



# Community Health Worker Training Manual HOME VISITATION



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## **SECTION 5: HOME VISITATION**

### **(Optional)**

#### **Summary**

The CHWs in our projects performed home visitation. In one of the projects, the CHWs hired already had significant experience in home visitation and therefore this module was not provided. For the other project, all trainees were instructed in home visitation. Another option to consider would be to complete the home visitation training after the main training for the subset of CHWs who were selected to deliver the intervention.

This is not a complete or exhaustive guide to home visitation. We recommend trainers who do not have experience in home visitation to consult with someone who does. CHWs should shadow other more experienced CHWs before embarking on their own in order to gain confidence in home visitation, as well as the curriculum delivery.

Consider adding a module on motivational interviewing to the end of this session. Motivational interviewing is an excellent strategy for CHWs to use when working one-on-one with clients to make change.

#### **Lesson Objectives**

By the end of this lesson, trainees will be able to:

1. Understand the importance of home visitation.
2. Know how to safely and effectively conduct a home visit.
3. Discuss strategies for building trust.

#### **Estimated Time Required**

2 hours







#### **Documents**

Find a collection of photographs of the inside of different homes

#### **Materials**

Large flip chart and/or whiteboard

## Lesson Overview

<b>Activity</b>	<b>Topic</b>	<b>Recommended Method(s)</b>	<b>Estimated Time</b>	<b>Documents/ Materials</b>
1	Why home visits?	Discussion, Brainstorm, Activity 	20 minutes	Pictures of inside of homes
2	Preparing for a home visit	Discussion 	15 minutes	
3	Safety	Discussion 	20 minutes	Large flip chart and/or whiteboard
4	Home visit etiquette	Discussion 	20 minutes	
5	Building trust	Brainstorm, Discussion, Facilitator Presentation 	40 minutes	
6	Review of Main Messages	Review 	5 minutes	

## Content

### 1. Why home visits?

Discussion: How many have conducted home visits before? (share stories, common experiences)



Brainstorm: Think about the clients you will be seeing. (Age, demographics, disease, etc). What do you expect to see in their homes?



Activity: Show pictures of insides of homes. Discuss what they tell you. Examples: Show examples of clutter, poverty, children, elderly, disabilities. Also show positives such as very clean, organized, highly educated, resources (such as a computer with internet). Discuss how you can use this information.



### 2. Preparing for a home visit

Discussion: How should you prepare for a home visit?



Some ideas:

- a. Call to confirm
- b. Review what you covered last time
- c. Plan what you will cover
- d. Have materials all ready
- e. Have a backup plan for what you will cover in case original plan doesn't work out or you move more quickly than expected
- f. Dress comfortably but respectfully
- g. Charge your phone and bring it with

### 3. Safety

Discussion: How do you keep safe on a home visit?



Some ideas:

- a. Call to confirm
- b. Always have a working, charged cell phone
- c. Go during safe hours (daylight if possible)
- d. Find out who will be in the home before you go
- e. Go in pairs when possible or if there is any concern about safety (this is often a good strategy for first visits if you do not know the family)
- f. Tell a friend or family member before you leave and when you should be back. Have a plan for what they will do if you do not return or contact them by a certain time.
- g. Bring only what you need with you.

- h. Do not wear fancy clothes or jewelry.
- i. Do not keep anything visible in your car.
- j. Make sure you know where the exits are in the home.
- k. Have a ID badge with your name and photo on it that identifies you with the agency or project. Wear it.

***Most importantly – trust your instincts. Do NOT go into a home if your gut tells you it is not safe. If you are in a home and feel unsafe for any reason, LEAVE.***

#### 4. Home visit etiquette

Discussion: What are some things you can and cannot do when in someone else's home?



Much of this depends on the project protocol. In general, we recommend:

- Do not eat or drink your own food or beverage. Do not accept any they offer you. This can be blamed on the supervisor: "My boss won't let me accept anything from you, I am so sorry. But thank you for the offer."
- Do not smoke.
- Do not accept money or gifts.
- Do not give money or gifts except those explicitly part of the protocol.
- You can ask them to turn down the television or radio if needed.
- You can rearrange things in order to create a space to sit or put your things if needed.
- You can ask to open a window or change the temperature if needed.
- You can ask to use the bathroom if needed.
- Consider bringing small games or distractions for children.
- Be clear from the start how long you intend to stay. If they ask you to leave early, leave. If they ask you to stay longer, it is up to you and your supervisor BUT do not stay longer than you are comfortable. Make up excuses if you have to.
- You can reveal some personal things about yourself but do not reveal too much. Do NOT give information such as your address or telephone number unless authorized to do so by your supervisor.

#### 5. Building trust

Brainstorm: Think about someone you trust. What qualities do they have? Would you trust this person's opinion or advice about your healthcare?



Would that require the same kind of trust or different?

Discussion: Trusting a CHW – discuss what the participant might expect/feel about having a CHW. Do they automatically trust you? Or do you have to earn it? What tools do you currently use to gain trust?



Teaching about types of credibility (Sue & Zane, 1987):



1. Ascribed status = one's position or role that is ascribed by others or by cultural norms. Participants may ascribe high or low credibility to the CHW and or the research project depending on the cultural values. Examples: CHW title, education/degrees, gender, age, Medical Center project. Basically what you come labeled as.
2. Achieved status = CHW's skills and actions that lead participants to view the CHW as competent and helpful. Basically what you earn from your interactions.

If there is low ascribed credibility, the person is not likely to volunteer for the program. They won't believe it would help them. If there is high ascribed credibility (and they agree to volunteer) but low achieved credibility, the person is likely to not follow through on home visits and may even drop out of the program.

Ascribed credibility will get you in the door. Achieved credibility will get you the home visits.

Discuss: CHW examples of ascribed status and achieved status.

## 6. Review Main Messages

- Home visits are important
- Preparing for and conducting home visits
- How to build trust
- Answer questions

