the NFP program continuous quality improvement framework.

**Commencing Accompanied Home Visits**

It is recommended that accompanied home visits begin four months after the nurse commences the role. This provides an opportunity to explore the nurse’s integration of NFP clinical methods into home visits and will inform the ongoing assessment of learning needs for the nurse. It will also help to establish the accompanied home visit as an integral part of the NFP program support for the nurse and as a core Quality Improvement (QI) process. Learning shared from experienced supervisors and nurses suggests that this also reduces any anxiety associated with the accompanied home visit process and becomes a welcome and valuable opportunity for positive reflection and learning

**Use of this document**

This document is designed to support NFP nurses and supervisors to plan and undertake effective accompanied home visits, as set out within Core Model Element #12. The documents provided in Section B (SV) and C (nurse) are intended to be used as a “live” document over a period of 12 months, providing evidence of cumulative growth in the NFP competency framework. Learning from countries where this has been successfully implemented suggests that the supervisor is pivotal in setting the scene for how this document is used with emphasis placed on the opportunity for professional development and growth.

**PLEASE NOTE:**

* Sections B and C are divided into several thematic areas, providing separate documents and reflection prompts for supervisors and NFP nurses
* This process assumes that improvement is always possible and encourages both nurse and supervisor to engage in continual extension of both understanding and practice
* There are 13 different thematic areas included in the Accompanied Visit Observation document. We have found in the past that nurses have misunderstood the intention of this document and tried to focus on too many of the areas in one visit.
* It is **NOT intended** that every thematic area of the document is completed at every accompanied home visit.
* However, it is anticipated that during the course of 12 months (i.e. 3 accompanied home visits) most areas will be reviewed
* You will note that the Motivational Interviewing components of the visit are considered separately. This enables us to be mindful of their importance in facilitating change and acts as a reminder that, rather than a specific tool, this is a way of being in NFP practice

Over time, and as the nurse gains experience, the Accompanied Home Visit documentation that forms Sections B and C can be adapted and extended to include other areas of NFP practice set out in the FN competency framework that the NFP nurse and/or supervisor wish to focus on during an observed visit.

**The process for use of the reflective prompt documents (Sections B & C) should follow the steps outlined below:**

1. ***Prior to the visit:***

* The NFP nurse and Supervisor should choose appropriate thematic areas in advance (usually during the previous reflective supervision session) to focus on during the home visit. This would normally be no more than 2- 3 thematic areas at each accompanied home visit.
* If you plan to review a DANCE observation as part of your visit, it is expected that both NFP nurse and supervisor complete a DANCE coding and that this is compared (see area 10). It is recommended that if a DANCE observation is undertaken this is the only thematic area considered for that visit as it requires significant reflection and discussion

1. ***During the visit***

* The supervisor is a guest in the client's home. S/he will explore the client's understanding of the accompanied home visit before settling to observe the nurse.
* It can be helpful to remind the client that the purpose of the Supervisor being present at the visit is to ensure the program is as successful as possible and that nurses, like all people, appreciate feedback on how well they are doing and areas for possible growth. The Supervisor and nurse can let the client know that the Supervisor may be writing notes during the visit and the focus of this is on what the nurse is doing or saying (not what the client is doing or saying).

1. ***After the visit: individual reflections:***

* Immediately following the visit, a short time should be planned for the supervisor and NFP nurse to reflect individually.
* Any urgent concerns should be addressed immediately
* Both should complete their respective Accompanied Home Visit documentation from Section B/C reflecting on additional areas to those initially chosen only if significant learning opportunities/concerns arose during the visit.
* In the event that a specific significant reflection/observation that occurred during the visit does not fit into any of the thematic areas this can be noted in Area 14: Additional Significant Reflections/Observations
* The supervisor should be as objective as possible and record any observations clearly and with enough detail to provide the NFP nurse with specific appreciative feedback
* The NFP nurse should also aim to accurately recall the home visit and include any examples/occurrences that were particularly noticed.
* The NFP nurse and Supervisor complete the Summary Section collaboratively to identify areas of strength and areas for growth.
* The NFP nurse can add to her learning plan to focus on areas for growth and a plan for follow-up actions are agreed upon.

1. ***After the visit: sharing and reflecting together***

* The NFP nurse and Supervisor should come together to share and reflect on the meaning of their observations; areas of strength and areas for improvement are also discussed. This can be useful to consider at the next reflective supervision session
* If needed, the NFP nurse develops a learning plan to focus on areas for growth and a plan for follow-up actions are agreed upon.
* Any areas which might be useful for team reflection /skills practice are noted and plans for use of these agreed upon.
* The supervisor will send a note or card to thank the client (and others present) and her child for enabling the supervisor to fulfil this aspect of the role. Learning from sites has noted that adding an affirmation of something the supervisor noticed about the client’s interaction with the child was valued by the client

**Storage and retention:**

A record of the themes explored during accompanied home visits can be recorded in Section D

Documentation of accompanied home visits should be stored and retained in line with local governance expectations