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INTERNATIONAL
STEP by STEP
ASSOCIATION

MODULE 15

WORKING WITH OTHER SERVICES

DRAFT

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CONTENTS

KEY MESSAGES - why is this topic important for you?

- As a home visitor, you have an important role in supporting families with young children to achieve good health, development, and wellbeing. You visit families in their homes; assess their capacities; observe the relationships among family members and the living conditions; you observe health and child development issues and concerns; and you provide advice about child health, development and parental wellbeing. You can see the whole picture of the child and family; you make an assessment of their comprehensive needs; and you can help ensure a holistic system response to any identified needs.
- Most families will use the routine health care services with preventive well-baby care, growth monitoring, routine immunizations and the universal package of home visiting. However, some families will need additional support and services. In some cases, you can provide the necessary support with additional visits. In other cases, your role as the trusted home visiting professional is to inform the family about the resources that are available to them in their community; make referrals; offer support to those families that are using services of other sectors or other levels of the health care system; and continue to provide the ongoing support of the universal home visiting package.
- Good communication skills and a knowledge of the referral pathways within the health sector and to services from other sectors are key to help families access and benefit from the services they are entitled to.
- In some cases, you will be the main (and only) professional to link families with the services of other agencies, and in that, you can help and facilitate their social inclusion.
- As a home visitor you need to be aware that you cannot provide everything each family needs. However, you are somebody who can connect families with other services by using your knowledge about the appropriateness of services and how to best access them. You will also be aware of difficulties the families on your caseload might have to engage with services that might be of value to them. You can also advocate for the needs and rights of your families with your management and community social health and welfare systems.

LEARNING OUTCOMES

By the end of this module, you will be able to:

- Understand that holistic child development needs to be supported by holistic and coordinated services and your role in this process;
- Understand the circumstances when children and families may require the services provided by other sectors;
- Identify risks or problems that you are not trained to address on your own, and know when you need to refer the child and family to other services;
- Understand the factors that can facilitate or hinder the work across different sectors and services and what can be done to overcome these barriers;
- Be aware of the range of resources provided by other government sectors, civil and the private sector in your community (i.e., NGOs, civil societies, charities, church, companies, etc.) that may be available to families, particularly families facing multiple disadvantages or challenges and know how you can support families in accessing these services; and,
- Understand pathways and communication requirements that facilitate collaboration with colleagues from other services, sectors and agencies (including inter-agency agreements, formal referral pathways, regulations and good practices in sharing confidential information) so that families will benefit from the best possible support.

Before you start with this module, please complete the pre – test.

The answers can be found in **Information Card 4**

Pre- and post-test quiz

Give true/false answers to the following questions:

1. Universal services are mainly for vulnerable families.
2. Work with other sectors can only be implemented through a model of coordination between services.
3. Inter-sectoral collaboration does not have an impact on access of families to services.
4. Inter-sectoral collaboration does not have an impact on professional roles and confidence.
5. Restorative supervision is provided by your peers/colleagues with an aim to fulfil administrative requirements.
6. Case management means assessment of a family's needs and strengths.
7. Sharing of information about families does not have to be in line with legal framework.
8. There are situations when you can share information about family without their consent.
9. The trust you families place in you may help them when considering to engage in other services.
10. For families with complex needs, it is always best that the case manager is the technical specialist, i.e. for a child with hearing disorders, the audiologist.
11. Clinical supervision is conducted by a trained psychologist to address any mental health and stress-related issues of the home visitors.
12. Comprehensive approaches with the support of multiple agencies can have more than additive benefits for children with complex needs.
13. Completing intake forms as required by each agency help families to gain a better understanding of the respective agency and become engaged in the services provided.

I. INTRODUCTION

EARLY CHILD DEVELOPMENT – AN ECOLOGICAL APPROACH INFORMED BY THE RIGHTS THE CHILD

The first years of life are critical to all aspects of child development – physical, cognitive, social, and emotional. During this period, events and early experiences play a critical role in health and development outcomes. In addition to adequate nutrition, the child requires a supportive environment and loving responsive interactions with the main caregivers for optimal development. The young child's survival, growth and development are closely interrelated and mutually supportive. This implies that the child's needs for development are multi-faceted and have to be considered from a holistic perspective.

As we have stated in the *Module 1: Early Childhood – A time of Endless Opportunities*, children are entitled to **a holistic or comprehensive approach**. The UN Convention on the Rights of the Child (CRC), promoting the right based approach, guarantees the right to survival, development, protection, and participation (UNICEF, 2006), and Article 18 obligates governments **to support effective parenting and provide families with the necessary services to raise their children**. As stated by the Early Years Regional Alliance (EYRA) Manifesto - every child deserves a positive early childhood. It is in the public interest and a collective responsibility of all members of society, not only those who are closest to the child (http://www.earlyyearsregionalalliance.nl/).

It is helpful to keep in mind the ecological principles of Bronfenbrenner (1979), which identify individuals as a part of their environmental context. Thus, as a home visitor you must always think about the 'bigger picture' while working across the different layers as shown in the Figure 1, connecting the specific individual needs of children and families with resources in their immediate and wider community. This means, you will look at children's needs within the family context and assess the resources available to the family in the community. (More about this topic can be found in *Module 2: The New Role of the Home Visitor*).

Figure 1. The ecological layers of influence and resource

Case studies - Case study 1

Family A lives in one of the low-income areas at the margins of the capital city. The father has seasonal employment as an agricultural worker a few hours from his home. The family has a two-year old girl, and recently, the mother was delivered of a little boy with Down syndrome. He has a minor heart problem, was low birth weight and has had some trouble with breastfeeding when he was released from the hospital.

On your first visit to the family after the little boy's birth, things seemed to be fine, and the father was at home, taking care of the two-year old. The little baby had not lost any weight and seemed to be feeding ok. You return at 6 weeks, because the family has missed an important follow-up appointment for the baby at the health clinic. You find out that the father went off to work one week ago and has not been able to return, as his employment is rather far away; the two-year old is dirty and smelly and is hovering in a corner. When she sees you she comes running and asks you for food. There is virtually nothing to eat in the small kitchen and the house is cold. The mother is in bed with the baby, apparently exhausted.

- List some of the needs that have to be addressed urgently for this family.
- What services does this family need, and for which might they be eligible?
- What sectors and/or agencies might have to be involved and what does this family have to do to access these services? How many doors have to be opened and how much paperwork prepared?
- Are there things you can do in your role as health visitor to simplify these processes for this family?
- What can you do alone? What support and help do you need? Whom you should address for help?

II

EARLY CHILD DEVELOPMENT – A SYSTEM PERSPECTIVE

In most societies, the major challenge for families in need of additional services are one, the lack of clear information about the services and how they can be accessed; and two, very importantly, the fact that the greater the vulnerability of a family, the more services are usually needed. Services are likely to be offered in different locations and have different rules for accessing them. As a result, families need knowledge, time, persistence and patience in providing often the same or slightly different information and documentation to each of the involved agencies.

There are many challenges to putting competent systems into place that offer comprehensive, holistic, and family-centered services. Services, as they are provided, are often fragmented (Geinger et al, 2015), and this can affect the child's development and child and family wellbeing. Fragmentation can occur in different ways:

- Traditional sectoral segregation : each sector provides its services independently and focuses only on its mandate;
- Age segregation: services are provided separately by age or gender, e.g., for pregnant or post-partum women, with a different service provider for the newborn, for children 0-3, for adolescent girls, etc.;
- Target group segregation: some services address only select groups of parents and children (adolescent parents, Roma families, poor families, first-time mothers, etc.);
- Policy segregation: services can be managed and financed on different levels (local, regional, national);
- Organizational segregation: services are provided by the state, by NGOs, or the for-profit-sector, and it is difficult to find a way to have diverse public and private partners collaborate.

For services to be of high quality and family-centered requires the various systems to be coordinated with interconnected individual services. Some countries are starting to provide one-stop service points, where families can access a number of services in a central location. Such services tend to be more family-centered, take a whole-child approach, work in partnership with families and provide coordinated multi-sectoral support (e.g., Government of Scotland, Getting it Right for Every Child). This increases vertical coordination (across sectors) and the horizontal continuum of care across ages, which is in the best interest of children and families.

Reflection and discussion

- What type of fragmentation and service segregation are you currently encountering in your community?
- Can you think of any improvements over the past years in providing more coordinated services?
- In your work, in what areas could improvements make a substantial difference to your most vulnerable families? In what ways?

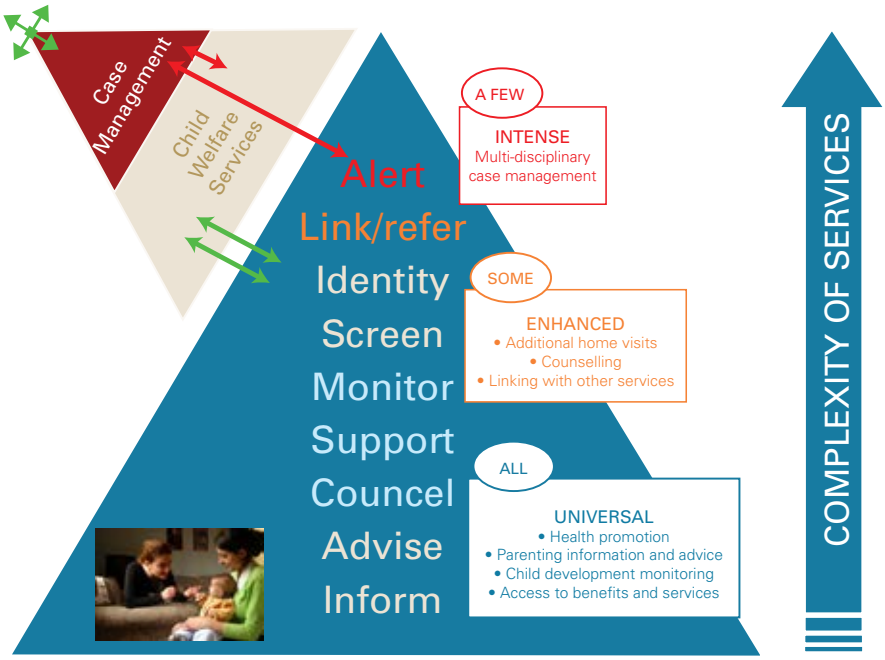
It is important for you to understand the different types of segregations to be able to help your families in bridging the gaps, mitigating the segregation between services, and advocating for more coordinated services in your community.

III

UNIVERSAL PROGRESSIVE MODEL OF THE HOME VISITING

When delivering universal services, you are supposed to provide all families with the same basic package of home visiting. Based on the content of the service package and your role and responsibilities, your services may include sharing information on pregnancy and parenthood, as well as available services (e.g. birth preparation classes, special benefits for pregnant or new mothers); providing basic advice and counselling on common child health and development issues; supporting parents in developing a nurturing and responsive relationship with their infant or young child; monitoring maternal (and paternal) wellbeing and child development; and identifying child and family risks and needs. This framework below (see Figure 2) was already described in *Module 2: "The New Role of the Home Visitor"*.

Figure 2. Universal progressive model of the home visiting (UNICEF, Regional Office, 2014)



When you identify risks or family problems that you are not trained to address on your own or that go beyond your scope of work, you will refer the child and family to the appropriate services and work with colleagues from the involved agencies on assisting the family in a more comprehensive way.

From a population perspective, **about 10-20% of children and their families may need more specialized services**, either from more specialized health providers (e.g., early childhood assessment, early intervention, etc.) or from **other sectors** (e.g., **housing, welfare, employment, child protection, police, etc.**). Particularly vulnerable groups include newborns and infants with health issues (e.g., with very low birth weight or congenital conditions), caregiver with mental health issues (e.g., maternal depression or anxiety disorder), families living in conditions of extreme poverty (e.g., poor housing, exposure to environmental contamination), and families affected by intra-family violence and/or child maltreatment or neglect.

There is some evidence that, when using a package of universal services as the basis, it becomes less stigmatizing to engage in additional services that are based on identified need. Such an approach can be more effective, since it reduces the "targeting" of a particular group, i.e., "the poor", the "teenage mother", the "Roma mother" and increases voluntary participation. Additionally, it recognizes that while vulnerable groups generally face greater social disadvantages, many risks (i.e., disability and developmental difficulties, intra-family violence and child maltreatment, perinatal mental illness) can be found in families of all walks of life. Focusing only on the most disadvantaged population groups, therefore will not reduce related health and child development inequalities. The universal progressive approach [i.e., proportionate universalism] is therefore based on the premise that the intensity of the service must be proportionate to the identified need (Fair Society, Healthy Lives! 2010).

When you (or another professional) determine that a family requires more intense or enhanced services that you are not able to provide, you can inform families about services that are available to them. This has also been called sign posting. You can do this when you feel confident that the family will access the service, that the respective agency and provider/s will do the best to address the identified need/s, and that your involvement in the delivery of the specialized service per se is not critical. You will just continue to provide the universal package to such a family.

However, in other cases, your involvement will be more substantial: you may facilitate a family's access to a service or multiple services and then work with the specialists and providers from other agencies to ensure a continuum of care for such a family. Often this requires case management.

Definition

Case management in health is defined by Wikipedia as

"a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality cost-effective outcomes."

It includes the following components: the comprehensive assessment of the situation of the family and child; the development of an individualized plan; a coordination of the services provided by various professionals, led by case manager; management and monitoring of these services with the family; and periodic re-assessment of the needs of the family and child.

Usually one agency or professional takes on the primary responsibility for the "case" and coordinates the services of other agencies and their professionals. As a home visitor, you may be a member of the case management team while providing the routine home visiting package.

Because of your relationship of trust with the family, you can also increase a family's willingness to try out and engage with other services, including services relating a children developmental difficulty, a parental wellbeing issue (e.g. mental illness, substance abuse) to child and social protection issues. Your understanding of the family's situation and needs and your continued support and advocacy for such a family are often a critical element for the family.

IV MODALITIES FOR WORKING WITH OTHER SECTORS

Reflection and discussion.

- What are the organizational structures set up in your community to support collaboration across the sectors? For example, are services located in the same building or in different parts of the community? Are there shared family intake forms or does each agency have different paperwork and forms? Are all providers aware of their specific roles and responsibilities?

- When there is a family with complex needs, to what extent and how are professionals from different disciplines/sectors working towards a common goal?

- How is the family taken into account when receiving services from more than one sector?

- What do you personally find the most challenging in working with professionals from other sectors? What do you do to overcome this?

Having a universal progressive system in place, where families move between universal and the more intense services, does not necessarily mean that the services will be utilized. Complex systems with poor integration and insufficient communication between the various levels of the health system, and other agencies and sectors create inefficiencies and bottlenecks for families and professionals.

When you are making referrals to other sectors, or even to different levels of the health care system, you may face unclear and inadequate referral pathways, poorly defined accountabilities, and lack of support from your supervisor or the management. Families can be exhausted by too many referrals and numerous appointments for services where they do not understand the purpose and need. They may receive inconsistent guidance and feedback and may feel that they are not getting the interventions and support they need (Centre for Community Child Health, 2013).

As we have explained, when trying to navigate complex systems, the most disadvantaged families are doubly jeopardized. Some of the most common barriers to accessing services are: families have a low level of awareness about available services; lack of trust in the services; lack of resources (income, transport) to access services; poor quality of services; limited and inconvenient availability of professionals (working hours, waiting list, inadequate coordination), and poor attitudes and practices of the providers (cultural insensitivity, corruption, etc.).

The following models show how different sectors can cooperate (CfBT Education Trust, 2007):

- **Autonomous working**, where the services are separate, but professionals from different disciplines work together to achieve common goals for a child or family. It is based more on good will and professionalism of individuals.

- **Coordinated working**, achieved by a multi-agency panel or task group where professionals from different agencies assess the needs of a child and family separately, but then meet together to discuss findings, set goals, and coordinate in the delivery of services.

- **Integrated working**, where professionals work as a team and services are delivered jointly. One key professional coordinates the services for the family and liaises with other professionals and agencies on the family's behalf. An example of this is the "Teaming around the child" approach for children experiencing developmental difficulties (see *Module 12: Children Who Develop Differently – Children with Disabilities or Development Difficulties*.)

Reflection and Discussion

1. List some factors that may improve work with other sectors.

2. List some factors that may hinder cross-sectoral collaboration.

3. List some benefits to children/families, professionals and agencies when working with other services.

Now compare your list with the table in the Information Card 1.

- Can you apply the table from the Information card to your work situation?
- Look at the table and discuss the strengths and challenges of your work situation with your colleagues?
- Where can you make positive changes in your own work to improve collaboration?

As we mentioned before, when there is a shared vision, collaboration across sectors can produce benefits for children, families and professionals. From the perspective of families, important benefits may be

- improved access to services through speedier and more appropriate referral,
- a greater focus on prevention and early intervention,
- the possibility to access more than one service at the same time, and
- Not having to repeat the family history with every new professional or submitting the same or slightly different documentation for each agency.

From the perspective of professionals, collaboration increases knowledge and understanding of the role and responsibilities of the other agencies, improves relationships and communication, and increases the sense of satisfaction of being able to improve the lives of young children and their families. There may, however, be some increase in the workload, because more time may be needed for coordination and clear communications.

See Information Card 2 with a list of some of the important benefits.

V

STRATEGIES AND ACTIONS

Reflection and discussion

- What type of activities do you perform during the home visit?
- How do you identify the special needs of the families you visit? How do you make the decision to involve colleagues from other services and agencies?
- How is support offered to families with multiple issues and needs?
- What professionals are you routinely collaborating with to support your families? What other services might be needed additionally and in what way is this collaboration not as established?

A. HEALTH SECTOR PATHWAYS

In the case of special medical needs of the young child or parents, a referral to different levels of the health system may be needed. It could be either an issue that has emerged during your visit, e.g., failure to thrive, post-partum depression, or a condition already known, e.g., a low birth weight baby in need of follow-up.

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It is very important that you **know where to refer and how to support the family during and after the referral process**. This includes the necessary administrative steps to ensure that specialist care and advice is given promptly and effectively and in a way that is understood by the family. You will also need to understand the diagnosis and treatment plan to assist your family with follow-up actions.

Sometimes health professionals from other departments may request you to undertake certain activities, for example obtain more information about a family, see why the family has missed and appointment and encourage them to make a new appointment, or monitor the ability of families to comply with their part of the treatment plan.

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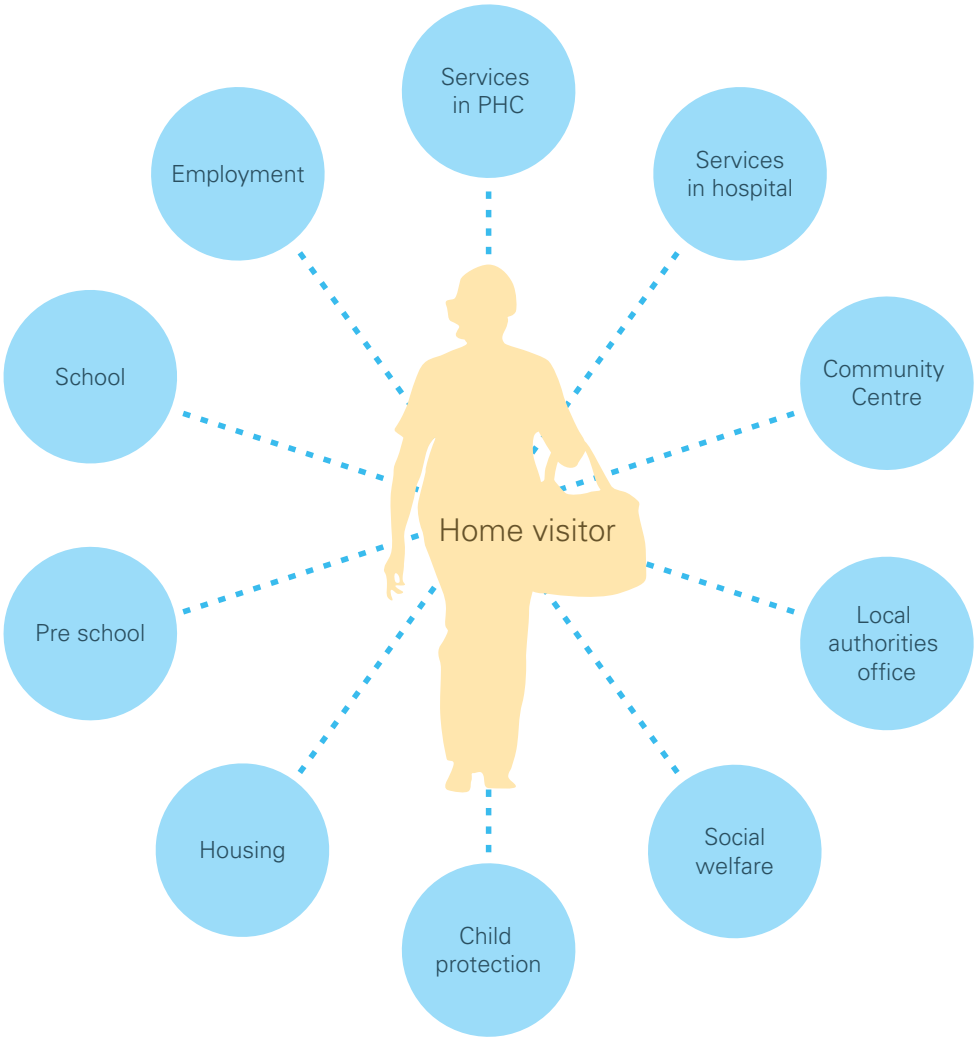
B. INTER-SECTORAL PATHWAYS

To help your families meet their needs, you often collaborate with different community services (see Figure 3 – The Home Visitor's Work with other Services), both public, private, non-profit, sometimes community-based.

Figure 3. Home Visitors can Facilitate Work with Other Services



Some services may only be available to your families in major urban centers. Collaboration is particularly important with social services agencies, including child protection, as well as with education and rehabilitation agencies. Other agencies, such as civil infrastructures (water, energy, housing), justice, and security, may also provide important services to your families. A well-functioning social sector with clearly defined tasks for child protection represents an important building block of any comprehensive family and child policy and can make home visiting services more effective.

Reflection and Discussion

1. Using the table below, list three challenges home visitors may face when making referrals to other services?

2. For each challenge listed identify a potential solution.

Service to which the referral is made	The challenge	How can this challenge be addressed?

To coordinate and collaborate effectively with other professionals, it is essential that everybody has a clear understanding about their respective roles and responsibilities. A clear delimitation and distribution of roles and tasks is necessary, so that professionals do not take on tasks for which they lack the necessary training and competencies. Formal inter-sectoral agreements at local, municipal, or provincial, or national level, referral pathways, and communication protocols often outline the specific communications and actions required of home visitors and other professionals. This increases the likelihood that families receive a continuum of care and reduces unjustified delays and conflict between the agencies of different sectors.

For clear communications and to act within the proper legal requirements and guidelines, it is important to have a good understanding what information about families you may share with other services. It is also important that you receive feedback from other sectors about interventions taken and any follow-up expected from you during your routine visits. In addition, it is also very important to establish who acts as the case manager for a family; to have clear accountabilities for case management; and to meet regularly to review and adjust the individual plan for a child and family with more complex needs.

To support your families adequately, you need to be informed about the agencies and resources in your community, what each agency has to offer and how to refer or enrol families that might benefit. You also have to be fully informed about the documents that families need to provide and the processes they have to go through and support them, if necessary.

VI

FAMILY ADVOCACY

As part of your work, you will often advocate for a family on your caseload because you are well informed about the family's needs, aware of the range of resources available in your community and beyond, and conscious of the main barriers that may prevent access to and the uptake of these services by your families.

As a result, you will sometimes act on behalf of your families with other agencies. You may, for example, assist families that are socially excluded to obtain their birth certificates or other personal documents at the municipal office; help a family of a child with developmental difficulties get an appointment for an assessment at the ECD unit, get assistance with family transport issues to an appointment; or support a family while working through child protection or related issues with social services. If you notice some common issues, e.g., lack of preschool enrolment in some of the more marginalized families in your target area, you can work with the respective authorities to increase outreach and jointly organize parent information meetings. You can promote the establishment of parent support groups and facilitate liaison with civil society organizations in your local community to build resources for early child development.

For some more complex responsibilities, you will require additional training (e.g., supporting mothers or parents with mental illness, conflict resolution and crisis intervention, supporting families of children with developmental delays and disabilities, etc.). In some situations, you or a colleague may be asked to act as case manager for a child and family you serve. Upon identifying the needs for other health services and/or services from other sectors, you and colleagues can create a team to support the family more effectively. As case manager, you must follow national and regional regulations related to case management. Often it is a professional from another sector or paediatrician who is the case manager of a child and family with complex needs. In such cases, you will remain a member of the team to deliver the universal package of home visiting and ensure a continuum of care and support for your families.

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VII

MAPPING OF RESOURCES (SERVICES, PROGRAMS) IN A COMMUNITY

Families with complex needs are often least aware of the services for which they are eligible, where these are located, and how to access them. Also, they may not know what documents to produce, including referral slips. This is one significant barrier that prevents many families from making use of services they are entitled to. To provide the necessary support to your families, you have to be well-informed about the type of services available and their scope, the eligibility criteria, and the referral pathways.

One efficient way is to map the available resources together with your colleagues and update the information regularly so that this information is available when you need to signpost families to the appropriate services. All programs and services for children, parents and families, i.e., health services, child care, pre-school, social welfare, child protection, early assessment and intervention services, sanitation, employment, child rights, should be included. Information can be provided in the form of a map, a handbook, or webpage of local services and programs, with relevant and updated contact information and procedures for referrals. Information card 3 contains a template that can be used for collecting this information.

TYPES OF SERVICES THAT SHOULD BE INCLUDED IN THE MAPPING

Health services

Maintain a good relationship with your local health care providers in order to ensure that you can help families in accessing local health facilities for preventive and other primary health care services, including immunization, well-child check-ups, pregnancy care, reproductive services for mothers, developmental surveillance, screening, and basic assessment, and referrals to secondary and tertiary health care facilities as needed.

Education services

Parents may not be aware of the location of preschools, parenting education services, family literacy programs, skills training, adult education and employment services that they could use. Your role is to know about such services and inform and encourage families to make good use of them. Also, parents who learn how to better support their children's development by participating in a parenting group may then feel more empowered to deal with other aspects of their lives, such as their education, employment, etc.

Early childhood assessment and intervention services

When you note that a child's development appears to be delayed, or that the child is experiencing behavioural or emotional difficulties (see Module 13: Developmental Monitoring and Screening), has a health or nutrition problems, or when parents raise concerns, you may discuss this with the family and recommend further assessment. Formal assessments and intervention services are provided by different agencies, depending on the specific needs of the child. A child with a mild or moderate hearing disorder may need to see a hearing specialist, while a child with cerebral palsy may require several specialists, most likely from agencies representing different sectors.

Social and legal protection services

These services often include the provision of procedural safeguards, cash transfer, material support, and counselling for eligible families. You should visit the Social Work Centre or similar services to meet their personnel, inform them about your home visiting services, and build a strong relationship with them. As you identify families with needs for social and legal protection and upon request of the parents, you should refer families and, when necessary, accompany them to visit the Social Work Centre.

Child protection services

You may be one of the first persons to suspect that a child is being abused or neglected, hungry, without health care services, or placed in an unsafe or unhygienic situation. In such situations, it is important to refer the family to the appropriate authorities or specialists. It is crucial that you follow the established local reporting and referral pathways. Module 14: Keeping Children Safe from Maltreatment can provide you with further information and guidance. It is essential for you to follow up on such referrals to ensure that such a case is addressed rapidly.

Housing and material support

Some families are living under poor conditions in homes that are unsafe and endanger their health and wellbeing. Although home visiting programs cannot provide housing, you can build strong relationships with community offices that can help families improve their housing situation. You may organize the community to repair substandard homes. Mutual collaboration and support in the community helps to raise spirits and the confidence of families living in poverty (NHS England, 2014).

Reflection and Discussion

Here are two stories about families….

- What would be your plan to support these families and decrease risk?
- Which agencies would you get involved?
- After referring a family, how can you ensure feedback from the referral service, so you know that this family's needs are being addressed?
- How can you enable a continuum of care for this family?

Case studies - Case study 2

The home visitor hears from an older lady whom she periodically visits for blood pressure measurements that a family has recently settled into her building. She often hears arguments, banging, and noise from the apartment and mentions that she the mother appears to be yelling at a child and the father comes home under the influence of alcohol.

The home visitor goes to the flat of the family and knocks at the door. After some time, the mother opens the door, looking at the home visitor with some suspicion. After the nurse introduces herself, the mother opens the door.

The apartment is in some disarray; it has not been aired for a while and is full of furniture. Things are strewn across all rooms, and ashtrays are full. There are empty and half-empty bottles of alcohol and dirty dishes. The home visitor explains to the mother that she came to get acquainted with the family, providing her routine services and to get to know them a bit more to see if she could provide any support.

The mother tells the home visitor that the family moved from another town, because her husband had been fired, and found work in construction here. He is tired, often comes home late, they are strained for money, so he is often in a bad mood and angry. She is not working, and never did, because she got married and pregnant at 16 years of age.

They have one child, a boy who is two and a half. During the visit, the boy is sitting in a corner, not taking any notice of the home visitor. At her attempt to shake his hand, he is startled and frightened and pulls back into the corner.

The mother says that he is very quiet, likes to play by himself, and sometimes spends hours playing like that in a corner. He hardly ever plays with other children. She does not have time to take him to the park, and they do not know anyone here. Because they hardly have enough money to eat, she has not bought any toys, and he is not interested anyway.

When the nurse asks why he has bite-marks on his hands, the mother says that he often bites himself, and she scolds him for it. The mother has not yet transferred his health file to the new health care facility, because she does not know where she put his health ID, and he has not been sick, so there was really no rush.

Reflect and discuss with colleagues what your main concerns might be and what interventions you may plan with this family

CONCERNS

- Family living in poverty and potentially unsafe conditions for the child
- Mother does not seem to be aware of the child's developmental needs
- Child appears to be developmentally delayed or suffer from some developmental difficulty

POSSIBLE ACTIONS

- Gather additional data on the family
- Contact and obtain additional data on the child's health and development from the previous pediatric services that cared for him
- Inform the paediatrician/family doctor about the child and family and arrange for a health check-up and assessment
- Meet with the social work team to discuss this case
- Ask the mother whether she would like a health check-up for herself
- Make a repeat visit soon, at a time when the father is usually home
- Assist the family to follow through on the check-up and assessment
- Contact the Social Services Centre to see if the family qualifies for assistance

AFTER THE ASSESSMENT

- See with the mother and father to enrol the child in an early learning/preschool program
- Educate mother and father in activities that support their son's development
- Involve the mother in support groups for mothers (mothers to mothers)…

Case studies - Case study 3

The mother of a two months old girl is unemployed (a student), living with her parents. After she found out about her pregnancy, she returned from the town where she was attending university to her parents' home. The pregnancy was unplanned, irregularly controlled and from a short-term relationship.

Her mother, the grandmother of the baby girl, is a disability pensioner. She had a hard time with early retirement, took it as a personal failure, and became apathetic and depressed. When talking with the grandmother, the home visitor found out that the family sees the daughter's return as a further failure. The family lives in a rural area that is prone to stigmatizing.

The baby's grandfather, is employed and very dedicated to his work. He is a researcher and his work requires him to be frequently absent from home and work overtime. He is not interested in the current situation and was not involved in his daughter's upbringing. He is angry at the threat to his hard earned reputation. He does not accept his granddaughter, does not talk to his daughter, and blames his wife for the poor upbringing of their daughter.

During her visit, the nurse notices that the baby cries frequently and persistently, is upset and inadequately dressed. The baby's mother lies in bed with her back turned to them, unwillingly answers questions, and refuses to care for her child because she is tired. She does not ask the home visitor a single question regarding her baby, leaves the bathing and cleaning of the baby to the nurse, stating that she does not know how to do it and that the home visitor obviously can do it better. She told the home visitor that she does not breastfeed and did not look at her baby or cuddle her during the visit. According to the baby's records, also missed the scheduled preventive examination at the paediatric service.

CONCERNS

- The mother appears not to have bonded with her baby and may not be providing the necessary care and nurturing stimulation
- The grandparents are not involved with the baby
- It is possible that the mother suffers from maternal depression or related postnatal health issue

POSSIBLE INTERVENTIONS

- Accompany the mother and baby to the paediatric check-up and developmental counseling services
- Have mother assessed for perinatal health difficulties
- Provide more frequent home visits to support bonding and attachment between mother and baby
- Talk with grandparents about their potential role in the development of the baby, using brain science concepts with the grandfather
- Discuss with the mother if the father of the child might become involved.
- If family members agree, arrange for family counseling.

VIII WORKING WITH CHILDREN WITH DEVELOPMENTAL DIFFICULTIES AND THEIR FAMILIES

A flexible inter-sectoral system of family support and early intervention is particularly important for families that have a newborn or young child with health issues, disabilities, or developmental difficulties (IPH, 2010). The overarching goal is to address each child's mental, physical, emotional, and social needs to optimize his/her ability to function and participate in line with the International Classification of Functioning (ICF). The ICF is the WHO framework for measuring health and disability at individual and population levels (WHO, 2001). As the home visitor, you have an important role in recognizing child's overall needs and linking families with services. See also *Module 12: Children Who Develop Differently – Children with Disabilities or Development Difficulties*.

In the still prevalent approach of adding a new practitioner for each health or developmental issue, families can become overloaded by multiple appointments, assessments and reviews, with duplications, contradictions and lack of clarity. All this adds to their stress, confusion and concern. The child can also be overwhelmed by having to relate to so many people.

A new approach makes use of multi-sectoral collaboration. By "Teaming Around the Child" (TAC), service providers from different sectors and agencies move away from thinking about multiple conditions and interventions to addressing the needs of the whole child (Limbrick, 2001). One single multi-agency action plan is produced with the family and implemented to support the child and family. Of course this approach is not as yet accepted everywhere and it will take some important changes in how professionals think and how they relate to each other (e.g. do the paediatrician, audiologist, teacher and home visitor have established channels of communication. Do they agree on the best course of action for the individual child who has a hearing impairment? Do they have access to the same information? Etc.).

You, as the home visitor, become a member of the team that works with the family to plan a comprehensive service approach. You may be asked to provide additional home visits; assist families to deal with the emotional impact of raising a child with a disability or developmental difficulty; help family to adapt the home environment and care given to the child; assist families to engage with support services, and do advocacy work for your families (Limbrick, 2007).

IX RECORD KEEPING AND INFORMATION SHARING

Reflection and Discussion

1. What records do you use in your practice?

2. How is the information in these records protected?

3. What rules do you have in your organization to share information about families with other professionals?

Working in partnership with other agencies to meet the needs of your families often requires the sharing of information.

The most important sources of information for you are contained in the child and family home visiting record. It contains the information you collected about the family's needs and the diverse factors influencing their health and wellbeing. These data should be accurate, complete, and up-to-date. Based on your country's information system, some health records need to be entered into the health information system to enable high–quality data collection and support the delivery, review and performance management of services.

Important points - It is essential that you know and follow your national and local data sharing protocols to ensure the proper reporting and the confidentiality of personal data.

What you should know about sharing information?

1. Be fully informed about legal requirements on what to share and how!

2. Be open and honest with a family about why, what, how and with whom the information they provide could be shared!

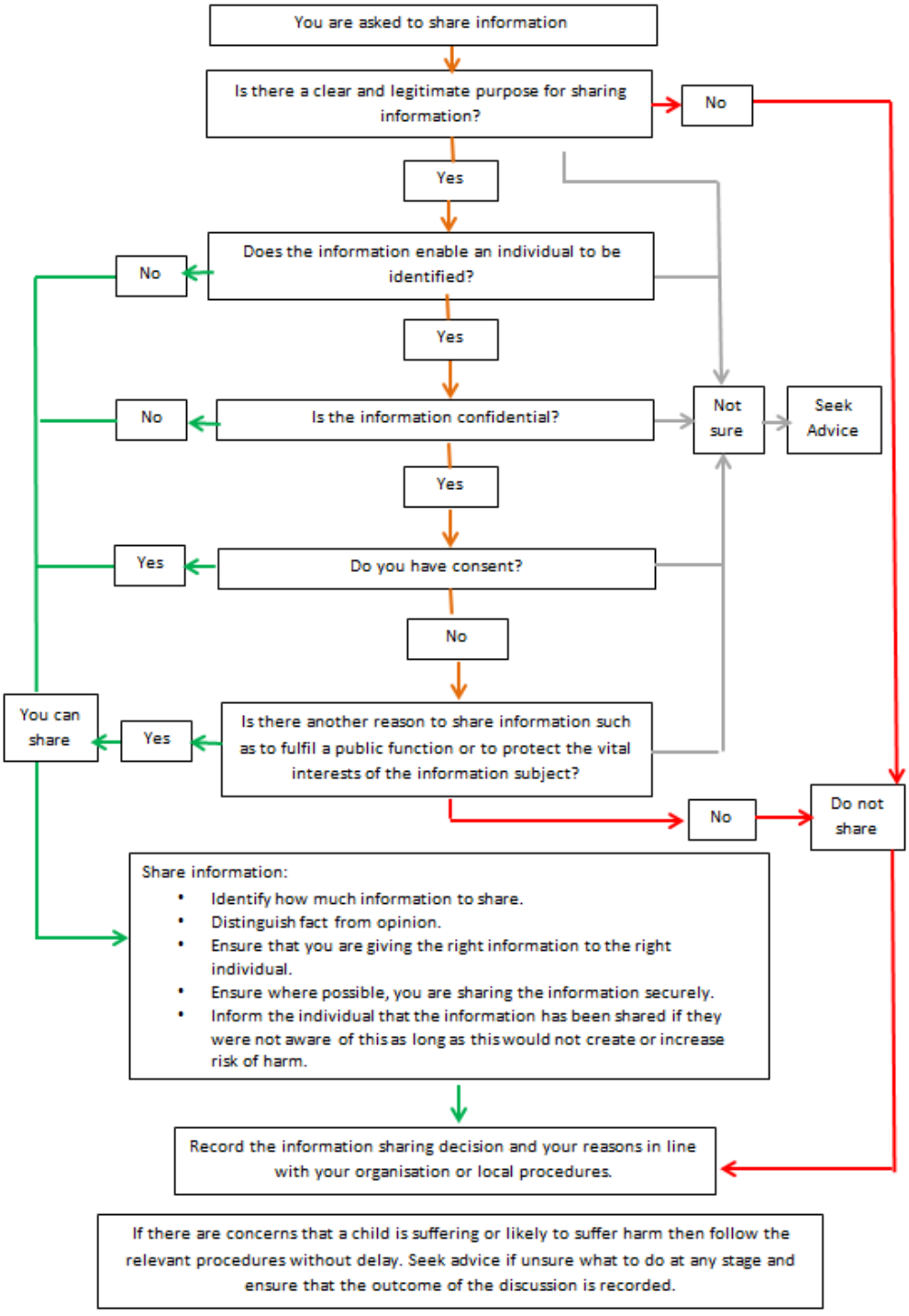
3. Share information with family consent whenever appropriate and possible; respect the wishes of those who do not consent to share confidential information. There are still cases when you must share information, even without consent if there is significant risk for the safety and wellbeing of the child or a family member!

4. Ensure that the information you share is necessary for the purpose for which you are sharing it:

    - Is shared only with the agency and professionals that need to have it
    - Is accurate and up-to-date
    - Is shared in a timely manner, and
    - Is shared in a secure way.

5. Keep a record of your decisions – whether it is to share information or not.

Figure 6. Flowchart of key questions for information sharing (HM Government, 2015, p. 12)



Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

In this flow chart you can see what is crucial in information sharing.

If there is no valid purpose for sharing information, keep a note and do not share information. Share information only what it is important and meaningful.

NEVER TALK ABOUT FAMILIES AND CHILDREN WITH YOUR COLLEGUES, SUPERIORS OR REPRESENTATIVES OF OTHER SECTORS IN AN INFORMAL WAY (I.E., GOSSIPING). ALWAYS SEPARATE YOUR PERSONAL OPINION OR INTERPRETATION, AND SHARE ONLY FACTS!

As an individual practitioner you have responsibility for protecting the information you have about families. You should ensure that the information remains confidential and is only shared with others when there is a legitimate reason to do so, for example to make a referral.

If you have any doubts about the level of confidentiality of certain information, seek for advice from your superiors! Whatever you do, the best interest of the child has to be the primary focus! Whenever you think that a child, or any other member of the family, is endangered you have to act!

Be aware that **confidential information** is

- personal information of a private or sensitive nature;
- information that is not already lawfully in the public domain or readily available from another public source;
- information that has been shared in circumstances where the person giving the information could reasonably expect that it would not be shared with others.

Consent is important aspect of information sharing. In most cases, you will need to get informed consent from a person.

Two steps are involved here;

- the person needs to understand what information is shared, why it is shared, and who will see and use this information; and
- the person has to agree to sharing the information.

A person can provide consent either verbally or in writing (**explicit consent**). Sometimes consent is inferred, i.e. **implicit consent** is assumed, when an activity or service has been explained or agreed upon with the parent and when basic information is provided to the service providers (Marmot et al., 2010). For example, when you refer a child to an ECD specialist and the parents agree to the referral, you assume that the parents have given implicit consent to share information with the ECD specialist.

There are different circumstances when sharing confidential information without consent is necessary. Most often these are situations when there is evidence or reasonable cause to believe that a child or adult is at risk or is actually suffering significant harm, most often, abuse or neglect. The situation may not always be straight forward: for example, a baby who is failing to thrive could be suffering from neglect or abuse, but equally could have an undiagnosed medical condition. If the parents refuse consent for a medical assessment of this condition, then you may be justified in sharing information without consent.

In such a situation, you will need to make an i**nformed decision whether disclosure of the information is in the best interest of the child** or affected family member. Except for emergency situations, this is not a decision you need to make on your own, but that should be discussed with your supervisor.

To enhance the collaboration among sectors and agencies, it is important to develop a culture that supports appropriate information sharing, with clear systems, standards and procedures for ensuring the security of information between and within organizations and proactive mechanisms for identifying and resolving potential issues through joint reflective practice.

Reflection and Discussion

Taking into account issues related to data sharing and confidentiality, what rules did the home visitor in the case below not follow? What should she have done differently?

A young mother, Maria, the daughter of two well-known doctors in your capital city, moved to Home Visitor A.'s target area with her two year old daughter. During A.'s first visit, Maria tells her that she has a problem looking after her daughter. She lacks food, clothes and also money to pay for heating. While walking through the small apartment, the health visitor notes several beautiful dresses on hangers in plastic bags from the dry cleaner and a nice designer handbag. She sees only a few toys in one area of the apartment

The father of the little girl has just left the family. He moved to another town and stopped every contact with Maria and his daughter. The young woman tells A. that he left a few days ago after a serious fight that ended in a beating and verbal abuse, as well as a smacking of her young daughter. When he left, still drunk, he told her that the next time, he would hit a bit harder. The health visitor notices a bruise on the little girl's face, but she smiles and seems happy.

After work, the exhausted health visitor meets with a colleague for a cup of tea and tells her about her day. The colleague tells the home visitor that she knows the husband of the young woman. He is well educated and hard-working. She also shares that parents are famous doctors. Yes, she has heard that the husband has a bad temperament. His wife probably refused to have intercourse with him…. When she hears about Maria's fancy dresses and purse, the colleague tells A. to forget about this family and focus her efforts on other families.

X

HOME VISITOR SUPERVISION

Reflection and Discussion

1. When working with complex and challenging family situations, what kind of peer support and supervision do you need to remain effective?

2. What kind of supervision are you receiving currently? Do you discuss the situation of families in challenging circumstances? Difficulties of coordinating with colleagues from other agencies and how to overcome them? Howe to deal with job fatigue and prevent burnout? What aspects of these supervision meetings are important to you?

3. For what reasons do you believe you would need any additional support?

When you are working frequently with families in difficult situations or families you find hard to interact with, important conversations about their wellbeing and safeguarding issues can be challenging and taxing. In these circumstances support from your supervisors or peers may be beneficial and necessary for maintaining professional practice and gaining a different perspective on the challenges and risks. Also, when you find yourself overwhelmed with the situations of some of your families and children, you may need a safe space to share your feelings and receive professional empathy, understanding and support.

In addition, it is also important for you to regularly receive feedback on your work and case load in order to maintain quality in the services you provide. Effective supervision by knowledgeable and skilful supervisors can create a safe, trusting environment in which you can comfortably disclose your own concerns. This can be done with an experienced supervisor, but also with a group of peers that meets regularly to reflect together on their practice, to problem-solve, and support each other on difficult cases.

There are different forms of supervision:

- Restorative supervision provides reflection, coaching, and problem-solving to strengthen the resilience of the home visitor. This form of supervision can support you when you face complex and emotionally demanding cases that make you feel stressed, anxious and fearful about work. When used properly, restorative supervision can reduce burnout and stress related illness in the home visiting workforce (Wallbank, 2010).

- Clinical supervision should take place when services are delivered in order to validate good practices and promote improvement in skills, knowledge, and attitudes. It contrasts with restorative supervision, the focus is on the nature of the services provided rather than the individual's capabilities to do the work. Clinical supervision can involve individual or group meetings to discuss cases or service delivery issues. Case discussions among you and your colleagues can help with sharing information and enhancing mutual problem-solving and support. This practice can be useful when trying to gain a more objective understanding of the challenges of a difficult case.

As a home visiting professional you have a responsibility to address your own learning needs and acknowledge when your workload or some cases are proving to be too challenging and are affecting your ability to deliver safe and quality services. Incorporating a model of supervision into your work schedule is important for your professional and personal development and clinical competence. Documenting that supervision has taken place and what you have learned is also important, for yourself and the process of lifelong learning, but also as a documentation of your regular registration or accreditation as a home visitor.

Final summary Key Points

- A comprehensive approach to child development is anchored in the UN CRC, and countries are responsible for supporting families in raising children in all aspects that are important to the development of the child.
- Child development is comprehensive and complex, and thus requires comprehensive support.
- The Ecological Model recognizes that a child is in the centre and that relationships between the various systems or layers are of great importance for development.
- Interventions that address the comprehensive needs of the child have additive and sometimes even mutually enhancing effects, resulting in a greater impact on the child's development.
- Universal services are provided to the families of all young children. Enhanced and more intense services (e.g., early intervention) target children and families with identified needs.
- Many vulnerable families need support from more than one sector and type of agency.
- Having services in place does not necessarily mean that families can access them and that they consider them useful. There are many barriers to the utilization of services from a family or a system perspective. The number and types of barriers often increase with the complexity of the child's condition and the family's social disadvantage (e.g., level of education and income, being part of a socially excluded group, etc.).
- As the health visitor, you are one of key players to reach families with complex needs. By helping families link with the various layers of the health system and with other sectors, you can contribute to a more comprehensive and effective approach that meets the child's needs.
- There are positive impacts on families and professionals when sectors collaborate.
- Your relationship of trust may make the family more willing to consider referrals to other service providers and sectors.
- It is important to know the agencies that you are referring your families to and their requirements.
- Coordination with other services is crucial to ensure that appropriate action is taken whenever you have identified the need for further interventions and support.
- It is important to establish clear accountabilities for case management and periodic revisions of the individual plan of each child and family.
- You will need additional support from your supervisor when you are working on safeguarding cases and other cases that are professionally and emotionally challenging
- Advocacy for families that are marginalized is an important aspect of your work. Keep in mind, most of the time it is not the family that is hard to engage, but the services that do not meet the needs of the family or that are not making sufficient efforts to help families engage.
- Reporting and information sharing has to be in line with local/national framework and protocols.
- Consent issues are important aspect of information sharing. There are two types of consent - explicit or implicit. There are special circumstances when sharing of confidential information without consent is justified.

At the end…

Now after you have finished this module, go to Information Card 4 to retake the pre-test. You will find the correct answers there.

XI

ANNEX

INFORMATION CARD 1
FACTORS INFLUENCING WORK WITH OTHER SECTORS (HEALTH FOUNDATION, 2012)

Factors that improve work	Factors that create barriers
Leadership and management	
Clear vision and shared goals with a focus on joint outcomes for children and families	Separate goals – more focus on the service than on child and family
Families seen as partners	Top down approach
Strong leadership	Weak leadership, resistance to change
Good management skills	Top down approach
Clear lines of authority and decision-making	Poor coordination
Staff	
Clear roles and responsibilities	Role confusion
Competence and capacity building	Power relations and sectors division
Good relationships and trust	Jurisdiction conflict, territoriality
Joint trainings	Lack of incentives
Infrastructure	
Adequate resources	Lack of resources
Mechanisms for mutual work	Lack of time
Adequate organizational structure	Inadequate structure
Process	
Joint activities and interventions	Separate activities and interventions
Single entry point into the system for the family	Ethical concerns
Adequate administrative procedures	Different monitoring demands

INFORMATION CARD 2
BENEFITS OF WORKING MULTI-SECTORALLY (CFBT EDUCATION TRUST, 2007)

Children/Families	Appropriate intervention and care
	Improved support
	Building strengths
	Improved family functioning
	Social inclusion
	Educational attainment
Professionals	Increased professional confidence
	Expansion of roles
	Increased accountability
	Opportunities for problem solving
	Improved capacities for teamwork
Agencies	Improved communication
	Interaction and support
	Improved data sharing
	Improved efficiency and effectiveness

INFORMATION CARD 3.
TEMPLATE FOR MAPPING THE RESOURCES IN THE COMMUNITY

Agency and address	Primary contact name and phone number	Opening hours	Type of services	Referral procedure	Documents families need to access these services	Primary issues addressed	Special comments

INFORMATION CARD 4
PRE- AND POST-TEST

Give true/false answers to the following questions:

1. Universal services are oriented only towards vulnerable families.
2. Work with other sectors can only be implemented through a model of coordination between services.
3. Inter-sectoral collaboration does not have an impact on access of families to services.
4. Inter-sectoral collaboration does not have an impact on professional roles and confidence.
5. Restorative supervision is provided by your peers/colleagues with an aim to fulfil administrative requirements.
6. Case management means assessment of a family's needs and strengths.
7. Sharing of information about families does not have to be in line with legal framework.
8. There are situations when you can share information about family without their consent.
9. The trust you families place in you may help them when considering to engage in other services.
10. For families with complex needs, it is always best that the case manager is the technical specialist, i.e., for a child with hearing disorders, the audiologist.
11. Clinical supervision is conducted by a trained psychologist to address any mental health and stress-related issues of the home visitors.
12. Comprehensive approaches with the support of multiple agencies can have more than additive benefits for children with complex needs.
13. Completing intake forms as required by each agency help families to gain a better understanding of the respective agency and become engaged in the services provided.

ANSWERS: PRE- AND POST-QUIZ

1. **FALSE.** Universal services are oriented towards all children. There are also targeted and specialist services which are oriented towards children and families with concrete needs. Universal services can be used as the platform to identify special needs that had not previously been recognized and refer families to these services.

2. **FALSE.** Services can be delivered separately/autonomously with individual professionals working together; in a coordinated manner through a multi-agency panel or task group; or through integrated work where professionals from different agencies deliver services jointly.

3. **FALSE.** One of most significant outcomes of inter-sectoral work is improved access to services, through speedier and more appropriate referral.

4. **FALSE.** Inter-sectoral work have also impact on professionals through expansion of roles, increased accountability and increased professional confidence.

5. **NEITHER.** It is provided by a trained supervisor who can also be a peer. The aim of restorative supervision is to provide an opportunity for reflection and coaching, and to support problem-solving with difficult caseloads. It contributes to professional development and life-long learning. In some, but not all countries it is also required part of the home visitors job.

6. **FALSE.** Case management is much more than assessment of the family needs. It includes a joint development of an individualized plan, as well as the management, monitoring and periodic revisions of all services provided to the family.

7. **FALSE.** All reporting and information sharing has to be in line with the local/national legal frameworks and protocols and meet requirements about the safeguarding of personal data.

8. **TRUE.** You can share information without consent in situations when there is evidence or reasonable cause to believe that a child or adult is suffering significant harm or to prevent significant harm.

9. **TRUE.** It has been found that families are more willing to engage in other services when they are recommended by the health visitor. Sometimes the health visitor can facilitate first access by accompanying families on their referral.

10. **DEPENDS.** In most situations, the technical specialist may not be the most appropriate person to act as the case manager. His/her time may be limited and costly, and he/she may not be best suited to address the comprehensive needs of the child and family. There may be clear uncomplicated situations, where the technical specialist can meet the need for specialized services on his/her own (e.g., child requiring hearing aid or glasses, etc.).

11. **FALSE.** Clinical supervision looks at the quality of services provided by the home visitor to the family. It is usually provided by the supervisor who may accompany the home visitor on some of her routine visits to families.

12. **TRUE.** Comprehensive approaches take into account the various needs of the child and see how they are inter-related. For example, a child with a problem in expressive may also have problems with peer relations and psycho-social development. Therapy provided in the office of a Speech Pathologist may result in slower progress than speech support provided in the child's routine environment, where the child is assisted in expressing his/her needs with peers.

13. **FALSE.** For most families, particularly those with multiple social disadvantages, completing intake and other forms in various formats can be confusing and time-confusing and present a real barrier to engaging in multiple services, even when they are critically needed.

XII

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