





ANFPP HOME VISIT GUIDELINES INTRODUCTION BOOKLET

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Cultural Acknowledgement

The Australian Nurse-Family Partnership Program's (ANFPP) National Program Centre (NPC) acknowledges the traditional custodians of the lands and waters on which we live and work. We pay respect to elders both past and present.

We further acknowledge that Aboriginal and/or Torres Strait Islander people and communities are diverse and dynamic and continue to evolve and develop in response to historical and present social, economic, cultural and political circumstances. Diversity includes gender, age, languages, backgrounds, sexual orientations, religious beliefs, family responsibilities, marriage status, life and work experiences, personality and educational levels¹.

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¹ Commonwealth Government. (2013). *National Aboriginal and Torres Strait Islander Health Plan 2013–2023*. Retrieved from http://www.health.gov.au/natsihp.

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Acronyms and Abbreviations

АССНО	Aboriginal Controlled Community Health Organisation
ANFPP	Australian Nurse-Family Partnership Program
ANKA	ANFPP National Knowledge Access
ASQ	Ages and Stages Questionnaire
ASQ:SE	Ages and Stages Questionnaire: Social-Emotional
ATODS	Alcohol, Tobacco and Other Drugs
DFV	Domestic Family Violence
EPDS	Edinburgh Postnatal Depression Scale
FPW	Family Partnership Worker ²
HVT	Home Visiting Team
MI	Motivational Interviewing
NCAST	Nursing Child Assessment Training
NFP	Nurse-Family Partnership (University of Colorado)
NHV	Nurse Home Visitor
NPC	National Program Centre
NS	Nurse Supervisor
OLE	Online Learning Environment
РНСО	Primary Health Care Organisation

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² A unique adaptation of the Nurse–Family Partnership program for Australia has been the inclusion of the Family Partnership Worker. Family Partnership Workers promote trust and respect between the women and their family, the Indigenous community, and health providers. In partner organisations, the Family Partnership Worker position can be referred to by a title that is relevant to the local organisation, including Aboriginal Family Partnership Worker, Aboriginal Community Worker, and Family Community Worker. Where Family Partnership Worker is referred to in ANFPP documents, the term is inclusive of this role irrespective of the local title for the position.

Glossary of Terms

Choice Sheet	Choice sheets let women choose the specific topics that interest them. Every packet has a choice sheet listing the yarning tools available in the packet.
Yarning Tools	The yarning tools are information and / or interactive discussion tools for use in discussing various topics with mothers, the father of the baby and/or other significant people in the mother's lives. The yarning tools are to be left with the mother at the end of the visit. We use the term "yarning tools" because they are intended to facilitate a yarn / discussion with the mother.
Information Gathering	The Home Visit Guidelines include reminders of Information gathering such as the Clinical assessments and data collection that needs to be collected at each visit.
Menu	The menu is a client-oriented document showing the domains with the questions covered in each domain. The mother can use this sheet to choose a question she wants to talk / learn about.
HVT Guide	There are guides for the home visiting team that match the yarning tools. The HVT guides include suggestions for using the yarning tools with the mother, discussion points and open-ended questions to help the team prepare for the visit.
Packet	Each domain has questions listed on the menu. Each question has a corresponding packet of information for the mother. Packets contain a set of yarning tools and HVT guides for each topic covered in the packet.
Client Topic	The client topic is the teaching packet selected by the mother (using the menu) for each visit.
Program Topic	The program topic is the ANFPP designated teaching packet that should be covered at each visit.
Home Visit Guidelines	The guidelines outline the elements of a home visit, including the objectives, assessment, client and program topics, and information gathering necessary for the visit and discuss what to prepare for the following visit.

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Introduction to the Home Visit Guidelines

The purpose of the Home Visit Guidelines is to maintain consistency in implementing the ANFPP program across Australia. Use of the guidelines ensures comprehensive and essential ANFPP information is introduced to mothers and families. The guidelines, provide the flexibility needed to meet the mothers' needs and life-course desires as well as program goals. In addition, the guidelines provide a framework that helps ANFPP home visiting teams and mothers avoid focusing solely on the day-to-day challenges the women may be facing.

The Home Visit Guidelines were developed internationally as a nurse-led model. While remaining nurse-led in Australia, the ANFPP model has been adapted to include the Family Partnership Worker (FPW) role. The FPW is part of the home visit team and is critical to the success of the program within an Indigenous Australian healthcare context.

The Home Visit Guidelines offer women a format to explore the topics most relevant to her. The format also helps home visiting staff introduce content that supports women in developing the knowledge, skills and self-efficacy to achieve the program goals:

- Improved pregnancy outcomes through the practice of good health related behaviours
- Improved child health and development
- Improved parental life course.

The program content for the Home Visit Guidelines is organised into three sections: Pregnancy, Infancy and Toddlerhood.



The Home Visit Guidelines refer to the mother; however, the mother may choose to have other supporting family members and/or significant other(s) in attendance during scheduled home visits. Fathers and/or partners are encouraged to be present when possible and appropriate.

STAR Framework

The Strength and Risk (STAR) Framework is designed to help home visiting teams and supervisors systematically characterise levels of strength and risk exhibited by the mothers and families in the program. The STAR framework is intended to provide consistent ways for home visiting teams and supervisors to inform clinical decisions on visit content, dosage, and methods of promoting behavioural change to improve maternal and child health by attending to specific strengths that mothers and family members bring to the program. It is expected that the use of STAR will result in increased client retention and increased home visiting team confidence and effectiveness in working with families that have complex needs. Information organised with the STAR informs how the home visiting team works with families and helps the team align the program content and frequency with the mother's (and other family members) abilities and interests in engaging in the program.

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STAR assists the home visiting team to plan their visit content and interventions in a thoughtful way, so the purpose of the home visit is focused on achieving the intended ANFPP program goals and outcomes.

The home visit team uses the yarning tools in the Home Visit Guidelines to assist the mother in achieving her individual goals. One of the central goals for developing this system is to identify families who are doing well on their own and they may not need to be visited as frequently as called for in the current program guidelines as well as identify those that need more visits due to greater risk or need.

The STAR Framework is a living, ongoing assessment with five consolidation time frames: 5th visit (initial review of findings), 36 weeks of pregnancy, 8 weeks postpartum, 12 months of age, and 18 months of age. The STAR Coding Sheet is updated as the mother's circumstances change. For many of the measurement categories, the home visiting team have existing information sources:

- Observations and assessment during home visits
- Information provided by the mother and other service providers
- Content tracking form documenting which ANFPP yarning tools have been discussed with the mother
- Clinical judgment

Motivational Interviewing and the Home Visit Guidelines

The Home Visit Guidelines provide new tools aligned with the spirit and principles of Motivational Interviewing. The tools can help guide mothers to consider changes that could improve life for themselves and their children. Choice sheets, yarning tools, scaling questions, open-ended questions and a goal setting packet are some of the techniques utilised.

Choice Sheets

A choice sheet is included in each teaching packet. The purpose of the choice sheets is to understand what mothers already know and what they would like to learn based on their own concerns, desires and needs..

The title of the choice sheet indicates the broad theme covered in each packet. For example the '*How Can I Stay Healthy*' packet lists all the facets of the topic which you can discuss together.

Each topic on the choice sheet corresponds to one or more of the yarning tools in the teaching packet. After the mother selects topics she is interested in, the home visiting team may use their clinical judgment to identify other important issues to cover. In keeping with motivational interviewing skills, you can ask permission to discuss an additional item after addressing their choices.

Every choice sheet includes 'What else?' and 'My Questions' to demonstrate respect for the mother's autonomy and re-enforce client-centred principles. The 'wild card' topics give mothers a chance to tell you about any unique needs and interests not included in the listed topics.

The topic women select provides an opportunity to address the topic using culturally sensitive materials and interventions that can be locally sourced. Sites may substitute or augment a yarning tool with a local health promotion resource / tool with the same intent.

Yarning Tools

Each of the choice sheets has a menu of questions, each question represents a packet of yarning tools and other materials to share at the home visit. The yarning tools are used to facilitate discussion on various topics with the mother, the father of the baby and/or other significant people in her life. They are left with the mother at the end of the visit. In some situations, however, the mother may indicate it is not safe for her to keep a specific yarning tool or resource such as the '*What If Someone Is Hurting Me*'. If appropriate, home visiting teams often provide each mother with a binder to keep the yarning tools and any other

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resources you give her, so she can go back over the materials and share them with others in her family if she wants to.

Home Visit Team Guide

Many of the yarning tools (in each of the packets) have a matching Home Visitor Team Guide to explain their use. The guideprovide additional discussion points and examples of open-ended questions. You can use the sample questions or develop your own questions.

Content tracking form

The content tracking form lists all choice sheet topics and yarning tools for each topic to share and discuss during home visits. Leave a content tracking form with the mother. As you discuss each topic you can document the date of the discussion. The tracking form helps ensure all vital topics have been discussed. The yarning tools and topics covered must be documented in ANKA.

Scaling Importance and Confidence

Some yarning tools include prompts to scale the topic's importance. The prompts help assess the mother's readiness for behaviour change and her confidence in her ability to take the steps necessary steps to achieve her desired behaviour change. This is a useful strategy for eliciting change talk.

This strategy is effective only if trust has been built and the mother is engaged in the conversation (Miller, Rollnick and Butler, 2008). If the mother says what she thinks the home visiting team wants to hear, rather than how she really feels, this strategy will be ineffective.

Open-Ended Questions

Home visiting teams can find it challenging to come up with appropriate questions to start the conversation with mothers. To address this, examples of open-ended questions have been provided in the home visit team guide for each yarning tool. These can be used to explore a mother's thoughts regarding a topic. When using this technique, home visiting teams may be more comfortable using the questions provided, on they may find it more effective to individualise open-ended questions. Family Partnership Workers (FPW), Nurse

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Home Visitors (NHV) and Nurse Supervisors (NS) will find what will work best for each individual mother.

Goal Setting Packet

The Home Visit Guidelines prompt ANFPP home visiting teams to address goal setting and achievement with mothers. However, it can be challenging to guide mothers in setting and achieving goals. To support mothers in learning and/or using this critical and complex life skill, the home visit guidelines include a packet focused on goal setting.

Goal setting may be an unfamiliar concept for women and families living in survival mode. Even mothers who are familiar with the concept of goal setting are likely to have experienced failure and setbacks. The goal setting yarning tools help mothers to discuss different aspects of the topic and can reinforce messages or establish discussion with family members.

The goal setting yarning tools give each mother (and home visiting team) a place to document specific short-term and long-term goals in a manner consistent with evidencebased principles of goal setting. The yarning tools document the small steps women choose to take between visits and provide a long-term record of progress towards goals which make take time to achieve.

Use the Goal Setting packet to assist mothers to:

- explore their knowledge and skills in setting goals
- support creation of new or revised goals
- follow up their steps toward goal achievement.

The home visit team is responsible for re-visiting goal setting on a regular basis, especially when prompted in the home visit guidelines. The mother is responsible for creating goals that are important to her and taking the steps to reach those goals. The home visiting team re-enforces goal setting in a manner consistent with client centred principles and cultural norms.

Partners in Parenting Education (PIPE)

The PIPE resources guide the introduction of activities to help parents understand the importance of emotionally connecting with their child and developing the skills to do so. It uses play to promote secure attachment between parents and their children. Instructions for using PIPE are covered more thoroughly in the ANFPP education curriculum.

Milestones

Milestones are defined as points in time where an action is recommended or required by the program. Milestones can be triggered by an event, an age or other trigger. Examples include:

- When a woman first enters the program.
- When a child wellness checks or Ages and Stages Questionnaires are recommended to be completed.
- The timeframe when clinical assessments are recommended (e.g. perinatal depression screening).

All clinical assessments come under the category of milestones and are listed in the Home Visit Guidelines and National Knowledge Access (ANKA). For further information refer to the ANFPP ANKA User Guide P15.

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Using the Home Visit Guidelines

The ANFPP Home Visit Guidelines contain three types of materials:

- 1. Resources used regularly are best printed in colour and laminated or placed in plastic sleeves for frequent use.
 - Menus (pregnancy, infancy, toddler)
 - Choice sheets
 - Home Visit Guidelines Pregnancy, Infancy and Toddler
 - Home Visit Team Guides for the yarning tools.
- 2. Resources you will provide to the mothers:
 - At the first home visit, carefully review the following resources with each mother and then give them with a copy to keep:

The ANFP Program - How does it Work? (Home visit resources)

Home Visit Plan (Home visit resources)

Multiple yarning tools are available under each question on the choice sheets. These are referred to as packets. The home visiting team shows the options to the mother.

Some topics are chosen by mothers.

Others are selected by the home visiting team through prompts in the home visit guidelines based on the phase – pregnancy, infancy and toddler

The yarning tools used in the home visit are left with the mother to place in her ANFPP binder.

Content tracking form – This is helpful for both you and the mother to maintain and keep track of topics you have discussed and think about topics she might be interested in discussing at future visits.

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Individual Home Visit Guidelines

There are **14 Pregnancy Home Visits**, **28 Infancy Home Visits** and **22 Toddler Home Visits**. Each visit includes:

- The Objectives for the visit:
 - Objectives always begin with addressing the mothers' current needs and concerns and addressing her health status.
 - Addressing the mothers' topic choice from the menu is included with her current needs and concerns.
 - The remaining objectives match to the program topics for the visit.

Assessment:

The Guidance for Assessment in the Home Visit Guidelines suggests items necessary for assessment of the mother.

Client topic for this visit:

- This is a reminder to address the topic the mother chose from the menu at the last visit.
- The mother may have other questions or issues that have come up between visits which may be a priority for her.
- Program topics for this visit which includes:
 - A list of program topics or yarning tools to be covered at the visit.
 - Information gathering (Clinical Assessments and Data Collection) to be completed at the visit.

Planning for Next Visit:

- Topics chosen by the mother for next visit
- Program topic(s) for next visit

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Information gathering (Clinical Assessments and Data Collection) to be completed at the next visit.

Each home visiting team is encouraged to discuss how they will cover the items required for next visit.

Reminder: All the ANFPP home visit guidelines are copyrighted. The home visit guidelines are only to be used with ANFPP clients.

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