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## Home Visiting

“Home visiting allows us to meet families exactly where they are at, but we don't leave them there. By removing obstacles to services, like lack of transportation and childcare, we help participants clear their own path towards the life they desire. **We are right there walking beside them, holding hope, and shining a light on the road ahead,** taking those first steps, together.”

– FAMILY RECOVERY TRAINING SPECIALIST



# Summary

Providing services in the home setting allows families to receive uniquely tailored parenting and recovery supports they might not otherwise be able to access.

In this chapter we explore how to plan, prepare for and conduct home visits. This includes visit planning, goal setting, establishing routine, responding to parents’ needs, and following up after visits. We offer a framework for how to balance providing structure during a visit while maintaining flexibility to meet parents where they are at.

We understand that home visiting can pose difficulties that office-based services may not, and we explore ways to reduce those risks, including safety planning with participants. We also talk about the importance of allowing time for regular self-care and wellness practices for all staff members.

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## Benefits of Home Visiting

Home visiting programs have demonstrated short- and long-term impacts on the health, safety, and school-readiness of children; maternal health; and family stability and financial security.<sup>1</sup>

Many parents, particularly those working towards recovery from substance use, may be balancing numerous responsibilities related to their parenting, recovery, the expectations of multiple service providers, and ensuring their families' concrete needs are met. Home visiting removes barriers to accessing services and provides flexibility for the busy schedules of parents in early recovery.

One former FRSS describes it this way,

*“It is really hard for parents to pack kids up and get on a bus with a clunky stroller and crying baby to trek across town to make it on time to an appointment to discuss challenges they are facing as a parent in recovery. By coming to them and meeting at their home or in their community, we can schedule around their parenting and recovery needs, such as Twelve Steps meetings, trips to the clinic, naptime, or feedings. By doing this, we can reduce their anxiety and help them feel better understood. In this way, people may feel safer and more comfortable opening up about their life challenges and successes and can work on meaningful steps towards achieving their goals.”*

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# Before the Visit

Allowing time for visit preparation benefits both parents and providers by dedicating time in each visit for parenting, recovery, care coordination, and any urgent needs.

Visit planning is an essential component of our work. It allows us to show up for home visits with a solid understanding of the priorities for that day, remembering any follow-up from the week prior, and checking in about the three program areas of focus: parenting, recovery, and care coordination. Visit planning also helps ensure that we have with us whatever resources or materials are needed for parent-child activities or support with concrete needs. We encourage staff to spend at least one hour preparing for each visit, which may include reviewing previous notes, gathering resources, connecting with other service providers, or preparing an activity for a home visit. We also connect with our Supervisor, a Clinician and/or the larger team to identify the ways we can be most supportive in helping each family reach their goals. All of these pieces inform the visit plan. Each plan should specify how we will support the parent in reaching their goals and meeting their concrete needs by:

- Working on the [Strengthening Families](#) Protective Factors on [page 37](#)
- Completing sections of [FIRST STEPS: My Family Portfolio](#) on [page 262](#)
- Sharing recovery resources or activities
- Sharing parenting resources or activities
- Bringing items, resources, or applications to help meet concrete needs
- Discussing follow-up and next steps from collaboration with other care providers

A former FRSS shared,

*“When I am planning for a visit, I will look back at my previous visit notes as well as the participant’s goals to think about how to prepare and what to bring with me. For example, if one of their goals is to start taking steps towards going back to school, I will think about resources I can bring to help with that, like information about local GED or other continuing education programs.”*



It is essential to pre-plan for each visit to **make sure you are engaging with the family as a whole.** That could mean bringing age-appropriate activities to encourage parent and child interaction, resources or supplies to meet concrete needs, a recovery portfolio binder, birth plan, or other wellness materials to work through.”

– FAMILY RECOVERY  
TRAINING SPECIALIST

While this work requires flexibility, we know that both families and staff members benefit when in-home visits follow a loose structure for each visit. Establishing this routine:

- Provides a sense of predictability for both the parent and provider; knowing what to expect at each visit creates a safe space.
- Helps ensure that our primary areas of focus: recovery, parenting and care coordination, are addressed at each visit.
- Allows us to model skills, including organization, planning, consistency, routine and relationship building.

**While we arrive with a thoughtful plan for each visit, we follow the parents' lead in prioritizing their needs and concerns.** Our staff bring unique lived experience and specialized training that can help participants along their parenting and recovery paths, but we defer to parents to be the experts in their own lives and needs. This means that we support parents' self-determination and follow their lead during home visits. If what we have come prepared to focus on for that visit is not their priority for that day, we need to be able to pause and meet them where they are. This may mean focusing on something else entirely for that visit, or taking the time to listen, hold space for them, offer support, and then shift back to what we had prepared. Visit planning is important because we know that parents may be overwhelmed with day-to-day needs and responsibilities, and they may need support keeping in mind their longer-term goals and breaking them down into actionable steps. While our work requires flexibility and responsiveness to urgent needs, it is also important to help parents continue moving towards their goals in the areas of parenting, recovery and care coordination.

For example, a home visitor may come to a meeting with a plan to fill out housing applications, but then notices that the participant's toddler is bouncing off the walls, causing the parent to feel overwhelmed, stressed, and distracted. They may decide to set aside the initial activity they had planned and do a parent-child activity like coloring together to promote coregulation and help calm both the child and the parent. Once everyone is feeling ready, they can move into what they have planned for the rest of the visit.

In this way, we are constantly balancing the immediate and longer-term needs of families, making sure that our visit plans allow for both a structure that promotes progress and affords the family flexibility.



**Home Visit Planning Tool**

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## Self-Care

Self-care before and after each visit helps us to maintain our composure and self-awareness and readies us to focus our attention on the families' needs.

As one Supervisor shared "We are the keepers of these families' stories." That is a huge responsibility. While we often get to celebrate parents' growth and accomplishments, we are also often hearing and holding stories and experiences that can be incredibly sad and frustrating, such as: the removal of a child, even though we felt like dad was doing everything "right"; a mom who has a recurrence of use after months of hard work; an inability to find someone safe housing; or a dad who is choosing to stay with an abusive partner. These are some of the experiences we witness and help parents hold. That is why practicing self-care and taking a proactive approach to preventing burnout and compassion fatigue is so important for those that do this work. We need to "fill our own cups" in order to be able to be of service to others. If we are burned out, we cannot provide effective services and our work force cannot be sustained.

Self-regulation and self-care practices look different for each of us. For some, this may be as simple as a breathing exercise or making time for a coffee before a home visit. For others, they may have a ritual, such as listening to a favorite song or practicing a short meditation.

One staff member shared: "I use the *Insight Timer App* because it is free and there are a lot of one minute meditations I can search for." There are many similar programs that staff have used and recommend to families.



## Safety Considerations

Many safety concerns for home visitors can be minimized through careful planning, screening and awareness.

The majority of home visits are safe. But proactive planning for safety helps staff members to feel confident and prepared for the variety of situations that could arise during home or community-based visits. Safety is something that all home visitors need to think about, and one's own safety should be their number one priority.

When we initially connect with a family, we have conversations with the participant prior to a first visit, using questions like those found in the Home Safety Assessment Tool, to help determine the best place to meet. We might plan to meet in their home, in the community, or virtually. If an unexpected guest, difficult family dynamics, active substance use or other situations prevent a pair from meeting in the home, we recommend working together to find an alternative meeting space that is comfortable for the parent and provider. The location or mode of visits may also change over time. It is important to check in with participants regularly to make sure that the meeting location continues to feel comfortable for them.

Regardless of where the visit takes place, our goal is to create a space that is safe, comfortable, and accessible for everyone. We have included a full list of tips and a safety assessment tool at the end of this chapter, but a few things we always recommend to staff are to:

1. **Be mindful of where you are sitting.** Notice where the doors and exits are. Sit so that your back is not to a door and the exits are accessible.
2. **Consider what you will wear and bring to the visit.** Wear comfortable shoes and only bring what you need for the visit.
3. **Trust your instincts.** If your gut tells you something feels uncomfortable or unsafe: end the visit, call your Supervisor, or take other action as needed.


Just as staff are encouraged to consider their own safety and boundaries in the home visiting environment, we also keep in mind the comfort and safety of participants. In addition to safety planning, we support and respect participants' boundaries. A few things we do as guests in the home include:

- **Show respect for the participant's home and culture.** Consider their norms around things like taking off shoes in the house and offering food or drinks. Prepare ahead of time, for example by bringing your own drink so that you can politely decline without offending your host.
- **Look for the good in participants' homes.** We use a strengths-based




lens in viewing their space. For example, a pile of dirty dishes on the counter may mean that this family has been cooking for themselves and enjoying meals together. Lots of toys on the floor may mean this is a child-friendly home where exploration and play are embraced.

We encourage all home visiting staff, regardless of the specific population they serve, to review the Safety Tips for Visiting with a Family Tool.

 **Safety Tips for Visiting with a Family Tool**  
Go to [page 176](#)

We also encourage all staff to utilize the Home Visit Safety Assessment Tool.

 **Home Visit Safety Assessment Tool**  
Go to [page 178](#)

Visit planning also includes safety planning with your Supervisor. This includes thinking ahead for how you will check in and out from visits, knowing who is available for supervisory support and the best way to reach them, and making sure you have your phone charged and with you at all times. These practices create a routine that adds a layer of reassurance and safety to home visits.

One former FRSS shared this practice she used:

*“I would have a code word with my Supervisor. If there was some kind of issue or emergency that I didn’t feel comfortable managing I would text my Supervisor the word we had agreed on beforehand. My Supervisor would then call and say that they needed me to come to the office right away. This gave me an out if the visit was too much for me to handle on my own.”*



### Intimate Partner Violence (IPV)

Providing support to participants who have experienced coercive controlling and abusive relationships is an important part of our work with families.

We are mindful of the potential of IPV within the families we serve. Initial assessments or screening tools for safety or IPV can help identify families for whom additional safety planning and support is needed.



*“Among people with SUDs, researchers have consistently found high rates of both current and lifetime IPV. Similarly, studies have also shown that victims of IPV are more likely to have a SUD, compared to those who have not experienced IPV.”<sup>2</sup>*

Partners who use control may:

- Limit their partners' access to recovery resources;
- Prevent them from attending support groups or meetings;
- Hide or use their medication;
- Force them to use substances against their will;
- Control their finances and access to healthcare;
- Threaten or take action towards making false reports of substance use; neglect or abuse to Child Welfare Services; and
- Engage in other controlling and abusive practices that interfere with recovery.

In relationships where power and control are present, individuals may feel uncomfortable, ashamed or may not recognize or share these issues.

Issues can slowly escalate as relationships become more tense and confusing, with some good or less harmful times that are followed by more hurtful and potentially dangerous experiences. Abused partners may not even see the pattern.<sup>3</sup>

There are many tools to help explore unhealthy or abusive patterns within families, such as the **Duluth Power and Control Wheel**. While this tool uses language oriented towards female victims of emotional, physical, and sexual abuse, this guidance is for all parents regardless of their gender identity or sexual orientation.

[theduluthmodel.org/wp-content/uploads/2017/03/PowerandControl.pdf](https://theduluthmodel.org/wp-content/uploads/2017/03/PowerandControl.pdf)

Participants are less likely to share about IPV during the initial engagement phase, before establishing trust within the relationship. However, asking is still important, as it shows an understanding of the importance of this issue and sets the expectation that thinking about safety will be part of our work together. Screening for safety also opens the door for future conversations, even if a family may not initially be ready to share their concerns. In addition to the use of formal safety assessments and screening tools, a home visitor may find they are also using their own intuition and observation of red flags, which include:

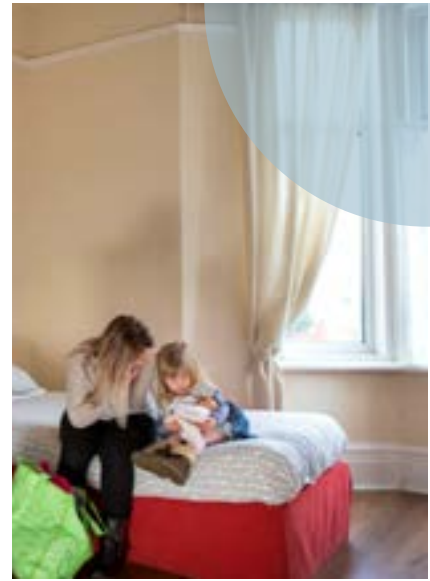
- Extra attention to calls and texts
- Intense concern about money/receipts



**IPV thrives in a culture of silence. As organizations, we should be screening for IPV; but more than that, we need to be prepared in advance for if a need arises. Having tools and resources readily available helps us be better equipped to respond in a timely manner to support the families we work with.”**

- CLINICIAN

- Difficulty seeing the home visitor alone or communicating directly with a provider
- Change in style of dress, including wearing seasonally inappropriate clothing
- A home visitor learning of, or witnessing, a participant being berated or inappropriately teased by their partner
- Cancelled appointments or frequent requests for schedule changes
- Reluctance to have people over or to receive in-home services
- Damage to home/furniture/walls
- Lack of access to assistive devices (such as a cane or walker) that are necessary for a participant to reach or use
- Participant's family or friends do not like their partner
- Participant makes excuses for their partner or their behavior
- Depression, feelings of low self-esteem
- Cuts, bruises, or other injuries with vague explanations
- Ongoing symptoms, such as stomach pain, headaches
- Delays in seeking medical care
- Self-harming behaviors (including cutting and disordered eating)
- Changes in substance use/misuse
- Isolation or unhealthy social withdrawal
- Expressions of suicidal thoughts or feelings<sup>4</sup>



**Many of the recommendations for home visitors working with families experiencing intimate partner violence should be followed as best practice with all families.**

Here are some resources for more information on Intimate Partner Violence.

**The National Domestic Violence Hotline** is a good website for general information about domestic abuse.

[thehotline.org](https://thehotline.org)

We also recommend the Learn More section of the **National Coalition Against Domestic Violence**.

[ncadv.org/learn-more](https://ncadv.org/learn-more)

## Privacy and Confidentiality of Services

Visiting families in their homes and community settings can present challenges with maintaining participant privacy and confidentiality.

Some participants want to keep their involvement in the program private, particularly those who have friends or family who may be unaware of their substance use history. We consider the various ways we can protect participants' privacy in advance of being in a situation that may jeopardize their confidentiality. For example, it is important to know participants' preferred phone numbers and whether or not we can text or leave a voice message. We also specifically ask whether we can share our role or agency affiliation, or whether it is better to just leave a first name and number.

We encourage visits outside of the home if participants are not comfortable sharing openly while others in their household are within earshot, or if there is a risk to the family's safety or other violence within the home. When choosing public meeting places, we look for spaces that can provide both privacy and an environment that is child friendly. Some spaces, such as public libraries, may offer child-appropriate activities, baby friendly restrooms, and space for strollers. However, we are also aware that staff and participants cannot control all potential situations, particularly when in public spaces. For example, in a public meeting space, a parent may encounter a person or situation that makes them feel unsafe or uncomfortable and the First Steps Together staff member will need to think on their feet to support the participant. Whenever possible, it is helpful to plan for these scenarios.

Parents and their providers should discuss in advance how participants would like staff to respond if they run into each other in public or if someone else approaches the pair while they are meeting. These conversations may include discussing whether and how they would introduce themselves in a public space, or if the participant would prefer the provider to redirect the conversation or otherwise decline to answer.

(For more information about privacy and confidentiality practices, view the section in [1.2 Preparing the Organization](#) on [page 44](#).)



# During the Visit

This is the time when we get to sit with our participants, find common ground through lived experience, celebrate successes, and work through challenges.

We encourage our staff to approach each visit with flexibility and an ear towards the parents' urgent concerns. During the visit, we model for program participants the skills we seek to build around parenting, recovery and meeting concrete needs. Even during those visits when a participant is upset or distracted, their child needs their attention, or an immediate crisis takes precedence over the planned meeting, we can still respond thoughtfully. In this way, we strengthen our connection with the families we serve and help build their own reflective function simply by showing up and offering a consistent, calm, patient, flexible, and non-judgmental presence.

We use the guidance and tools from the [FIRST STEPS: My Family Portfolio](#) on [page 262](#) during meetings as a good way to get to know participants, especially during the first few visits. Creating plans together gives direction to the work, eases the process of goal setting, and offers providers insight into what matters most to the family. This knowledge can also help inform collaborations with outside service providers, as we can use these plans to prioritize urgent needs and elevate strengths specific to each family's parenting, recovery, and concrete needs.



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During visit planning, parents and providers can decide together which plan to start with. This is a step-by-step process that happens collaboratively and is broken down into manageable pieces for the family. Sometimes creating these plans can bring up big feelings for both home visitors and the families they serve. We encourage staff to make sure they take time to not only regulate themselves, but also to hold space for families as they walk through this process.

Below are a few examples of the plans included in the [FIRST STEPS: My Family Portfolio](#) on [page 262](#) and how we would talk about them with parents:

- A Wellness Plan or **Wellness Vision** helps you think through activities and practices that can help you stay or become healthy. This can include physical exercise, daily reading, making time for a hobby or craft, getting enough sleep, taking your medication as prescribed, or simply taking a shower, eating breakfast, or making your bed in the morning. Wellness plans can be whatever you want them to be. This is a space to prioritize what is important to you.
- A **Family Care Plan (Plan of Safe Care)** helps you access needed services and will increase coordination between providers and your family, especially if there is a potential for a filing with Child Welfare Services.
- The **Child Safety Plan** was created to help you plan for how you can keep your children safe in the event of a health emergency, relapse, or other family crisis. This plan includes alternative care instructions and your preferences for who your children should be placed with, if you are not able to care for them.
- **Goal Setting and Vision Boards** take a vision or goal for the future and help break it into smaller, more manageable steps. You can complete these for yourself or together as a family. Being able to picture your destination and mapping out the path forward, is a powerful tool for achieving your goals.



Section [FIRST STEPS: My Family Portfolio Provider Guide](#) on [page 238](#) further explores how you can best use the [FIRST STEPS: My Family Portfolio](#) on [page 262](#) to support participants, coordinate care, and advocate for the families you work with.

## Open-Ended Questions

We use open-ended questions to encourage parents to lead the conversation with what feels most important to them.

To begin the visit, we **start by asking an open-ended question to check in** with the parent about how they're doing currently and how their week has been. This allows the parent a space to share any pressing issues, questions

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or concerns, and gives the provider an idea of whether they will be able to follow the visit plan or if they need to shift the plan to respond to the parent's needs on that day. We also **use a mid-point question to ensure we are meeting the participant's needs** for that visit. This creates space for the parent to change topics if they feel we haven't gotten to what they wanted to discuss that day. Lastly, we close with an open-ended question to provide time for closure, reflection and planning follow-up or next steps. This allows time to take what we have explored in the home visit and think about action steps that either the parent or the home visitor can take to help support parenting, recovery, or any other family needs. In this way, we can support families in moving towards their goals, problem solving any challenges, and following up by providing resources, concrete needs and care coordination.

This approach is modelled after the FAN (Facilitating Attuned Interactions) visit format, with open-ended questions such as:

- **An opening question:** How has this week been for you as a parent? How has it been in terms of your recovery?
- **A mid-point question:** Are we getting to what you wanted to talk about today? If not yet, what should we prioritize during our remaining time together?
- **A closing question:** What are your goals for this week? What steps will you take to bring you closer to those goals? Is there follow-up that I (the staff member) can complete to support those goals? As I leave today, what are you taking with you from our time together?

FAN (Facilitating Attuned Interactions) is a conceptual model and practical tool for building relationships and reflective practice. Developed in 2005 by the **Erikson Institute** as an approach to working with parents of fussy babies, FAN is a meta-framework that is not model specific and is generalizable to the helping relationship in many settings. FAN is based on the concept of attunement; that is, feeling connected and understood creates the space to learn and to try new ways of relating.

[erikson.edu/academics/professional-development/district-infancy-programs/facilitating-attuned-interactions](https://erikson.edu/academics/professional-development/district-infancy-programs/facilitating-attuned-interactions)

This structure allows staff and families to manage their expectations for the visit and increases the likelihood that the pair will make time for the most important issues, even if there are pressing needs, interruptions, or other unexpected changes to the visit plan.

The following tool provides examples of questions to ask around recovery, parenting, and care coordination.



**Open-Ended Questions for Home Visits Tool**  
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## Goal Setting

At the beginning of our relationship with participants, we help them to identify the goals they want to work towards. These goals guide our work together.

FIRST Steps Together takes a person-centered and strength-based approach in all our work, but particularly when working with a family to determine their own goals for our work together. We believe that individual goals should be identified by the participant, based on their own needs and hopes for their future. As a program, we embrace all paths of recovery and harm reduction, and therefore each participant's recovery goals will be unique to their preferences and practices. Participants' goals typically fall into the three areas of program focus: parenting, recovery, and care coordination. This includes collaboration and advocacy efforts with other service providers, as well as aiding families in meeting their concrete needs. Staff then work with participants to break each of their goals into smaller, more actionable steps, which ultimately lead to bigger changes. This practice supports participants in meeting their goals and recognizing and celebrating the progress they make along the way.

One site shared: "Recently a client wanted to get her driver's license. Her first week's goal was to get the manual that explains what is needed to obtain the license. The next goal was to get all the required paperwork together. After that, the goal was to submit the paperwork to the Department of Motor Vehicles (DMV) in order to set up an appointment. After completing all of these smaller steps, our client was able to obtain her license!" **We support participants' self-determination as they navigate the process of setting and working toward their goals. This allows them to take initiative and appreciate the consistent progress they are making.**

(Visit the My Goals worksheet on [page FP14](#) of the [FIRST STEPS: My Family Portfolio](#) for a Goal Mapping worksheet.)



## Strengthening Recovery

We spend time at each visit checking in about the participant’s recovery journey and needs and building skills to strengthen their recovery capital.

Participant's recovery needs vary depending on their individual circumstances. Each visit we make sure to check in about a parent’s recovery successes and challenges. Some weeks, a parent may feel strong and confident in their recovery and support system, while other weeks they may feel triggered or challenged or at risk for recurrence of use/ relapse. A parent may share their fears around maintaining recovery during stressful times, such as when they are emotionally, physically or mentally strained or have had an upsetting experience. If they are near, or have already experienced, a recurrence of use, it may be hard for parents to share what they are walking through, due to shame, stigma, or feelings of failure around the challenges of being a parent in recovery. Once becoming a parent, they may feel isolated from their previous recovery supports. Parents may seek guidance in finding new supports such as Twelve Steps programs, medication changes, or new or additional care providers.

For example, a parent may have been consistently going to SMART Recovery meetings for the past four years, but then after having a baby, they don’t have childcare and cannot attend the meetings with their baby in tow. A FRSS can help this parent explore other options to meet their recovery needs, such as parent-friendly meetings or virtual groups.

Some of the recovery work that takes place during home visits also includes working through plans from the [FIRST STEPS: My Family Portfolio](#) on [page 262](#), including the Wellness Vision and Recovery Maintenance Plan. This work also includes identifying support groups; exploring medication options for substance use disorders; and sharing our lived experience.

## Strengthening Parenting

We build parenting capital by exploring parents' questions and concerns, supporting protective factors and working to strengthen the parent-child bond.

Some home visits may include discussions of recent parenting challenges or successes, like difficulties with feeding, sleeping, or challenging behaviors that the parent wants help thinking through. Parents may also share times where they felt excited for or connected to their child, for example reaching a new milestone, or sharing a sweet bedtime moment. Parents may also reflect on their own parenting, something they feel they did well or wish they had done differently. This is also true for parents who do not



**I try to find the strength in their story. Especially if they have had a relapse and feel like they don't have hope. I bring them back to a time when they were in recovery, we remember what worked then, and we come up with a plan. Even if it is just one thing that gives them hope, it's enough. Sometimes it is just sitting and listening to them. I make it clear I am not a sponsor, but I am a safe space.”**

- FAMILY RECOVERY TRAINING SPECIALIST

maintain custody of their children and may have Family Time ([page 234](#)) or otherwise limited parenting time contact. Some visits may include pre-planned parent-child activities, such as sharing a sensory activity, a book, a song, or exploring a new playground. Parents may also ask for home visitors to be present if they want to try a new way of caring for or responding to their child, for example, a new way to swaddle or soothe, or to respond to a challenging behavior.

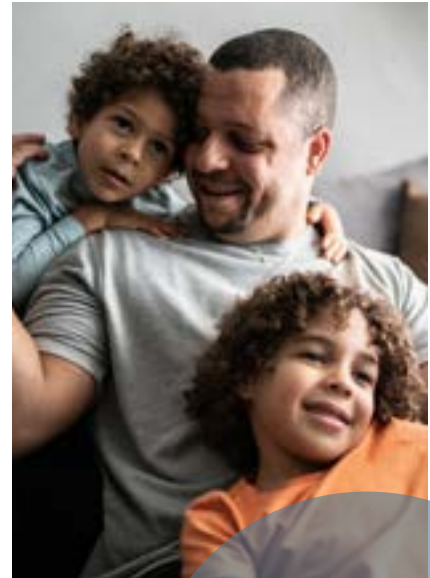
A parent may share questions or concerns around their child's behavior, development, or health. They may also describe issues related to their family dynamics or other co-parenting or relationship issues. They may be figuring out their identity as a new parent, parenting without a model or reflecting on their own experience of their childhood. New parents may struggle with perinatal emotional complications or doubt their parenting abilities. There are many issues and questions related to parenting that program participants may raise in home visits, and we do our best to be supportive and responsive to whatever concerns parents may bring.

Sometimes parents may express anxiety or concerns around their child's development. For these families, we can provide ongoing support by using and making sense of developmental screening tools (such as ASQ and ASQ-SE), offering education and resources related to child development and behavioral challenges, or by attending collaborative meetings with Early Intervention, pediatricians, or other specialty clinics or providers. Parents may also ask for assistance with their child's short-term developmental challenges, including those related to sleep, feeding, soothing, a minor illness, separation anxiety, challenging toddler behaviors or learning to navigate a new routine or milestone.

Often, for parents working towards recovery from substance use challenges, early parenting can be particularly challenging. Due to the impact of substance use on the brain's reward system, parents in early recovery may not naturally experience small moments of joy that may carry over new parents through the exhaustion of the early parenting stages. Some parents in recovery may also have experienced lots of blame and shame related to their substance use during pregnancy or in parenting. We work with parents to understand their baby or child's behavior as a mode of communication, rather than a complaint to be taken personally.

For example, one FRSS shared,

*"I had a young mother I was working with who was convinced that her baby hated her because he cried all the time. I was able to teach her about behavior as communication and that his crying might be a signal that he was hungry, needed to be changed, or was overstimulated. We practiced new soothing techniques together and explored how to recognize when her son needed a break from interacting. She*



*was relieved to learn that her baby didn't hate her, and her son began to cry less when his mom was better able to recognize his needs."*

Another important part of our work is supporting parents who may feel guilt or shame around their substance use and whether that has impacted their child's development. We help parents work through these feelings, holding space for them and responding in a compassionate and strengths-based way. Many of our staff members are parents in recovery ourselves and have grappled with these same questions and feelings. Our ability to empathize about this shared experience can be a powerful support for the parents we work with.

One parent shared,

*"I remember soon after I had my son he had some sensory processing issues - he didn't like loud noises, was sensitive to textures and had issues around certain foods. I thought that it might be my fault because I was on Methadone during pregnancy. I was really nervous to bring this up with my pediatrician because of the shame I was feeling so I brought it to my FRSS instead. She helped me see that it was not my fault, connected me with Early Intervention and taught me tips and tricks to calm my child when he was overstimulated."*

## Strengthening Care Coordination and Meeting Concrete Needs

Care coordination benefits families by assisting them in accessing resources, meeting basic needs, and connecting with partner services.

Parents may seek information about their rights around certain benefits or government programs, their rights as people in recovery, and their rights around educational services, such as Early Intervention. Families will need support in areas where FIRST Steps Together may not be experts, but can play a vital role in connecting parents to the providers in their community who are. Sometimes parents bring up concerns about other services or providers; difficult interactions with Child Welfare, an upsetting comment from a healthcare provider or worries around preparing for an upcoming court date. In all these ways, care coordination benefits the families we serve, by providing resources, meeting concrete needs, facilitating referrals, and streamlining services.

Regardless of a parent's needs or concerns, staff members explore not only the issue itself but also the parent's experience. We take the time to discuss the underlying feelings and fears, potential outcomes, and possible solutions. Home visitors are encouraged to notice what the parent is experiencing in any given moment. They could be overwhelmed with



feelings, in a space to problem solve, able to plan ahead, or simply in need of a break and time to breathe. Depending on how a parent is feeling and what space they are in, their ability to make decisions, take action, or be reflective may differ. When parents are ready to take action, we can help by sharing resources, making phone calls with them, assisting in planning and prioritizing, setting goals and timelines, and providing support through every step of the process.

When families are not able to meet their basic needs, it is unlikely they will be able to focus on anything else, like their recovery or parenting goals. Basic needs may include food, health and sanitary products, or baby items such as formula, baby food, and diapers. Basic needs also include housing, financial resources, access to medical care, assistance with past-due rent or other housing instability, accessing transportation, appropriate child-care, employment, legal representation, or resolving a lapse in health insurance or other benefits (SNAP, WIC, childcare vouchers, etc.). We understand the importance of meeting concrete needs, accessing benefits and helping parents navigate these often-challenging systems with a sense of dignity and growing self-determination.

## Celebrating Progress and Looking Ahead

Recognizing and celebrating parents’ progress builds confidence and encourages their ongoing efforts as we support families in working towards their goals for the future.

We help participants recognize their own progress and successes, by reflecting together on where they were when they first came into our program and the skills and connections they have built while working with us. Staff assist program participants in identifying their areas of need and thinking about what “progress” would look like in each of those areas. We suggest completing “progress/ goal reviews” every three months, with a collaborative meeting that includes the participant, FRSS, Supervisor, Clinician, and other service providers if desired. During this time a participant may break existing goals into smaller pieces, set new goals, or be ready to start planning for transition or graduation from the program.

The Recognizing Progress tool describes examples of progress that staff may notice in the families they work with.



**Recognizing Progress Tool**  
Go to [page 182](#)

## Transition and Graduation Planning

As families near completion of the program, we take time to reflect on their progress, celebrate their successes and plan for smooth transitions from our care.

The timeline for transition planning looks different for every family. We revisit the family’s needs, strengths, and supports to determine next steps, working together with participants to determine their readiness to leave the program. We explore whether they feel they have achieved the goals they set for themselves throughout their time in the program and consider if they have adequate and useful ongoing services for their family. We offer to connect participants with natural supports in their communities, and we complete warm handoffs to other service providers whenever possible.

Participants may experience a shift in their needs and abilities as they continue with the program. They begin to meet goals related to their recovery, parenting, and care coordination. Achieving goals may look different for each family. For example:

- In terms of recovery; we see participants decrease substance use or high-risk behaviors, maintain their recovery; start or continue with the use of medication, if necessary; and utilize recovery supports in the community, such as groups, therapy or other treatment options.
- We see participants feeling more confident in their parenting skills, more connected to their children, and better able to recognize and respond to their children’s needs. For some parents we see increases in the amount of time they are able to spend with their children and positive progression toward reunification. For other parents, we see them able to process, grieve, and accept alternative custody arrangements.
- For care coordination and concrete needs, we see an increase or decrease in the number of service providers, completion of a Child Welfare Services Family Assessment and Action Plan, or a shift from more intensive services towards natural supports. We also see an increased ability to meet concrete needs such as food, stable housing, access to education and employment, and reliable childcare. We see completed applications for benefits and connections with other resources.

Some participants may have apprehensions about moving on from our program and we are open to discussing their concerns, ensuring that they feel supported. Others may be excited that they are nearing program completion and have met many of the goals that they set out to accomplish.



**When a participant enrolls in the FIRST Steps Together program the conversation about graduation usually begins at the first visit. At this visit, the FRSS and the family will start talking about setting goals and what it will look like to receive a certificate of completion from the program.”**

- FAMILY RECOVERY TRAINING SPECIALIST

Some sites have more formal graduation ceremonies, where each participant is recognized for their progress within the program, and each staff member is given an opportunity to reflect on their time together. Other sites may have individual goodbyes, offering a small transitional object such as a card, a stone, or a motivational quote. Goodbyes should be tailored to each participant and reflective of the time you've spent together. The goal is to recognize each family's hard work and to highlight how far they have come. We want program graduates to carry with them this sense of accomplishment and unconditional care that the program offers. We hope that they feel strong and capable to continue on their individual journeys and that they feel connected to other parents in recovery, to their children, and to their communities.

For a variety of reasons, we sometimes don't have the opportunity to say goodbye and have thoughtful transitions with participants who are leaving our program. When relationships end this way, it can feel challenging for the provider; but we remind ourselves that this program is designed to meet people where they are at. Sometimes we are not the best fit or they are not ready to commit to services. We are always happy to reenroll participants who want to return to the program when their circumstances change.

## When Difficult Things Happen During a Visit

When challenges arise during a home visit, we need to be ready to respond professionally and use the tools of our training to provide a sense of calm and hold space for the family.

When challenges arise, we reference the safety, wellness or relapse prevention/ recovery maintenance plans that have been proactively and collaboratively completed with families. These plans create a shared understanding and agreement for how to respond in times of difficulty or crisis and empower parents to take an active role in their wellness, recovery, and safety. Depending on the circumstances, we may need to use our best judgement and/or call upon a Supervisor for real-time assistance. Our responsibility to take immediate action differs depending on the concern and whether there is a safety issue for either the parent, the child, or provider. It is important for staff to always put their own safety first.

### Safety Concerns

More substantial concerns for a child, such as safety issues, may require working with other service providers or reporting to an outside agency.



**We recognize that both recovery and parenting are ongoing journeys and a longer-term process than services typically allow. Program participants are welcome to come back for future support and under certain circumstances. Some sites keep groups open to previous participants. Many families choose to remain connected to our program in some way."**

– PROJECT DIRECTOR

If a staff member is uneasy about a child’s well-being, we encourage them to first discuss these concerns with the parent, when safe to do so. We always urge staff members to consult with their Supervisor if they are unsure of how to best manage a concern. As helping professionals in the state of Massachusetts, all staff members are bound by state law to adhere to the requirements of mandated reporting of any suspected neglect or abuse of a minor.

As a program, we prioritize completing a Family Care Plan (Plan of Safe Care) and/or Recovery Maintenance Plan, and Child Safety Plans with families, in advance of any emergency situations and regardless of anticipated involvement with Child Welfare Services. These documents comprehensively consider parent and child safety, including appointing emergency contacts, naming potential alternate care/ custody arrangements, and listing service professionals and support systems for each family. Completing these documents encourages families and providers to be proactive in advance of an urgent need.

It is important for staff members to keep their Supervisors updated as soon as possible with any immediate concerns related to child safety, because they can view the situation objectively and provide support for their staff during this challenging process. Especially for those staff members who have their own lived experience with Child Welfare Services, navigating this process can bring up their own big feelings.

When filing a report, we use a strengths-based approach, noting the supports and protective factors the family has in place. In the case of a mandated report, the process should be transparent and involve the parent, when safe to do so. (More on mandated reporting can be found on [page 64.](#))

For more information on reporting child abuse or neglect as a mandated reporter visit this resource: **Report child abuse or neglect as a mandated reporter.**

[mass.gov/how-to/report-child-abuse-or-neglect-as-a-mandated-reporter](https://mass.gov/how-to/report-child-abuse-or-neglect-as-a-mandated-reporter)

## Virtual Visits

In some cases, it is necessary and more practical to meet virtually, perhaps due to distance, illness, or parent preference.

Staff plan for virtual visits in a way that mirrors their preparation for in-person meetings. Each visit has the same flow, using an opening, mid-point and closing question or practice; and each visit is designed to touch upon



**If a baby is fussy during a visit, I let the parent know I’m happy to help or wait while they tend to their child. Just in case, I have a song ready to engage them. Or if we need to end the video call, I reassure them I’m flexible and their child always comes first!”**

- FAMILY RECOVERY TRAINING SPECIALIST

parenting, recovery and care coordination. Staff may include an activity to strengthen and support the parent-child relationship and will follow up on previous goals and upcoming needs. Some participants prefer to connect by phone, while others are comfortable connecting by video. Video meetings allow for including children more easily in the visit. When children are present, it is important to think of ways to best include them, perhaps by reading a book, singing a song, or having a virtual scavenger hunt. Providers can drop off materials for facilitation of a family activity ahead of time—such as supplies for a craft like rock painting, ingredients to make calming jars, or age-appropriate books.

It can be a challenge to talk about more sensitive topics with a child present. It is best practice to think with the participant beforehand about how to address “adult topics” in front of children. This may require having a private phone conversation, text message, or email communication separate from the visit or when their child is not present. Similarly, for those parents living in family residential programs, we want to ask about their comfort addressing sensitive topics while they may not have privacy. For these sessions we suggest headphones, a white noise machine, or permission to use a private office or meeting space within the building.

Knowing beforehand whether the visit will be video based or audio only, and where the parent will be meeting from, is important for visit planning. For example, if there are forms to fill out they can be shared on the screen but may need to be dropped off ahead of time if the visit is over the phone.



**Virtual Visit Tips Tool**  
Go to [page 183](#)

## After the Visit

After the visit we practice self-care as well as routine follow-up, such as completing documentation, seeking supervision, and care coordination.

After each visit, we encourage home visitors to take care of themselves in whatever ways they find most helpful. This may be a self-care or self-regulation practice, connecting with a colleague or Supervisor to debrief a challenging visit, or reaching out to a collaborative provider to inquire about a family’s needs. This is also the time to consult with a Supervisor about any questions or concerns that came up during the visit. After the



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visit staff also follow up on any applications or resources for concrete needs. Lastly, timely documentation is an important responsibility that follows each visit.

## Visit Documentation

Documentation not only provides accountability, but allows staff to see patterns, demonstrate progress, plan, follow up, and collaborate.

Staff members always document their participants' progress, any outstanding needs and next steps for working together. For our program, this includes data collection, such as completing Service Logs. This allows staff members in roles across the project to collaborate more seamlessly and access up-to-date information about a family's strengths and needs. Given that most FRSS and Clinicians see numerous families and may have multiple collateral contacts over the course of a day or week, it is important that staff members maintain current notes.

In addition to completing home visit notes, staff documentation includes updating releases of information, provider support letters, group or other event attendance, incident reports and other materials. We sometimes maintain our own notes in a private and protected personal notebook or other electronic format. This allows staff to retain de-identified notes and ongoing to-do lists that aren't necessarily included in their formal agency notes. This practice helps staff remain organized and recall visit details.

We encourage staff members to familiarize themselves with the procedures and policies around visit documentation, HIPAA (the Health Insurance Portability and Accountability Act), and 42 CFR which explain the importance and laws around protecting participants' confidential information. Taking visit notes in a way that correctly captures information, while still protecting the participants' privacy is an important skill for staff across all roles to practice and develop. Participants may ask how their records are maintained and what information goes into each note. We should have a working knowledge of the process for records requests and understand which information is accessible or protected. Each staff member should be able to clearly and concisely explain how a participant or other provider can receive copies of their formal records, if requested.



Staff members have lock boxes to store and transport confidential information, and their electronic devices are password-protected. Staff protect participants private information as required by 42CFR, and understand that any paper files that they transport from a home visit are to be filed in the locked office cabinet as soon as possible.”

- PROGRAM SUPERVISOR



### After Visit Planning Tool

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# 2.2

## Key Takeaways

**REDUCING BARRIERS:** Delivering services in the home, community, or virtually, reduces barriers to services, such as lack of transportation or childcare.

**PLANNING:** Home visiting services require making time for thoughtful planning and execution prior to, during, and after each visit.

**PREDICTABILITY:** Following an anticipated flow for each visit can provide a sense of comfort and predictability for both the provider and the parent, by offering an opening, a mid-point check-in, and a closing routine.

**VISIT STRUCTURE:** Home visits can be structured differently, depending on the participant's needs and whether their child or other family members will be present. However, touching upon the three primary areas of focus: parenting, recovery, and care coordination, is essential to each visit.

**SAFETY:** It's important for staff to be aware of their surroundings and what is happening during a visit. Planning and screening can increase staff awareness and reduce safety concerns.

**DOCUMENT:** Maintaining prompt and accurate notes after visits allows for seamless care coordination and more effective follow-up on outstanding participant needs.

# 2.2

## Tools





## Home Visit Planning



Staff name: \_\_\_\_\_ Client ID: \_\_\_\_\_

Today's date: \_\_\_\_\_ Visit date: \_\_\_\_\_ Visit location: \_\_\_\_\_

Do I need to get any new releases signed, or any existing releases updated at this visit?

Yes      No

Are there any screenings, data collection or other paperwork I need to complete during this visit?

Yes      No

Which family goals will we work on during this visit?

	PARENTING	RECOVERY	CARE COORDINATION
FOLLOW UP FROM LAST VISIT			
FOCUS FOR THE WEEK			
PREPARATION OR MATERIALS NEEDED			





## Safety Tips for Visiting with a Family

We encourage all home visiting staff, regardless of the specific population they serve, to review the following tips on safety considerations for home visitors. These tips promote staff awareness of their personal safety and surroundings, on their travels and in the home, office, and community settings.

### Personal Safety Fundamentals

- **Trust** your instincts.
- **Be assertive.**
- **Stay calm**, practice self-regulation.
- **Assess the situation** moment by moment.
- **Be aware** of where the exits are in the home you are visiting.
- **Be mindful** of what personal information you share.
- **Leave** if you feel uncomfortable and notify your Supervisor of the situation.

### Plan for your Home Visit

- **Notify your Supervisor** of your plan to see a participant and share the visit location.
- **If you have any specific concerns about the visit**, or if anything seems “off” or unusual about the participant or your plan to meet, relay this to your Supervisor in advance of the visit.
- **Draft a text message that is ready to send** to your Supervisor if issues arise, or preschedule a call from your Supervisor to serve as an opportunity to touch base and leave mid-visit if needed.
- **Confirm in advance** with the participant that you will be arriving as scheduled.
- **Prepare all items** you will need for your visit.
- **Know where you are going** and plan your drive ahead of time.
- **Always bring your cell phone** and have your cell phone charged.
- Make sure your **Supervisor’s phone number** is in your contacts.
- Wear clothing and shoes that **provide freedom of movement**.

### Traveling to the Home Visit

- **Organize your materials** before leaving for the visit.
- **Be alert** and aware of your surroundings.
- **Do not park in a secluded area.**
- **Keep car doors locked** and check your surroundings before exiting.
- If you are being followed, **drive to the nearest police department or fire department.**
- **Leave purse, bags, and bulky items** locked in your car and out of sight.





## Safety Tips for Visiting with a Family *continued*

### During the Visit

- **Do not enter** until you see someone you know.
- **Knock and stand to the side of the door** while waiting for an answer.
- **Take note of others** who are in the surrounding area or home.
- **Listen to your instincts.** If you feel unsafe at any time, or if the situation becomes unsafe/uncomfortable, LEAVE.
- If there is immediate availability of a weapon, **remove yourself from the situation.**
- If there are pets in the house, **ask to move them to another room** if you have allergies or feel unsafe or uncomfortable around the animal(s).
- **Be respectful of people's homes.** Respect personal space and maintain professional boundaries.
- **Be mindful** of what personal information you share.
- **Visually check** the surrounding area when you are leaving.
- **Always carry car keys in the same place** where they are easily accessible.

### Office Visits

- **Plan an emergency escape route** and be aware of how to get immediate help.
- **Arrange furniture** in the office so you are near to the door to prevent entrapment.
- **Never work alone** in your office and only see participants during regular business hours.
- **Make sure personal items are locked** in your desk prior to the participant arriving.
- **Set up your office space** so that any safety hazards for both parents and children are out of sight and out of reach.

### Community Visits

- **Plan the visit** for a safe meeting location.
- **Plan to arrive in advance** of the participant to get settled and oriented.
- **Choose seating** that ensures the privacy of your conversation.
- **Leave all personal items in the car.**





## Home Visit Safety Assessment



Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Child/Children's Name and Age: \_\_\_\_\_

Date of 1st Attempt to Contact: \_\_\_\_\_ 2<sup>nd</sup> Attempt: \_\_\_\_\_ 3<sup>rd</sup> Attempt: \_\_\_\_\_

### Introduction

*Thank you for your interest in our program. As our visits may take place in your home, I would like to explain our home-based services and ask you a few questions about where you live and any other services you are receiving. These are standard questions that we ask everyone prior to coming to their home. This should take us about 10 minutes. Is this a good time for you?*

### Home Environment and Services

- Have you or has anyone in your family received home-based services where providers came to your home? Please tell me about those services including when they were received.
- Can you tell me a little bit about where you and your family live, and who currently lives there?
- Where in your home would be the best place for us to meet with you and/or your family?
- Where would be the best place to park? Is there anything I should know about parking?
- Other than you and your child/children, who might be in the home when I get there?
- Are those people aware that we will be providing services in your home? Are those people aware that this is a program for parents in recovery?
- Some of our staff have allergies so it is important to know:
  - Do you have any pets?
  - Does anyone smoke in the home?

*We operate from a smoke-free/tobacco-free facility, and we have the same expectations for the homes we work in while we are present. For our own health and safety, we ask that participants and their families refrain from smoking in the home while we are present.*



## Home Visiting Safety Assessment *continued*

### Safety

*The Commonwealth of Massachusetts has developed new guidelines for the safety of human service workers. The next few questions help us to ensure the safety of everyone in your home during our visits.*

- Are there any weapons in your home? If yes, are they stored in a safe/secure location?
- We ask that there be no active use of alcohol, drugs, or tobacco while we are in your home. Do you agree to this?
- Do you, or does anyone else who might be in the home while we are present have any active restraining orders?
- Do you feel safe in your home?
- Is there anything else you would like me to know about you, your family, or where you live that may impact our time together? Or anything else that it would be helpful to know before my first visit?

**Thank you for answering these questions.**

Time of first scheduled home visit: \_\_\_\_\_ Date: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Open-Ended Questions for Home Visits



These questions can help guide conversation and ensure that important topics are discussed at home visits. Please feel free to use your own words to ask these questions and to pick the topics that feel most important for the family you're working with.

### Parenting

- Think back to your week...
  - What has been the best part of parenting (child's name) this week?
  - What has been the hardest part of parenting this week?
  - Describe a time that made you smile or laugh...
  - Describe a time that frustrated you, pushed you to your limits...
- What is something you noticed about your baby/child since we last met?
- What is something new (child's name) is doing this week?
- What about your parenting are you most proud of since we last met?
- What interactions do you wish you could change? What would you do differently?
- What are some specific parenting issues you want to talk about today?
- How has your parenting been impacted by your use/recovery this week?

### Expecting Parents

- How are you feeling? Physically? Emotionally?
- What supports do you have in place? What things do you still need?
- How can I support you in completing a Family Care Plan (Plan of Safe Care)?
- What are some questions we might be able to explore together?
- Share with me some hopes for your birth experience... let's create a birth plan...
- What are you most excited about? What is the most scary or stressful?

### New Parents

- How are you feeling? Physically? Emotionally?
- How have you/your partner been healing/adjusting since birth?
- How has your baby been feeding/sleeping/soothing?
- How have you been with meeting your own basic needs? (sleep, eating, hygiene, self care)
- How has your recovery shifted since becoming a parent?



## Open-Ended Questions for Home Visits *continued*

- How have your older children (if applicable) been adjusting?
- What has been the most surprising? What has been your favorite thing about becoming a new parent?
- What questions or concerns might you have related to your parenting this week?
- What supports do you have in place? What has been the most helpful and why? What else do you feel would be useful?
- Share with me any concerns or questions you have...

### Recovery

- How are you feeling in your recovery this week? (physical, emotional, psychological, spiritual)
- What supports have been useful? (daily practices, gone to a group, asked for help, etc.)
- If you've had thoughts about using, or just felt on edge, what was happening leading up to that feeling? What do you think might have caused that?
- What have you done to take care of yourself?
- How do you know when you are doing well? How do you know when you need more support?
- How have you been feeling in terms of your medication (MOUD or other)?
- What are some other self-care practices that would be useful or that you've been wanting to try?
- What (if anything) is holding you back from getting the support you need or maintaining progress/recovery?
- What are you doing well? What are you doing differently at this time?
- What are some things you're learning or noticing about yourself in this process?
- How do you feel your use/recovery is impacting your parenting?
- What questions or concerns might you have related to your recovery this week?
- What can I and/or your other service providers do to better support you in your recovery?

### Care Coordination & Concrete Needs

- How have your other services been this week?
- Which of your service providers would it be useful for me to connect with? What specifically would you like us to check-in about?
- What questions or concerns might you have related to your care coordination or concrete needs this week?
- What resources, parenting items, or basic needs can our program support you with?





## Recognizing Progress



FIRST Steps Together is a strengths-based, person-centered, trauma-informed/healing centered program. Grounded in this philosophy is the belief that individual goals should be identified by the participant based on their own needs and hopes for the future. Our program embraces all paths of recovery and harm reduction, and participant goals and progress will be specific to each person.

Here are some examples of progress that we may see in the families we work with:

<p><b>PARENTING PROGRESS</b></p>	<ul style="list-style-type: none"> <li>■ More confidence in parenting skills</li> <li>■ More able to understand what their child’s behavior is communicating</li> <li>■ More able to identify and meet child’s needs</li> <li>■ Maintained/increased Family Time</li> <li>■ Progress made towards parent’s own custody goals</li> <li>■ Parent and child feel more connected during Family Time and times apart</li> <li>■ Parent has more knowledge of child development</li> </ul>
<p><b>RECOVERY PROGRESS</b></p>	<ul style="list-style-type: none"> <li>■ More help seeking practices</li> <li>■ Progress towards harm reduction</li> <li>■ Reduced substance use</li> <li>■ Reduced high risk substance use</li> <li>■ Reduced life challenges related to use</li> <li>■ Decrease in overdoses</li> <li>■ Reconnected to services after recurrence of use/relapse</li> <li>■ Sustained recovery maintenance</li> </ul>
<p><b>CARE COORDINATION/ CONCRETE NEEDS PROGRESS</b></p>	<ul style="list-style-type: none"> <li>■ More use of concrete supports in times of need</li> <li>■ Completed referral/connection to local EI services</li> <li>■ Progress towards stability/securing housing</li> <li>■ Progress towards securing benefits (childcare, WIC, SNAP, TANF, etc.)</li> <li>■ Parent feels the support services in place are helpful and not duplicative</li> <li>■ Parent feels service goals are aligned across providers</li> <li>■ Progress towards goals for education and/or employment</li> <li>■ Progress towards pharmaceutical support (MOUD, mental or physical health)</li> <li>■ Improvement in mental and physical health/ stability/ and support</li> <li>■ Improvement in dental health/stability/support</li> <li>■ Progress towards family planning/feeling empowered in reproductive choices</li> <li>■ Progress towards referrals/connection to services for self or kids</li> </ul>
<p><b>GENERAL PROGRESS/ PARTICIPATION/ ENGAGEMENT</b></p>	<ul style="list-style-type: none"> <li>■ More engagement in program/responsiveness to outreach</li> <li>■ More regular attendance/participation in program (contact, individual meetings, group attendance, etc.)</li> <li>■ Re-engagement after a lapse in services</li> <li>■ Progress towards wellness/safety planning</li> <li>■ Gives notice of schedule changes in advance</li> <li>■ More planful/organized</li> </ul>







## Virtual Visit Tips



Virtual visits offer some unique benefits and challenges for both staff members and families seeking to connect by video or phone. To increase the likelihood of facilitating a successful connection, staff members can ensure adequate preparation for these visits, a set plan for the time together, communicate clearly with the participant, and be flexible to their real-time needs. Some parents may prefer virtual visits due to the convenience, while others may find it hard to focus, be open, or keep their kids engaged. Regardless of each family's unique needs, here are some tips that may help guide virtual visits.

### Before the session

- **The day before a session**, send a picture or screenshot of the materials a parent will need for a planned parent-child activity. In some cases, staff members may drop off materials prior to a visit. Ensure that you, as the staff member, are also prepared with these materials.
- **Find an area in your environment that is private** and ensure that the participant is able to do the same. Make sure you are both comfortable speaking freely, with minimal interruption or distraction. If children will be present or involved in the meeting, assure the participant that the meeting plan will be adjusted as needed.
- **If relevant, compile resources in advance**, ideally in an online or PDF format. This will allow you to screen share or email necessary resources to the participant, so you can review them together prior to or during your meeting.
- **Practice mindful self-regulation** before logging on to a call. Take a deep breath, listen to music or use visualization or another practice to center yourself. Our appearance of being a calming presence can immediately have a comforting and reassuring effect on our participant families. If a participant is interested, this practice can also be used as a virtual visit session opener.

### During the session

- **Remember to touch upon the three areas of focus:** parenting, recovery and concrete needs/ care coordination, however briefly.
- **Parenting:** Watch for cues from the parent about what the child needs. If a child is fussy or overly energetic, let the participant know you will stand by if or when they tend to the child. If the parent is open to your interacting directly with their child, have an age-appropriate activity.
- **Recovery:** Check in about a parent's recovery needs, how they are feeling that week, if they've experienced any challenges or triggers, or have any successes to share. This might include checking in about recovery supports and whether more support is needed.
- **Concrete needs:** Inquire about the family's basic needs. If they are struggling, strategize ways to connect with community resources. Keep in mind Maslow's Hierarchy of Needs on [page 222](#) and recall that a participant may not be able to engage in higher-level activities if they are concerned about meeting their basic needs for food and safety.
- **Be flexible and accommodating** if the participant needs to end the call.
- **Suggest to the participant** that since routine is helpful and generally containing for both the parent and child, you would like to schedule sessions with them at the same time every week.



## Virtual Visit Tips *continued*

### After the session

- **Take a deep breath and engage** in any self-care activities that support your personal process.
- **Connect with your Supervisor to discuss** any outstanding or acute issues, follow up with collateral contacts or perform other next steps and complete Service Logs and home visit notes.





## After Visit Planning



Staff name: \_\_\_\_\_ Client ID: \_\_\_\_\_ Today's date: \_\_\_\_\_

Visit date: \_\_\_\_\_ Visit location: \_\_\_\_\_ Visit length: \_\_\_\_\_

Who was present at this visit? \_\_\_\_\_

What family goals did you focus on during this visit? What progress has been made for each goal? Were any goals met, changed or added?

*Note: Planned follow-up should include working with the family, consulting with your Supervisor, Clinician and/or team, as well as coordinating with collaterals.*

	PARENTING	RECOVERY	CARE COORDINATION
BRIEF SUMMARY OF WHAT WAS ADDRESSED			
PLANNED FOLLOW UP			
MATERIALS OR RESOURCES NEEDED FOR NEXT VISIT			

How much time did you spend focusing on each area? (give an approximate percentage)

\_\_\_\_\_ Parenting      \_\_\_\_\_ Recovery      \_\_\_\_\_ Care Coordination

Did you work on the family's Plan of Supportive Care during this visit?

Documentation check:

Service log complete

Agency documentation complete

Releases or screenings filed or entered (if applicable)



# 2.2

## Endnotes

- 1 National Home Visiting Resource Center. (2022, February 18). *Why Home Visiting?* [nhvrc.org/about-home-visiting/why-home-visiting](https://nhvrc.org/about-home-visiting/why-home-visiting)
- 2 Evanson, T. (2020, July 27). *The Intersection between Intimate Partner Violence and Substance Use Disorder* | Addiction Technology Transfer Center (ATTC) Network. Addiction Technology Transfer Center Network. [attcnetwork.org/centers/mountain-plains-attc/product/intersection-between-intimate-partner-violence-and-substance](https://attcnetwork.org/centers/mountain-plains-attc/product/intersection-between-intimate-partner-violence-and-substance)
- 3 Youdovin, J. (2021, October 19). *Workshop on Domestic Abuse* [Webinar] Journey to Safety, Jewish Family & Children Service
- 4 Youdovin, J. (2021, October 19). *Workshop on Domestic Abuse* [Webinar] Journey to Safety, Jewish Family & Children Service