

Promoting a Safer Household Environment:
A Volunteer-based Home Visit Programme
(VHVP)

Quality Assurance Manual



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Conceptual Foundation

Background

Prevention of Unintentional Residential Childhood Injuries and Home Visitation

Unintentional childhood injuries are one of the major health problems in Hong Kong. Between 2000 and 2001, injury and poisoning was the leading cause of death in children age 1-14 (Department of Health, 2002). In particular, residential home is a common setting of injury. It has been reported that approximately half of unintentional childhood injuries in Hong Kong took place at home (Chan et al., 2000). The need to prevent Unintentional Residential Childhood Injuries (URCI), thus, is immense.

Various interventions had been implemented with respect to the prevention of URCI, however, home visitation seemed to be the most appropriate medium when compared with other approaches such as media campaigns and primary care setting consultations (Bablouzian et al., 1997; Colver et al., Olds & Henderson, 1994; Paul et al.; Roberts et al., 1996). Wortel et al. (1991) claimed that child safety in and around the home lends itself very well to be an individual method of communication by means of home visits, meanwhile, empirical studies also have suggested significant effects in this type of URCI prevention programme, including reduction of home hazards (Bablouzian et al., 1997; Olds & Henderson, 1994; Paul et al., 1994), modification in safety practices (Colver et al., 1982), and gain in injury-related knowledge (Paul et al., 1994). In addition, two recent meta-analyses respectively concluded that home visits could produce an enduring effect (Olds & Henderson, 1994), and “have the potential to reduce significantly rates of childhood injury” (Roberts et al., 1996).

Paraprofessional Home Visitation

In the implementation of home visitation, paraprofessional participation has become the legitimate alternative to the professionals (Armstrong et al., 2000; Dawson et al., 1989; Hiatt et al., 2000; Johnson et al., 2000; Kendrick, 2000; Olds et

al., 1998; Paul et al., 1994), and the use of community workers with limited educational background is a common service delivery strategy in many home visitation programs (Olds et al., 2002). As to reaching parents in the community with safety education through interpersonal channels, volunteers must play an important role because professional educators themselves are not able to educate parents intensively on child safety in terms of time and resources. Meanwhile, volunteer home visitors were seen as more intimate and nurturing than professional home helpers and consequently served as more effective role models, stressing informality that allows better communication, intervening by minimizing social distance, and increasing visitor's ability to empathize with their clients who, in turn, are more likely to trust them (Hiatt et al., 2000; Fuller, 1995; Olds et al., 2002). Thus, a volunteer-based home visitation program for preventing URCI is serviceable.

Empirical studies which compared the effectiveness of paraprofessionals and professionals have mixed results. Recent studies suggested that visitations by lay visitors have demonstrated comparable, if not better outcomes when compared with those of their professional counterparts (Kendrick et al., 2000). However, the background of the home visitors seems to affect the program success (Olds & Kitzman, 1990; Gomby et al., 1999), and studies indicated a caution note for the child health and early intervention program to be delivered by visitors who have limited professional training (Olds et al., 2002). It was found that even when given the structured and same set of program goals and protocols, nurses and paraprofessionals provided services in substantially different ways, as they conducted the program in unique styles. In addition, while home visitors were viewed as equally positively by the families, paraprofessional had higher dropout rate than nurses. In that sense, more paraprofessional-visited families experienced home visitors' turnover than professional-visited families, which make it more difficult for families and paraprofessional home visitors to form strong working alliances (Korfmacher, 1999). It was suggested that these differences were attributed to the lack of formal training (Olds et al., 2002), thus, the development of an accredited training program with ongoing supervision for volunteers is essential for a volunteer-based program.

Professional-managed Paraprofessional Home Visitation Program Model

In response to the immense need to prevent URCI, a year-long volunteer-based home visitation program was contrived. The home visitation program is to assist caregivers of 0-3 children in modifying child rearing behaviors and home environment identified as potentially hazardous. The paraprofessional home visitors, who were recruited from the community, are responsible to visit these families four times a year and the home visitation has three major functions: (1) to assess the risk of URCI, (2) to suggest necessary behavioral or environmental adjustments, and (3) to provide assistance in the implementation of injury prevention practices. The aim of the present program was twofold: (1) to educate caregivers on home safety; and (2) to augment volunteer's personal development and social networking towards human capital enhancement and social capital development.

Paraprofessionals have been found to break the barrier of client-worker distance and provide a bridge between clients and professionals. However, programs adopting paraprofessionals necessitate more intensive planning and supervision of such volunteers. The Hong Kong Childhood Injury Prevention and Research Association (CIPRA) has initiated a Professional-managed Paraprofessional Home Visitation Program Model. ([Model of the PL Team](#))

Conceptual issues in the use of PL Team

Role perception

The role of volunteers may be more limit than that of professionals because a lack of profound knowledge and skills in dealing with the complicated needs of the clients, and lack of the creditability and legitimacy in comparing with the professional counterparts. Nevertheless, it has been argued that volunteers have advantages over the professionals as they can: serve as more effective role models, stress informality that allows better communication and relationship building, and intervene by minimizing social distance that increasing their ability to empathize with their clients.

Performance standard

Lack of creditability and legitimacy is the major challenges of the implementation of volunteer-based home visitation program, and lacking any formal training and accreditation was the major factors that leading to the challenge of creditability. As volunteers usually have little formal training in the relevant disciplines, they must learn basic background knowledge before their work responsibilities were assumed. In that sense, the development of an accredited induction program with direct supervision and ongoing service-specific training for volunteers is essential for a volunteer-based program (Please refer to the Training Manual for details). Accreditation is a process of confirming that volunteers' performance conforms to standards that are agreed or approved, which can add value to the training for both the individual and the organization by setting standards for achievement and giving recognition to the volunteers. Volunteer administrators should be cautions that for the accreditation to succeed, volunteers must be performing specific tasks which demonstrated particular skills. This demands a clear role and responsibilities description for them. Meanwhile, supervisors also need to keep proper records to provide evidence for accreditation.

Volunteer Management

The aim of volunteer management is to enable volunteers to address the needs of the clients' beneficiaries and the expectation of the organization, whilst satisfying their own interests. Evaluative feedback is an essential element in volunteer management, and the advantages of effective feedback in improving quality of volunteers' performance have been well documented. Thus, structural feedback mechanisms for volunteers, which clearly address the type of information that will be provided, the procedure for giving information, and role of supervisor and volunteer in feedback session, was developed. However, it is noted that the feedback process was challenging and threatening for some volunteers, especially those who do not expected to be evaluated. As an effective feedback is essential for the paraprofessional supervision and development, supervisors should provide corrective feedback based on the observed behaviors. Guidelines for giving

corrective feedback are suggested as followed: (1) develop a structural feedback mechanism and the feedback channel for volunteers is understood by supervisors and volunteers, (2) describe the problematic behaviors without attribute to their personal failure, and put the emphasis on the feasible improvement, and (3) seek volunteers' acknowledge that the problem exists, otherwise the internalization of the desired standards for performance should not occurred.

Aim of the Quality Assurance Manual

The vision for high-quality service provision depends on its delivery by a well-trained, organized, and supported workforce. We can only achieve this vision if the workforce remains engaged in continuing development that is relevant to their service needs and supported by agencies and program coordinators.

This manual has been written to familiarize volunteer agencies and program coordinators with the content of the program enabling them to implement to the appropriate standard. We aim to support and facilitate program coordinators by providing practical guides on the use of volunteers so as to better equip their skills in managing their volunteers in a more effective and fruitful way. Meanwhile, this manual provides volunteers with background and reference information to enable their responsibilities as volunteers.

Once you have studied this manual, you will be able to:

- ❖ Provide general information on this program, includes our mission and scope of service
- ❖ Describe the roles of each party involving in this program
- ❖ Explain who is responsible for what within this program
- ❖ Locate the resources you need to fulfill your roles and responsibilities

User's Guide

Target users

1. Volunteer Agencies to use as resource to monitor the program;
2. Program Coordinators to use as a guide to start your work and a reference while implementing the program;
3. Volunteer Staff to use as reference to enable their responsibilities as volunteers

Suggestions of Utilizing the Manual

1. To ensure all staff within the organization know its potential uses and value to them, where and how they can access the manual.
2. To adopt the information and materials directly from the manual so that it helps save up your time to derive new materials; but remember, you have to re-adjust the format and content which is fit for your own situation.
3. To assign one person at the association to keep the manual updated manually; and be familiar with the material that s/he can guide people to use the information more applicable to their needs.
4. If you have new information to be added or any comments about this manual, please do share it with your co-workers as well as the author of this manual.

1. General Information

1.1 Mission

To promote a safer household environment for our children through provisions of a secondary prevention program to enable them to have a favorable environment for enhancing their development.

1.2 Scope of Service

1.2.1 Service Description

VHVP is a type of a community support service at district level to prevent or at least reduce the undesirable impact of Unintentional Residential Childhood Injuries (URCI) among children. In the pilot phase, we focus only on secondary prevention, in particular children with history of medically attended injuries in the past 6 months. The program is designed to:

- a) increase knowledge about the severity, consequences, and first-aid procedures URCI;
- b) modify preventive behavior and belief concerning URCI;
- c) modify the household environment when necessary to prevent URCI;
- d) flourish volunteers' personal development;
- e) assist social networking

1.2.2 Nature of Service

We advocate the year-long home visitation approach for preventing childhood injury because we believe that building a relationship with families who collectively suffered from the experience of childhood injuries would be a driving force for any implementation of prevention initiatives we preached. The key factor that makes the home visitation differs from other measures (e.g. safety pamphlets, TV advertisement, posters) is the involvement of human relationship, specially, with the volunteer home visitors participation. Hiatt (2000) indicated that the type of long-term, empathic and nurturing relationships that volunteer home visitors provided are the essential criteria for a successful home visiting program. Through the relationship

building between volunteer home visitors and caregivers, home visitors can offer guidance, help, care, acceptance, support, advice, and stimulation to the caregivers. Hence, the dyadic relationship between volunteer and family are the key factor in this program.

VHVP provides the following services:

- a) provision of printed and video materials;
- b) four quarterly home visits;
- c) monthly telephone follow-ups;
- d) social networking

1.2.3 Target Group

The program focuses on children aged 3-year-old or younger. In the pilot program, families in the Kwai Tsing and Shatin districts with new-born to 3-year-old children, who were admitted into A&E department of Princess Margaret Hospital or Prince of Wales Hospital for URCI episode in the 3-month case accumulation period, was the eligible clients for this program.

2. Volunteer Management System

2.1 Policy on Working with Volunteers

Adopting the Volunteer Management Handbook from the Agency for Volunteer Service (2000), the following policy statements shall apply to all volunteers working in organization with long-term commitment:

1. *Provision of CLEAR WORK OBJECTIVES to the volunteers*

In order to facilitate volunteers to understand the goals, functions and meaning of VHVP, so as to achieve a proper job performance and to gear towards a common expectation on the outcome of our program concerned.

2. *Provision of OFFICIAL STATUS/IDENTITY to the volunteers*

In order to show our concern on the value of volunteers' participation; to achieve greater working moral and spirit; and to foster a sense of identity and belonging, all volunteers concerned are to be called and treated as the member of our association with the provision of a positive title and recognition.

3. *Provision of JOB DESCRIPTION to the volunteers*

In order to make volunteers aware of their nature of their volunteer job, job description, including (1) job objectives, (2) responsibilities, (3) time and place of service, and (4) nature of work, is to be issued to every volunteer.

4. *Provision of CENTRAL ADMINISTRATION/CO-ORDINATION to the volunteers*

In order to embrace all volunteers under a planned and systematic administration & co-ordination, an appropriate staff is to be appointed as the overall Volunteer Coordinator overseeing the administration of the use of volunteers in the agency/organization.

5. *Provision of ORIENTATION/TRAINING to the volunteers*

In order to acquaint the volunteers with the profile of our association; to improve the quality of volunteers for a better performance; to diversify volunteers' skill to meet the various needs of program related works; and to provide skill training to meet needs of any particular work areas where volunteer assigned.

6. *Provision of ACCESS to OFFICE FACILITIES/RESOURCES to the volunteers*

In order to facilitate the execution of their duties and assignments and to make them feeling a part of the whole association, a pleasant working environment should be provided whenever possible.

7. *Provision of SUPERVISION and EVALUATION to the volunteers*

In order to set up a reporting system for service monitoring and control; to make volunteers aware of their contributions and also shortcomings for future improvements; and to be saved as a chance to obtain volunteers' feedback as well as to enhance mutual understanding between volunteers and paid staff.

8. *Provision of SERVICE RECORDINGS on services rendered by the volunteers*

In order to run the volunteer program efficiently, a recording system is to be established and regularly updated for any subsequent referrals and testimonials.

9. *Provision of BENEFITS and INSURANCE to the volunteers*

Since volunteers have already contributed their time and effort, our association is obliged to reimburse travel expenses and provide insurance cover.

10. Provision of RECOGNITION to the volunteers

Overt and formal recognition effort in the form of an annual presentation of Certificate of Appreciation to those deserving volunteers is to be offered.

11. Provision of PERSONAL GROWTH and DEVELOPMENT to the volunteers

In order to facilitate volunteers' personal growth and development, enhancement of responsibility and promotional opportunity is to be provided and delegated as and when appropriate.

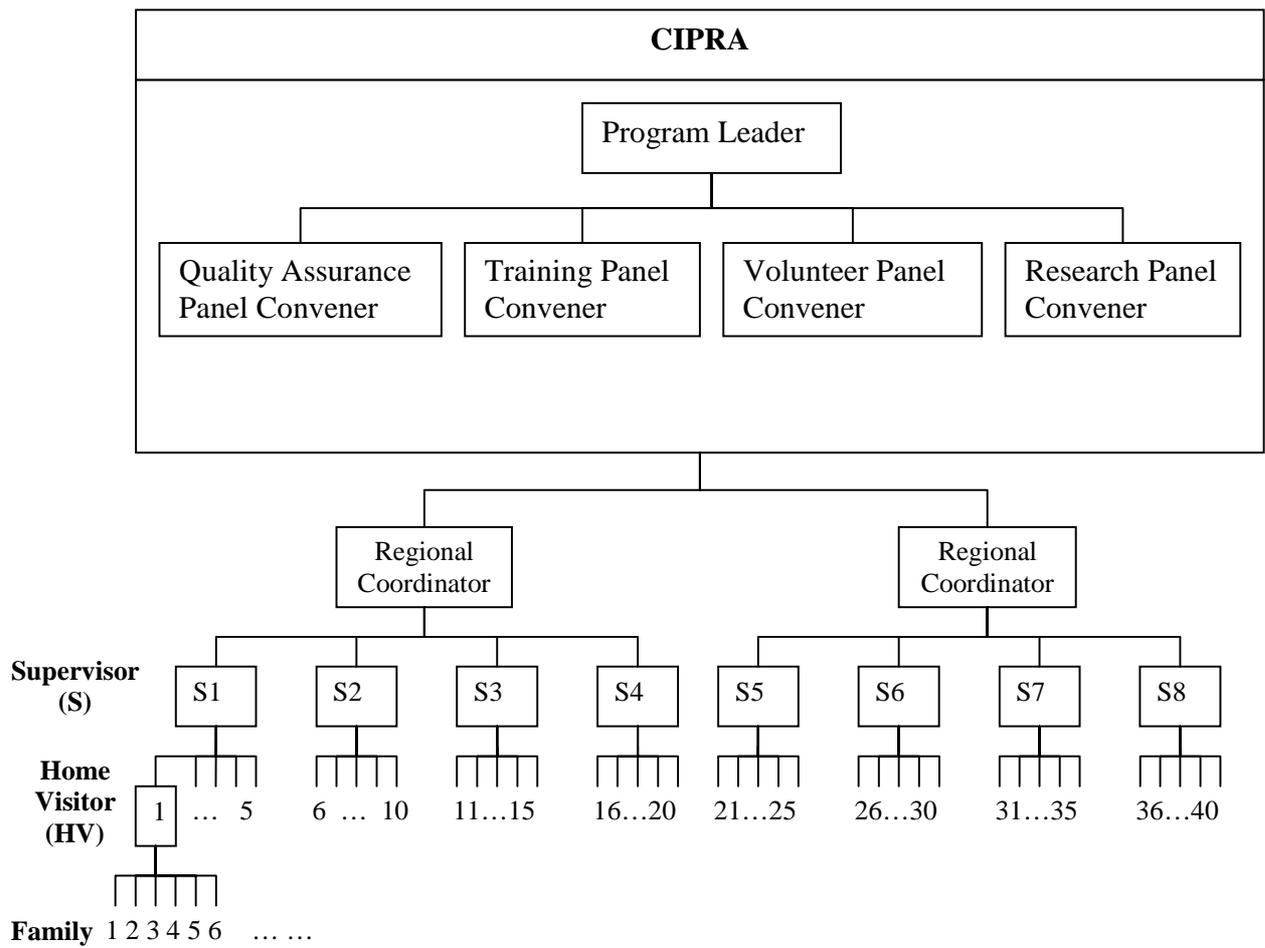
12. Provision of a VOLUNTEER MANUAL to each and every volunteer

A concise description of the details of our program and basic guidelines for volunteers in the form of a Manual is to be provided to every volunteer at the beginning of their service (Please refer to the VHVP Volunteer Handbook for further details).

2.2 Key Personnel of the Management System

The following members are responsible for the implementation of our program:

Figure 1. Organizational Chart



A. CIPRA's committee

1. To set an explicit policy spelling out the desirability and scope of participation of volunteers in the organization.
2. To allocate resources and support for the planning and implementation of the volunteer system.
3. To assign a specific place for the volunteer system within the organization's structure.
4. To adjust the organization's structure, if necessary, to allow for volunteer involvement.
5. To appoint a program leader vested with appropriate authority and responsibility.
6. To review the work content of all members and maximizing opportunities for delegation of work to volunteers.

Source: Agency for Volunteer Service, 2000

B. Program Leader

1. Program Implementation

- ❖ To adequately prepare the Regional Coordinators for their responsibilities
- ❖ To oversee and facilitate Panel conveners and Regional coordinators for their responsibilities
- ❖ To maintain program integrity
- ❖ To manage and document expenses incurred by VHVP
- ❖ To recommend and advise the CIPRA's committee of progress of work

2. Development

- ❖ To devise strategic planning for program development
- ❖ To seek outside resources to support the development of service

3. Communication

- ❖ To establish and operate effective intra communication channels
 - With CIPRA's committee, Panel conveners, Regional coordinators, Supervisors, and Home visitors

- ❖ To establish and operate effective inter communication channels
 - With service recipients and community

4. Promotion and Public Relations

- ❖ To collaborate with CIPRA administrative officer to prepare for promotion

C. Quality Assurance Panel Convener

1. Devise strategic planning for quality assurance
2. Development and adaptation of quality assurance manual
3. Evaluation of volunteer system
 - ❖ Evaluating the volunteer system
 - ❖ Offering comments and suggestions for system improvement
4. Implementation of program evaluation
 - ❖ Devising planning for program evaluation
 - ❖ Designing and monitoring evaluation tools to analyze the program
 - ❖ Conducting program evaluation

D. Training Panel Convener

1. Development of training handbook, manual and evaluation tools
2. Adaptation of training protocol and evaluation tools
3. Implementation of training for trainers and home visitors
4. Accreditation of trainers and home visitors

E. Volunteer (development) Panel Convener

1. To oversee and facilitate volunteers' work
2. To assist in human capital building
3. To assist in implementation of volunteer evaluation and feedback provision

F. Volunteer (maintenance) Panel Convener

1. To establish and monitor the strategic actions for recognizing the volunteers, including
 - ❖ assign specific responsibility and reflect values of contribution
 - ❖ give regular feedback and encouragement
 - ❖ express thanks to show appreciation
 - ❖ provide promotion prospect
 - ❖ certify the effort of each volunteer
2. To develop and coordinate the volunteer welfare affairs
 - ❖ Explore welfare for volunteers within and outside CIPRA's resources

- ❖ Estimate budget and define terms for volunteer allowance
 - ❖ Advise management support for the coverage of volunteer insurance
 - ❖ Allocate necessary equipment and facilities
3. To assist in social network building
 4. To facilitate in social gathering and sharing meeting
 5. To compile newsletter for inter-communication

G. Research Panel Convener

1. To maintain research data and respective databases, as well as assist members in analyzing these data
2. To compile report and publication
3. To assist in the cultivation of theoretical and methodological synergy between various CIPRA researches and VHVP
4. To assist in the planning of further services and research development and drafting of research grant proposals
5. To offer consultations with affiliations in the filed of injury prevention on methodological and statistical issues

H. Regional Coordinator

1. Administrative Responsibilities

- ❖ Implement policies as established by the CIPRA
- ❖ Submit proposals and plans for management
- ❖ Prepare budget for submission to Program Leader
- ❖ Devise and revise forms and documentation necessary for service operation

2. Staffing

- ❖ Volunteer management
 - Devising a strategic planning for staffing
 - Recruiting volunteers
 - Setting-up and maintaining payrolls and allowances account
- ❖ Supervisor management
 - Devising a strategic planning for staffing

- Recruiting supervisors
- Overseeing, facilitating and evaluating supervisors' work
- Setting-up and maintaining payrolls and allowances account

3. Volunteer Supervision

- ❖ To establish and monitor the volunteer supervision system, including
 - pre-job orientation and briefing session
 - on-the-job training programs
 - regular supervision sessions
 - sharing meeting among volunteers and related personnel
 - regular support and recognition through formal and informal channels
 - formal and informal feedback channels
 - foster volunteer leadership for efficient networking and supervision
 - discipline and monitor the work progress and performance
 - understanding more the volunteers and service program

I. Supervisor

❖ Responsibility

To supervise, coach, and support a group of 5 home visitors.

❖ Activities

	Establishment (Month 1 - 3)	Maintenance (Month 4 - 18)
<i>Administrative</i>	<ul style="list-style-type: none"> • Recruitment of cases • Appointment matching and visit scheduling • Training preparation • Recruitment of home visitors 	<ul style="list-style-type: none"> • Recruitment of cases • Appointment matching and visit scheduling • File preparation and record keeping • Case review
<i>Executive</i>	<ul style="list-style-type: none"> • Conducting volunteer's orientation • Conducting training 	<ul style="list-style-type: none"> • Conducting training sessions • Induction visit

	sessions	<ul style="list-style-type: none"> • Pre-visit discussion • Post-visit follow-up • Telephone consultation by clients
<i>Volunteer Personal Development</i>	<ul style="list-style-type: none"> • Evaluation and feedback • Technical advice on home visitation skills and case management • Communications on volunteer personal development 	<ul style="list-style-type: none"> • Evaluation and feedback • Technical advice on home visitation skills and case management • Communications on volunteer personal development • Reminder calls to volunteers on upcoming appointment or task • Volunteer gathering

J. Home Visitor

❖ Responsibility

To handle a group of 6 families as to conduct home visitations and telephone follow-ups.

❖ Activities

a) Home visit

- Assess the participant families according to the steps recommended in the Home Accident Prevention Inventory (HAPI) manual.
- Collect and record all necessary data.
- Disseminate general advice on injury prevention and circumstantial advice on household modification, which based on participants' endorsements on the instruments.
- Provide solutions to participant families, such as demonstration (of specific safety practices / behaviors), or assistance (provision of safety

devices along with appropriate instruction of operation) with regards to the areas that the participants show potentials to URCI.

b) Telephone follow-up

- Update the participant's progress in recommended behavioral or environmental modifications regarding URCI.
- Record all necessary data.

c) Social Network Building

- Share their experience, difficulties, and pleasure during the implementation of home visitation.
- Participate in the team building activities, including sharing meeting and social gathering.

❖ Expected fulfillment

Activity	Fulfillment
Training	<ul style="list-style-type: none"> • 20 – 22 contact hours of training • 18 supervision hours (including induction visit and post-visitation follow-ups)
Home Visit	<ul style="list-style-type: none"> • Attendance and Punctuality <ul style="list-style-type: none"> - Should not be late or absent without notice • Planning for visits <ul style="list-style-type: none"> - Schedule in advance - Follow monthly work schedule - Keep supervisor informed of substantial changes • Records and reports <ul style="list-style-type: none"> - Collect all necessary data (about 20 questions per visit) - Accurate - Up to date (report to supervisor within one week)
Telephone Follow-up	<ul style="list-style-type: none"> • Planning <ul style="list-style-type: none"> - Schedule in advance - Follow monthly work schedule • Records and reports <ul style="list-style-type: none"> - Record all necessary data

	<ul style="list-style-type: none">- Accurate- Up to date (report to supervisor within one week)
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2.3 Rights and Responsibility of a Volunteer Staff

We embrace the ideal that each of our volunteer should have following rights and responsibility.

Rights:

1. The right to be treated as a *co-worker* – not just as free helper, nor as a prima donna.
2. The right to a *suitable assignment*, with consideration for personal characteristics, including preference, temperament, life experience, education and employment background.
3. The right to *know as much about the association* as possible – its policies, its people, its program.
4. The right to *training* for the job – thoughtfully planned and effectively presented training.
5. The right to *continuing education* on the job as a follow-up to initial training, information about new developments, training for greater responsibility.
6. The right to sound *guidance and direction* by someone who is experienced, well-informed, patient, and thoughtful, and who has the time to invest in giving guidance.
7. The right to a *place to work*, an orderly, designated place, conducive to work and worthy of the job to be done.
8. The right to *promotion and variety of experiences*, through advancement to assignments of more responsibility, transfer from one activity to another, and special assignments.
9. The right to be heard, to *have a part in planning*, to feel free to make suggestions, and to have respect shown for an honest opinion.
10. The right to *recognition* in the form of promotion and awards, through day-to-day expressions of appreciation, and be being treated as a co-worker.

Source: Agency for Volunteer Service, 2000

Responsibilities:

1. To be open and honest with your site from the beginning
2. To provide service in a responsible manner
3. To understand commitments of time and tasks and to fulfill them
4. To work with initiative in undertaking planning, administrative and coordination duties
5. To work to be accepted and respected by supervisors and other CIPRA members
6. To be willing to learn and offer constructive suggestion
7. To participate in evaluation when asked to do so
8. To share thoughts and feeling with supervisors and other CIPRA members
9. To work with supervisors and other CIPRA members cooperatively as part of a team
10. To respect confidentiality
11. To seek honest feedback
12. To serve as ambassadors of goodwill for the site
13. To be effective advocated for change when it is needed
14. To bring the priceless gifts of enthusiasm and service which lightens the load of all

Source: Agency for Volunteer Service, 2000

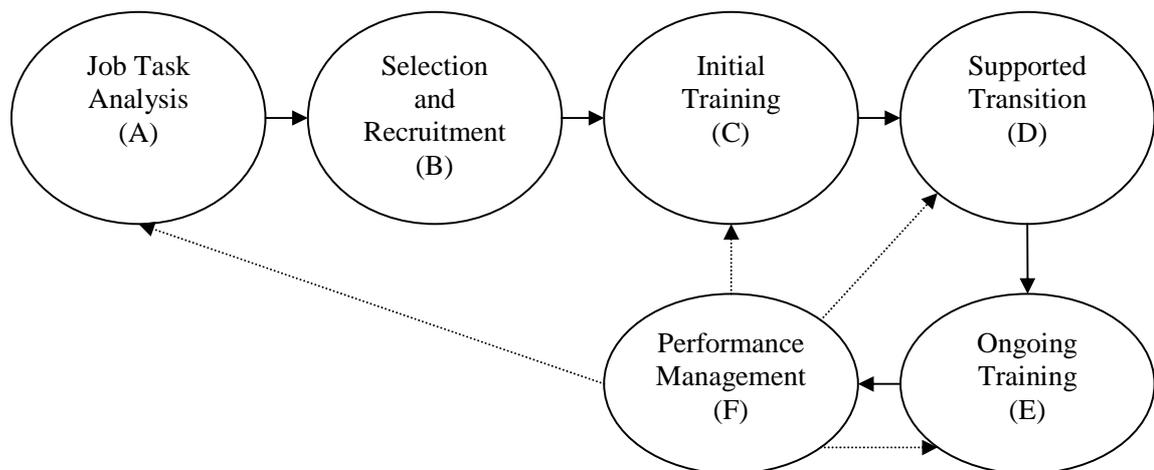
3. Volunteer Development

Study emphasized the fact that volunteerism is increasingly motivated by a desire for professional development over altruistic goals (Zakour, 1994). This implies that provision of a learning and growth environment became an essential criterion for keeping up volunteer with their enthusiasm and continuing to engage in service, which are essential for sustaining and improving the effectiveness of the program.

In addition to growth, the development of volunteer competencies is emphasized. The competencies required should be reflected both in the job description and the performance appraisal instrument; meanwhile, we must train our volunteer upon which we intent to evaluate their performance.

As to guide the program administrators and supervisors through all phrase of volunteer development, the Sequential Development Model for Maximizing Paraprofessional Potential (Norris & Baker, 1998) is offered.

Figure 2. The Sequential Development Model for Maximizing Paraprofessional Potential



The model comprises six major areas, respectively job task analysis; selection and hiring; initial training; supported transition; ongoing training; and performance management. With respect to this model, a tailor-made implementation schedule was constructed (Figure 3), and a section is devoted to each area.

Figure 3. Schedule of Implementation

Activities		Month																			
		1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8
Selection and Recruitment (B)		*																			
Training	Initial (C)		*	*																	
	Intermediate (E)								*												
	Advance (E)													*							
On-going Supervision (D)			*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Appraisal (F)	Initial								*												
	Intermediate													*							
	Final																				*
Feedback (F)	Formal								*					*							*
	Informal		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Maintenance	Sharing meeting						*					*						*			
	Social gathering									*				*							
Motivation and Recognition				*					*					*							*

* Key:

(A) Job Task Analysis

(B) Selection and Recruitment

(C) Initial Training

(D) Supported Transition

(E) Ongoing Training

(F) Performance Management

4. Recruitment and Selection

4.1 Interviewing

An effective interview for matching potential volunteers to the task and working environment is crucial for volunteer management. As to recruit volunteers who are motivated to do the work, who can do it, and who will fit in with the work environment, four domains were assessed during the interview:

1. Knowledge

- Able to defined what is home safety
- Able to relate the different injuries (age 0-3)
- Able to relate preventive methods
- Able to relate child injury incidents (either personal experience or from news)

2. Attitude / personality ([Further elaboration](#))

- Confidence
- Pleasantness
- Sincerity
- Sympathy
- Empathy
- Alertness

3. Beliefs

- In the traditional myth and misunderstanding about child injury
- In the significance of home visitation in promotion of home safety

4. Suitability

- Ability to communicate well
- Understanding about the role as a home visitor
- Willingness to learn

5. Environment

- Time availability
- Spousal support

Besides, with child rearing experience, home visitors can share their valuable experience with clients, which facilitate the development of an empathic and nurturing friendship. In that sense, child rearing experience is a critical factor that we emphasize during selecting and recruiting process for voluntary home visitors.

The application form, interview questions, and volunteer assessment were attached as appendix 1, 2 and 3.

4.2 The effective interview

The major portion of an effective interview should be devoted to the points listed below:

- Exploring applicants' interest, knowledge, attitude, beliefs, abilities, and personal situation.
- Discussing association's requirements: time commitments, training requirements, paperwork as to let applicants know what will be expected of them as they take the role as a volunteer home visitor.

5. Training

5.1 Nature of Training

Training should be completed before work responsibilities are assumed. As volunteers usually have little formal training in the relevant disciplines, they must learn basic background knowledge if they are expected to have satisfactory performance. If they do not succeed it is usually because they were not adequately prepared for their tasks. As volunteers' productivity and performance are directly related to the quality of the training provided, thereby making initial training a top priority.

As training and supervision are essential for keeping up volunteers with their enthusiasm and continuing to engage in service, supplementary trainings and ongoing supervision were given as to provide further support to home visitors on technical details, practical issues and relationship handling. Engaging trained and supported volunteers in the program would improve sustainability and effectiveness of our program, meanwhile, provide a nurturing environment for volunteers' personal development.

The objectives of training were based three domains (Figure 4).

Figure 4 Domains of training for volunteer home visitors

Domain	Objectives
Knowledge	<ul style="list-style-type: none">To introduce knowledge on the needs and scope of work areas in assisting caregivers towards a safer household environment.
Commitment	<ul style="list-style-type: none">To clarify attitudes and values on the significance of promoting home safety issues.
Skills	<ul style="list-style-type: none">To provide practical guides for volunteer home visitors.

5.2 Desired Input in Training

Each home visitor should receive a training program with 20 to 22 contact hours of formal training, and 18 supervision hours, including induction visit and post-visitation follow-ups. The formal training consisted of 13 hours of initial training, 5 hours of intermediate training throughout their tenure, and 4 hours advance training that further offered the visitors the opportunity to enhance their home visitation skills and techniques. The topics for training session outlined below (Figure 5):

Figure 5 Topics for training session

Training	Duration	Topics
Initial	13 Hours	<ul style="list-style-type: none"> • Home hazard identification • Emergency handling and first-aid • Home visitation techniques and manner • Communication skills • Home visit rehearsal
Intermediate	5 Hours	<ul style="list-style-type: none"> • Advance first-aid • Referral techniques • Relationship enhancement skill
Advance	4 Hours	<ul style="list-style-type: none"> • Relationship maintenance • Problem solving • Social network building

As to help visitors develop competence and become familiar with the program protocol, initial training covered topics, including home hazards identification, emergency handling and first aid, home visitation techniques and manner, communication skills, and home visit rehearsal. Intermediate training consisted of specific activities to build skills in handling various participating families and inservices related to specific topics such as advance first-aid, referral techniques and relationship enhancement skill. Advance training consisted of seminars and small group coaching, which covered the topics including, relationship maintenance, problem solving, and social network building. Details for the training program were

attached as Appendix 4. For further information, please refer to the Training Manual of this program.

6. Performance Management

Performance management is the ongoing process which includes ongoing supervising and coaching, regular performance reviews, and systematic feedback mechanism.

6.1 Ongoing supervision

Supervision is defined as “a relationship with another person that fosters professional growth” (Hiatt, 1997, p. 87). To reduce home visitors’ insecurities during their own first, anxious visit, supervisor accompanies them into the field for the induction visit, which provides opportunities for informal coaching and immediate feedback on an individual basis.

Volunteer should be able to approach the supervisor and get the information and advice on demand throughout program implementation, thus, informal and unscheduled supervision occurred constantly. Gradually, they should be involved in formulating the personal strategies to encounter their questions, and ultimately they should seek verification that they have arrived at appropriate solutions. Thus, it is essential for supervisor to challenge the volunteers to solve problems themselves.

6.2 Regular Performance Reviews

Evaluation is essential to maintaining a high quality volunteer program. It had been well documented the evaluation of volunteer program on programmatic level, however, program administrators seldom focused on the performance of individual volunteer. Cnaan & Cascio (1999) pointed out that agencies may be reluctant to evaluate the work of volunteers because such evaluations may seem to question volunteers' efforts. As Allen (1987) explained that "Both the greater need of the agency for the volunteer (than vice versa) and the agency's inability to reciprocate the volunteer's efforts with more tangible rewards (for example, pay) serve to make the social roles clear. The volunteer is the 'helper'; the agency, the 'grateful recipient'

“(pp.258). To what extent can the volunteer performance be evaluated? This is a sensitive issue as volunteering is "any activity in which time is given freely to benefit another person, group or organization" (Wilson, 2000, pp.215), and volunteers are engaging in behavior that is not bio-socially determined, nor economically necessitated, nor sociopolitically compelled (Black & DiNitto, 1994), thus, they do not expect to be 'evaluated' or 'being judged'.

Nevertheless, other researches pointed out the importance of the volunteer assessment and systemic feedback on their efforts. Strom and Strom (1999) suggested that volunteer performance should be assessed periodically and feedback should be given to them about their performance or how they might be more effective. Other potential benefits of giving volunteer constructive feedback may include bolstering volunteers' self-esteem, supporting their motivation, and helping shape their personal development (Strom & Strom, 1999; Zakour, 1994). In that sense, evaluations in both programmatic and individual level are critical for the volunteer program.

6.2.1 Program Evaluation

Evaluation measures the extent to which our program accomplishes its intended outcomes, includes changes in belief, observed environmental modifications, self-reported behavioral changes, occurrences of URCl through self-reported and hospital-based measures. Following measures had been taken as to indicate the program outcomes.

a) Injury belief questionnaire (IBQ)

The IBQ is a 20-item 5-point scale on injury beliefs, which mapped onto five aspects, respectively perceived susceptibility, perceived severity, perceived benefits, perceived psychological barrier, and perceived physical barrier. Complete questionnaire is attached as appendix 5. With participation of our program, clients with low health motivation, low perceived benefit and high perceived barrier at the start should exhibit changes in these beliefs during and after the intervention.

b) Household environment checklist (HEC)

The HEC serves to assist home visitor to assess environmental hazards in the household. The checklist comprises a sketch of the home being visited, and lists of potential hazards on a room-by-room basis. Lists of hazards were drawn from injury scenarios reported in a 1999 local study at the Pamela Youde Nethersole Eastern Hospital (The Hong Kong Childhood Injury Prevention and Research Association, 1999). Scores on the HEC in each room are added up to a composite score.

c) Clients' Satisfaction

The clients' satisfaction study serves as a means to evaluate our program, services, and personnel, which assists in addressing any problems that might exist. The complete set of questions was attached as appendix 6.

d) Volunteer Feedback

Volunteer feedback provides fruitful information in assessing the needs for further development of the program and making recommendations for improvement of service. The complete set of questions was attached as appendix 7.

6.2.2 Volunteer Appraisal: Modified behavioral competence model

Attempts have been made to assess volunteers' competence with an aim of providing concrete and useful information on learning outcomes to both supervisors and home visitors. Locally, assessment practices have tended to be quantitative and norm-referenced. While much criticism has been leveled against the use of these principles, the assessment movement has become more standards-based and learning-orientated (Leung, 2000). Aligning with the need for more standard-based, criterion-referenced assessment methods, Hauenstein (1998) put his focus on practitioners' process of utilization of knowledge learnt in real world practical situations, in a hierarchically ordered: acquisition, assimilation, adaptation, performance and aspiration.

A competent home visitor should demonstrate agreed standards on the following three constructs:

- a) Commitment: devote their knowledge and skills to the betterment of our children, with the aim to enable them to have a favorable environment.
- b) Knowledge: equip with the knowledge and skills necessary to function as a voluntary home visitor.
- c) Skills: demonstrate ability in functioning as a voluntary home visitor.

Each domain has five levels of attainments, from acquisition to aspiration (Hauenstein, 1998). Followings are the details:

Attainment	Description
Acquisition	<ul style="list-style-type: none">• recall of prior knowledge• acquire new concepts, ideas and vocabulary
Assimilation	<ul style="list-style-type: none">• making response in learning situations• be able to comprehend ideas and theories in their own words
Adaptation	<ul style="list-style-type: none">• modifying knowledge into an ascribed standard• using knowledge and abilities to solve real or simulated problems (application)

Performance	<ul style="list-style-type: none"> utilize their knowledge and skills continuously in different situations, showing flexibility (integration)
Aspiration	<ul style="list-style-type: none"> seeking master skills and demonstrating these in behaviors.

For a meaningful evaluation, volunteers must know to what criteria are being used to measure their performance, and both supervisors and volunteers can have clear standards of performance upon which to base evaluation. In that sense, a structured guideline with clear behavioral anchors and examples was constructed and provided for supervisors, as to assess volunteers' competence with references to the Modified Behavioral Competence Model. Complete guideline and measurement tool are attached as appendix 8 and 9.

As regular performance review is an important element of our program, ongoing evaluation should be implemented with the following measurement tools:

Stage	Measurement tools
Initial (Month 1 -8)	<ul style="list-style-type: none"> <i>Knowledge tests</i> were given for the volunteers as to assess their knowledge standards after the initial training. <i>Performance review</i> with references to the Modified Behavioral Competence Model.
Intermediate (Month 8 -13)	<ul style="list-style-type: none"> <i>Performance review</i> with references to the Modified Behavioral Competence Model.
Final (Month 13-18)	<ul style="list-style-type: none"> A survey of <i>client's satisfaction</i> will be conducted at the end of program. <i>Performance review</i> with references to the Modified Behavioral Competence Model.

6.3 Systemic Feedback Mechanism

A constructive feedback can stimulate growth and development that enhance the effectiveness and competence of the practitioners, and competence increases volunteering behavior (Kazdin & Bryan, 1971). As Strom & Strom (1999) suggested that specific guidelines and tools for providing volunteer feedback would maximize program success and sustained volunteer involvement. Stepputat (1995) also highlighted that supervision and evaluation can assist in minimizing turnover in volunteer program. These converging evidences point to the importance of evaluating and providing systemic feedback with respect to volunteers' competence are essential in sustaining and improving the effectiveness of the program.

Supervisors are responsible for scheduling regular, formal feedbacks with each volunteer after the evaluations. Supervisors should meet with volunteers individually to address the following issues:

- a) Recognition of the volunteer's contribution.
- b) Overall strengths.
- c) Progress made toward specific goals.
- d) Areas needing improvement.
- e) Establishment of goals for the next stage.

On top of formal feedbacks, each home visitation is preceded by a half-an-hour post-visitation follow-up. This type of informal feedback should be highlighted, as it provides spontaneous opportunities for the supervisors to review each volunteer's performance, so that they can offer an immediate response and feedback, which assisted volunteers in their personal development.

6.4 Dealing with Difficult Volunteers

When facing a difficult volunteer who perform unsatisfactorily, supervisors should take following principles as references: (Revise)

- ❖ Try to handle problems promptly
- ❖ Don't try to confront difficult situations when you're so upset that you're not rational
- ❖ Indicate a shared commitment to finding a solution to problems
- ❖ Facilitate volunteers in overview their strengths and weakness, in order to establish their personal goals for improvement
- ❖ Arrange for follow-up

On rare occasions, volunteer coordinators are faced with the unpleasant task of dismissing a volunteer. According to Agency For Volunteer Service (2000), common reasons for dismissal are as follow:

- ❖ Misconduct
- ❖ Unsatisfactory performance
- ❖ Breach of confidentiality
- ❖ Inappropriate behavior
- ❖ Disregard of policies and procedures
- ❖ Health unacceptable to the point of being a hazard to self and others
- ❖ Suitable assignment not available

In the principles we cherish each one of our volunteer and not looking forward to dismiss anyone of them. But in case of extreme circumstances where a volunteer cease to effectively cooperate with us, we are open to the following alternatives to remedy the problem or as a last resort, to terminate our relationship with the volunteer (Agency For Volunteer Service, 2000):

- ❖ Give a warning and develop a plan to improve behavior.
- ❖ Provide additional training which may enable the volunteer to perform better.
- ❖ Refer to other voluntary organization for more suitable placement.
- ❖ Retire the volunteer and help plan a nice retirement party honoring the volunteer.
- ❖ Reassign to a different person if the problems stemmed from a poor personality match.

7. Maintenance

7.1 Role of Social Maintenance

Volunteer maintenance is crucial for the success of the volunteer-based program. Studies have revealed that the psychological (e.g. altruism, peer and social recognition) and behavioral factors (e.g. gain new perspective, coping with volunteers' own problem) are significant motivators for volunteers (Lammers, 1991; Marx, 1999). This highlighted the role of voluntarism in the social network building, and the importance of the specific team building activities, which were helpful in maintaining a cohesive and positive work environment.

7.2 Social Network Building model for sustainability

Social gathering and sharing meeting were encouraged, as volunteers can share their experience, difficulties, and pleasure during the implementation of home visitation. In the process of shared endeavor and working towards a common goal, both supervisors and volunteers transferring knowledge and skills, generating new ideas and solutions, which meets the need of people to learn from each other, and helps to widen social, economic, and cultural networks.

With reference to the questions that majority had encountered, a frequently asked questions was generated that covered three substantial areas, respectively technical issues, skills, and role of volunteer. Complete set of the questions were attached as Appendix 10.

8. Motivation and Recognition

8.1 Develop “Career Ladders” for Volunteers

As to ensure ongoing volunteer motivation and appreciation, following strategies should be implemented

- ❖ Review all assignments regularly to see that volunteers continue to be challenged and enjoy their activities.
- ❖ Design advance-level tasks for those volunteers earning and desiring more difficult (responsible, sophisticated) work.
- ❖ Assist volunteers to develop their skills through promotion to new volunteer jobs to assume additional and greater responsibilities, such as utilize experienced volunteers as supervisors and trainers of new volunteers.

8.2 Certificate of Volunteering Service

To acknowledge volunteer participation, the attendance and time spent on training and fieldwork will be certified at the end of the program. Please refer to appendix 11 for the volunteer service record.

8.3 Membership

With the common goal to reduce the undesirable impact of injury to children, family, and society, volunteers, who dedicated to promote a favorable environment for our children, will be invited to be the associate members of CIPRA.

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Appendix

Appendix 1 Application Form

義工申請表格

義工編號: _____

姓名: (英文) _____ (中文): _____

地址: _____

電話: (住址) _____ (辦公室) _____ (手提) _____

護照或身份証號碼: _____ 出生日期: _____

性別: _____ 年齡: _____ 婚姻狀況: _____

教育程度: _____ 職業: _____

特別技能及資歷: _____

曾否有義工經驗: 無 有 (註明: _____)

估計可服務時間:(√)

時間(星期)	日	一	二	三	四	五	六
上午							
下午							
晚上							

預算每月服務最少 _____ 小時

預算服務期限: 半年 一年 兩年或以上 其他: _____

從何處得悉本服務的消息: _____

申請人簽署: _____ 日期: _____

=====

此欄由職員用:

評語: _____

委任與否: 建議委任 不建議委任

負責面見職員: _____ 簽署: _____

日期: _____

義工申請表格(附件)

請回答以下問題

1. 您認為什麼是義務工作？

2. 請列出參與義務工作的價值及意義。

3. 您參與是項服務的原因為何？

4. 您曾否於義工服務中得到難忘的經驗？請略述之。

5. 您認為在過往參與義工服務的經驗中，得到了甚麼？

6. 對於參與是項服務，您對自己有何期望及可貢獻什麼？

7. 您對是項服務的期望 (如訓練、服務內容、服務對象等)：

8. 其他意見：

Appendix 2 Interview Question

義工申請（面試題目）

義工姓名：_____

義工編號：_____

1. 當你得知本會招募義工之事，有甚麼原因吸引你參加？
2. 若家中有一位嬰孩及一位一至三歲的小孩，家長在注意家居安全事宜中，有何分別？
3. 在報章上，有否看過有關兒童家居意外的新聞？如有看過，試述之。
4. 你會否接受家訪？你覺得家庭探訪的意義為何？
5. 老人家常說：「細路仔唔跌唔大」，你是否同意這說法？試述之。
6. 除了家訪及電話跟進，在探訪期間本會還會為各義工提供訓練、分享會及聯誼活動，你認為自己在時間上能否配合？

Appendix 3 Volunteer Assessment Form

Volunteer Assessment Form (Interview)

Volunteer Name: _____ Volunteer Number: _____

Rating Scale:

- 1 – Excellent
- 2 – Good
- 3 – Average
- 4 – Acceptance
- 5 – Not Acceptable

Domain		Rating					Remarks
		1	2	3	4	5	
Knowledge:	Able to defined what is home safety						
	Able to relate the different injuries (age 0 -3)						
	Able to relate preventive methods						
	Able to relate child injury incidents (Either personal experience or from news)						
Attitude / Personality:	Confidence						
	Pleasantness						
	Sincerity						
	Sympathy						
	Empathy						
Beliefs:	Alertness						
	In the traditional concept of child injury						
Environment:	In the concept of home visitation						
	Understand the role of home visitor						
	Fluency in use of language						
	Time availability						

	Willing to learn						
	Spousal support						

Comments:

Interviewer: _____

Date: _____

Appendix 4 Training Program for Home Visitors

Initial Training

- Module 1: Orientation to Organization and Responsibility (1 Hour)
- Module 2: Infants' Cognitive Development and Safety (1.5 Hours)
- Module 3: Home Hazards Identification (1.5 Hours)
- Module 4: Common Practice of Home Injury and Prevention (1.5 Hours)
- Module 5: First-aid (1.5 Hours)
- Module 6: Home Visitation Techniques and Manner (1.5 Hours)
- Module 7: Application of the Questionnaire (1.5 Hours)
- Module 8: Volunteerism and Empathy (1.5 Hours)
- Module 9: Practices (1.5 Hours)



Material for Initial Training

Intermediate Training

- Module 1: Advance First-aid (1.5 hours)
- Module 2: Referral Techniques (1 hour)
- Module 3: Relationship Enhancement Skills (1.5 hours)
- Module 4: Role play (1 hour)

Advance Training

- Module 1: Relationship Maintenance and Problem Solving (1 hour)
- Module 2: Social Network Building (1 hour)
- Module 3: Small Group Coaching 1 (1 hour)
- Module 4: Small Group Coaching 2 (1 hour)

Appendix 5 Injury Belief Questionnaire (IBQ)

1. I could not get my child to behave properly.
2. My parenting practices regarding injury prevention are overridden by my parents/in-laws.
3. It is impossible to close all doors in my place when my child plays because it's very crowded here.
4. I find no reason to install window frames at my place since I am renting this place.
5. Though terrace bed is safer than bunk bed, I would prefer a bunk bed because it is space-saving.
6. I find it impossible to keep an eye on my child constantly.
7. I believe that residential childhood injuries could not be prevented.
8. I do not have enough resource to supervise all my children in the household.
9. A child getting bumps and bruises is no big deal.
10. I made my best effort in preventing my child(ren) from residential injuries.
11. A mattress / pad on the floor could reduce the impact of falls.
12. Keeping the hot-water flask in the kitchen reduces the risk of scalding.
13. I would yell at my child if I caught him/her jumping on the sofa.
14. Residential childhood injuries could hurt a child severely.
15. My spouse does not encourage me in engaging injury prevention practices.
16. Installing and locking up window frame(s) prevents a child from falling out of the windows.
17. Turning back upon closing a door could prevent a child following close from crushing by the door.
18. A child-proof gate at the kitchen door could not prevent a child from entering the kitchen.
19. Picking bones from fish prevents children from choking.
20. In such a small apartment, I have to pile up those storage boxes even though my child might climb on them.

Appendix 6 Clients' Satisfaction

香港兒童安全促進會：「兒安之友」義工探訪計劃 - 服務受眾滿意程度調查

為了對本計劃進行檢討，以便改善日後的服務質素，煩請各家長填寫本問卷。

所有資料，絕對保密。

探訪你的義工是：_____；_____

整體滿意程度：

	非常滿意	滿意	普通	不滿意	非常不滿意
1. 總括來說，您是否滿意本計劃所提供的服務？	1	2	3	4	5
2. 您是否滿意義工的工作表現？	1	2	3	4	5

有關本服務計劃的意見：

	非常同意	同意	普通	不同意	非常不同意
您是否同意本計劃有助您					
3. 提高有關預防家居意外的知識？	1	2	3	4	5
4. 去改善有關預防家居意外的行為及信念？	1	2	3	4	5
5. 去改善家居環境以預防家居意外的發生？	1	2	3	4	5
6. 總括來說，您是否同意本計劃有助您預防家居意外的發生及減低家居意外所帶來的負面影響？	1	2	3	4	5

有關義工服務的意見：

	非常	同意	普通	不同意	非常

	同意				不同意
您是否同意義工能					
7. 為您提供有關預防家居意外的資訊？	1	2	3	4	5
8. 了解您的情況，從而作出有關預防家居意外的建議？	1	2	3	4	5
	非常友善	友善	普通	不友善	非常不友善
9. 義工的態度是否友善？	1	2	3	4	5
	時常	間中	甚少	從不	
10. 義工是否準時到達（於預約時間五分鐘內到達）？	1	2	3	4	
	時常	間中	甚少	從不	
11. 義工是否定時安排進行家探及電話跟進？	1	2	3	4	

12. 在參予本計劃的過程中，您最大的得著是什麼？

13. 您最喜愛 / 滿意計劃的那些部份？為什麼？

14. 您最不喜愛 / 滿意工作那些部份？為什麼？

15. 其他意見 / 建議

Appendix 7 Volunteer Feedback

香港兒童安全促進會：「兒安之友」義工探訪計劃

義工意見調查

為了對本計劃進行檢討，以便改善日後的服務質素，煩請各義工填寫本問卷。

所有資料，絕對保密。

1. 您是否滿意以下的安排？

	非常滿意	滿意	普通	不滿意	非常不滿意
1.1 服務內容					
1.2 服務性質					
1.3 工作安排及組織					
1.4 義工訓練及督導					
1.5 溝通及支持系統					

不滿意的原因：

2. 您是否滿意與其他義工或工作人員的工作關係？

() 滿意

() 不滿意

原因：

3. 您現在的工作是否符合您的期望、興趣及能力？

是 否

原因：

4. 您從工作上能否找到趣味、挑戰性及滿足感？

能 否

原因：

5. 您認為您的工作量是否適當？

太多 適當 太少

6. 您認為您可否承擔更多工作責任？

可以 不可以 不知道

7. 您認為家長對義工進行家訪的接受程度如何？

非常接受 普遍接受 普通

普遍不接受 非常不接受

8. 您認為機構應加強何類訓練或資料以幫助您進行家訪？

9. 您最喜愛 / 滿意工作那些部份？為什麼？

10. 您最不喜愛 / 滿意工作那些部份？為什麼？

11. 您認為機構在推行本計劃時需要作出什麼改善？

12. 其他意見

義工姓名： _____

日期： _____

本問卷完，謝謝

Appendix 8 Guideline for Evaluating Home Visitors: Modified behavioral competence model

Commitment: devote their knowledge and skills to the betterment of our children, with the aim to enable them to have a favorable environment.

		Behavioral Anchors
Commitment	(1)Acquisition	❖ Recognize the role of a home visitor as a representative of CIPRA, who responsible for (a) assessing the needs for injury prevention with respect to actual household arrangement and facilities, (b) facilitating modeling and role-playing in participating household as to assist the caregivers in injury prevention, and (c) assisting in data collection of the research.
	(2)Assimilation	❖ Participate in the program.
	(3)Adaptation	❖ Adhere to the program, including (a) documentation of injury prevention initiatives as prescribed in the home visitation program, and (b) reminder of previously recommended initiatives.
	(4)Application	❖ Operate the skills and knowledge under own strengths and weaknesses in their pursuit of their personalized approach to practice.
	(5)Aspiration	❖ Demonstrate further pursuits related to home injury prevention that are not prescribed in the home visitation program protocol.

Knowledge: equip with the knowledge and skills necessary to function as a voluntary home visitor.

		Behavioral Anchors
Knowledge	(1)Acquisition	<ul style="list-style-type: none"> ❖ Familiarize with the procedure of visitation, and understand the rationale of research and the usage of evaluation tool. ❖ Identify the required skills of a home visitor (e.g. communication skills, empathy). ❖ Recognize unintentional childhood injuries, including etiology, injury and its relationship with development, hazards and identification, measures to prevent injures, tackle and control problems. ❖ Recognize the characteristics, needs and problems of a specify family.
	(2)Assimilation	<ul style="list-style-type: none"> ❖ Understanding the characteristics, needs and problems of a specify family and the social, cultural and psychological factors contributing to the needs of that specific family.
	(3)Adaptation	<ul style="list-style-type: none"> ❖ Reflect and attempt to apply in a reality situations, the knowledge and information derved from the training course, reference materials, as well as their own child-rearing experience in conceptualizing the interplay of dynamics and assessing needs.

	(4)Application	<ul style="list-style-type: none"> ❖ Use knowledge and theories with some flexibility in setting up goals for change and planning for intervention. ❖ Apply theories and skills in implementing intervention and evaluating outcome with the supervisory help by completing the prescribed instruments as well as taking personal visitation log. ❖ Make transfer of knowledge and skills from one situation to another with the supervisory help.
	(5)Aspiration	<ul style="list-style-type: none"> ❖ Reflect on and identify the constraints and limitations of concepts and theories when they are applied in the fieldwork contexts with the supervisory help. ❖ Attempt to adapt, modify and develop knowledge giving due respect to the cultural and organizational setting in which theories are applied.

Skills: demonstrate ability in functioning as a voluntary home visitor.

		Behavioral Anchors
Skills	(1)Acquisition	<ul style="list-style-type: none"> ❖ Observe and listen skillfully, noting behaviors, feelings and attitudes, gaps and inconsistencies. ❖ Take personal log during home visitation as required for home safety data collection, and adopt various approaches to gather information purposefully.
	(2)Assimilation	<ul style="list-style-type: none"> ❖ Build up a mutual trusting and cooperative relationship with caregivers. ❖ Use the information gathered and on the basis of which, make an assessment of needs (in terms of advice, behavioral contract, knowledge dissemination) and resources. ❖ Specify goals of intervention and formulate appropriate strategies for action.
	(3)Adaptation	<ul style="list-style-type: none"> ❖ Monitor and co-ordinate to work on different aspects of the action plans with priorities. ❖ Justify the interpersonal closeness and communication style with response to various caregivers.
	(4)Application	<ul style="list-style-type: none"> ❖ Continually reassess and re-evaluate progress towards agreed objectives using appropriate indicators.
	(5)Aspiration	<ul style="list-style-type: none"> ❖ Demonstrate possible ways for future improvement.

Appendix 9 Measurement tools for Evaluating Home Visitors

Volunteer Evaluation Form

Circle the appropriate number* in each category:

Key:	1	Acquisition
	2	Assimilation
	3	Adaptation
	4	Application
	5	Aspiration

* Details refer to Modified Behavioral Competence Model

Name of _____ volunteer:

Supervisor: _____

Domain \ Stage	Initial	Remarks
Commitment	1 2 3 4 5	
Knowledge	1 2 3 4 5	
Skills	1 2 3 4 5	
Date		

Performance Review Summary:

1. Overall strength

2. Areas needing improvement

3. Goals for strengthening performance (Discuss with volunteer)

Appendix 10 Frequently Asked Questions

A. 技巧性問題

1. 義工在持續探訪過程中，時常需要面對不同的難題，如：(1) 家長並不熱衷於接受服務；(2) 家長對參予存有疑慮；和(3) 家長要求終止服務。在這些情況下，義工如何能加深家長的參予程度？

a. 鼓勵家長持續參予

❖ 透過分享育兒心得和有關預防家居意外的資訊，與家長建立友好互信的關係。並透過電話跟進，維繫彼此之間所建立的關係，以鼓勵家長持續參予。

b. 緩和家長對參予的疑慮

❖ 有關探訪時間的疑慮。例子：家長多番推搪，以致未能預約下次探訪時間，但家長並沒有直接拒絕繼續參予本計劃。這可能是因為家長對探訪所需時間產生疑慮，恐怕時間上未能配合。有見及此，義工可清楚說明下次探訪的目的及其所需時間，以便家長安排時間。

❖ 有關計劃設計的疑慮。例子：當義工向家長提及將會於三個月後再次進行探訪，期間還會有兩次電話跟進時，家長可能質疑義工為何因家居受傷個案而需要持續地進行多次探訪及電話跟進。這是因為家長對計劃的設計並不了解，因此，義工可清楚解釋家訪計劃及研究目的。

c. 應付家長提出終止服務的要求

❖ 友善地詢問其退出原因。如受環境因素影響，如搬屋、孩子長時間交由親戚照顧等，義工可接受家長終止探訪服務的原因，並留下聯絡方法，以便日後與家長保持聯絡及通知有關小組活動。如家長因個人理由要求終止探訪服務，如被訪者丈夫不喜歡陌生人進行家訪，義工可參考應付「抗拒型」家長的方法。

❖ 記錄並轉告組長。

2. 如何協助家長在有限的資源和約束的環境下改善家居安全的質素?

- ❖ 提供實質、具體的建議。
- ❖ 轉告組長以尋求協助。
- ❖ 例子：探訪家庭居於公共房屋，收入微薄，露台鋁窗面積很大，但並沒有安裝窗花，家長解釋因其未能支付所需費用。
建議：義工可提議家長防止幼兒進入露台，如可加上圍欄。同時可轉告組長以尋求協助，如安排其他類別的義工上門替家長於鋁窗上加上鐵欄。

3. 如何處理語言障礙的問題 (如英語或其他中國方言)?

- ❖ 可向組長取英文版的表格。
- ❖ 轉告組長以尋求其他兒安之友的協助，如在義工編配上作出改動。

4. 如何處理家居安全以外的問題，如財政困難、家庭危機和房屋問題等?

- ❖ 應讓家長理解本計劃的服務範圍及界限。
- ❖ 對家長的問題表示關心，並於下次家訪或電話跟進中提供有關資料以協助其解決問題。
- ❖ 尋求組長的協助，同時亦可參考轉介技巧以提供專業協助。

B. 技術性問題

1. 若嬰幼兒長時間居住在探訪家居以外的地方，我們應否繼續前往探訪？

❖ 所有到訪家居應為兒童的主要居所（主要居所界定為兒童在 1 年間居住超過 180 日的地方）

2. 能否以家長對本計劃的興趣或所需接受服務的急切程度作為分配組別研究組或對照組的條件？

❖ 不能。本計劃集合義工服務和研究兩大元素，其主要理念是透過一些成熟而有育兒經驗的義工去關懷和支援家長，藉 分享和示範，使家長在照顧兒童時更有信心和減少意外發生，故此，我們應以家長和兒童的利益作依歸。但從研究角度出發，我們不能隨便地以其他條件來取代隨機分配。因此，平衡兩者的利弊，義工可為有需要的對照組家長提供一些額外的資訊，但不能增加其家訪次數或為其進行電話跟進。

3. 能否增加對照組的家居探訪次數？

❖ 同上（問題 12）。

4. 能否減少電話跟進的次數？

❖ 義工扮演的角色是與家長建立友好及信任的關係，以便能有效地進行家訪。而電話跟進的主要目的，正是為了維繫彼此之間所建立的關係。故此，本會期望義工能定時進行電話跟進。

❖ 應緊記切勿強迫家長作答。

5. 在電話跟進中應談及那些內容？

❖ 電話跟進並沒有特定模式，義工可跟進上次家訪或電話跟進的內容（如看看家長有沒有按義工指引而對一些不當照顧行為和不家全的家居環境作出改善）或按家長的興趣、需要或疑問作為交談內容。

6. 如何能有效地進行兒安之友家安評估，並將有關資料記錄在研究表格上？

❖ 試參考以下的示例：

正面示例

<i>注意事項</i>	
有沒有曾經讓幼兒單獨留在家中或只有較年長（12歲或以下）孩子照顧？	
兒安之友評估指數	(1) / (2) / (3) / (4) / (5)
(圈出最適合者)	
注意事項的目前狀況 (為什麼你認為安全 / 不安全?)	<i>家長曾讓幼兒單獨留在家中，因為家長要到附近買東西</i>
家長就注意事項的回響 (包括成功處理經驗；或改善行為 / 環境中遇到的困難)	<i>只是很短時間便回家</i>
兒安之友的意見及/或行動	<i>任何時間也不應讓幼兒獨留家中，因不能預計會發生何事</i>
<i>建議可請家人或鄰居幫忙照料小孩</i>	

反面示例

<i>注意事項</i>	
有沒有曾經讓幼兒單獨留在家中或只有較年長（12歲或以下）孩子照顧？	
兒安之友評估指數	(1) / (2) / (3) / (4) / (5)
(圈出最適合者)	
注意事項的目前狀況 (為什麼你認為安全 / 不安全?)	
家長就注意事項的回響 (包括成功處理經驗；或改善行為 / 環境中遇到的困難)	
兒安之友的意見及/或行動	

C. 義工角色扮演的問題

1. 義工的身份和角色將正接影響到她們與家長的交往及彼此對關係的期望。但在探訪過程中，義工往往對自己的身份和角色感到疑惑，以致產生以下問題：

a. 應否應邀與家長「飲茶」？

❖ 沒有標準答案。

❖ 考慮因素：時間、金錢和與家長的關係。

應以家長、兒童安全促進會和兒安之友本身的需要作考慮，建立一套個人的策略以作回應。

示例：「我們還需要趕赴下一個探訪，因此不便接受邀請。」

b. 如何舒緩對家長苦況過度投入的情緒？

❖ 緊記應以聆聽為主，盡量避免投入太多主觀情感及意見（緊記同理心之維繫來自合情理的投入關係）。

❖ 可與組長及其他兒安之友分享探訪經驗，藉此分擔家訪的疑難及不安情緒。

c. 如何舒緩在探訪過程中感到挫敗的不安情緒？

❖ 緊記切勿將探訪服務的果效視為個人的責任，因能否順利進行探訪取決於幾方面的因素，包括：家長、探訪者、家長與探訪者的關係，以至環境中的各變項。如家長本身性格比較慢熱和被動或家長面對家庭危機，這些因素皆對探訪服務的成效有負面的影響。

❖ 可與組長及其他兒安之友分享探訪過程中的苦與樂，藉此分擔彼此的不安情緒。

Appendix 11 Volunteer Service Record

義工服務時數紀錄表

義工姓名: _____ 義工編號: _____

紀錄年份: _____

月份	日期 時 數									
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
總和 (時 數)										

全年服務時數之總和: _____

