



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

Preface

The Hong Kong Childhood Injury Prevention & Research Association (CIPRA) is a non-profit organization devoted to the minimization of childhood injury and poisoning. The CIPRA champion the integration of local empirical researches and community prevention programs. There is little doubt about the significance of injury & poisoning on children. It is the leading cause of death among children between 1-14-year-old. Of local children aged 14 or younger, injury and poisoning morbidity alone is estimated to incur over HKD \$29 million on direct healthcare cost each year, not to mention the intangible cost and suffering that injury and poisoning has brought to our children. The need for childhood injury prevention is apparently pressing.

Aside from recognizing injury & poisoning as a major health threat to our children, CIPRA also realizes that Hong Kong is evolving into a civil society where social capital, expressed in the form of social participation or solidarity, is held in high regard. Following the UN's International year of Volunteers in 2001 and the observation of 5 December as International Volunteer Day for Economic and Social Development, efforts to measure the contributions of volunteers are happening in every part of the world (UN Agenda item 98, 57th session, 2002). Our experience have shown that volunteers, given appropriate and sufficient training and most importantly, on-going support, have the potential to form a driving force in the betterment of our society. Having identifying volunteers as a valuable resource, it appears that this resource has yet to be fully cultivated and maximized to its full potential here in Hong Kong.

It is under these considerations that CIPRA and the Network for Health & Welfare Studies (NHWS) has come to formulate a paraprofessional home visitation program on the prevention of childhood home injury and poisoning. Titled "Promoting a Safer Household Environment: A Volunteer-based Home Visit Programme" and funded by the Health Care Promotion Fund (HCPF), we hope that this featured program contributes to the prevention of injury and poisoning while cultivating our social capital to establish a sustainable effort for the long-term benefit of our society.





Objectives

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.

Service description

The Volunteer-based Home Visit Programme (VHVP) is a type of community support service at district level to prevent and least reduce the undesirable impact of Unintentional Residential Childhood Injuries (URCI) among children with history of medically attended injuries in the past 6 months by:

- a) increasing knowledge about the severity, consequences, and first-aid procedures URCI;
- b) modifying preventive behavior and belief concerning URCI;
- c) modifying the household environment when necessary to prevent URCI.

Nature of Service

We advocate the 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 investment of human relationship. Thus, having a trusting relationship within a well supported social network is an essential criterion for a successful home visitation 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.

Target group

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.



Funding Sources: Health Care Promotion Fund

Network for Health & Welfare Studies, HKPU





Responsibility Description

Supervisor

❖ Responsibility

To supervise and support a group of about 4-6 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 training sessions 	<ul style="list-style-type: none"> • Conducting training sessions • Induction visit • 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



Home Visitor

❖ Responsibility

To handle a group of about 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

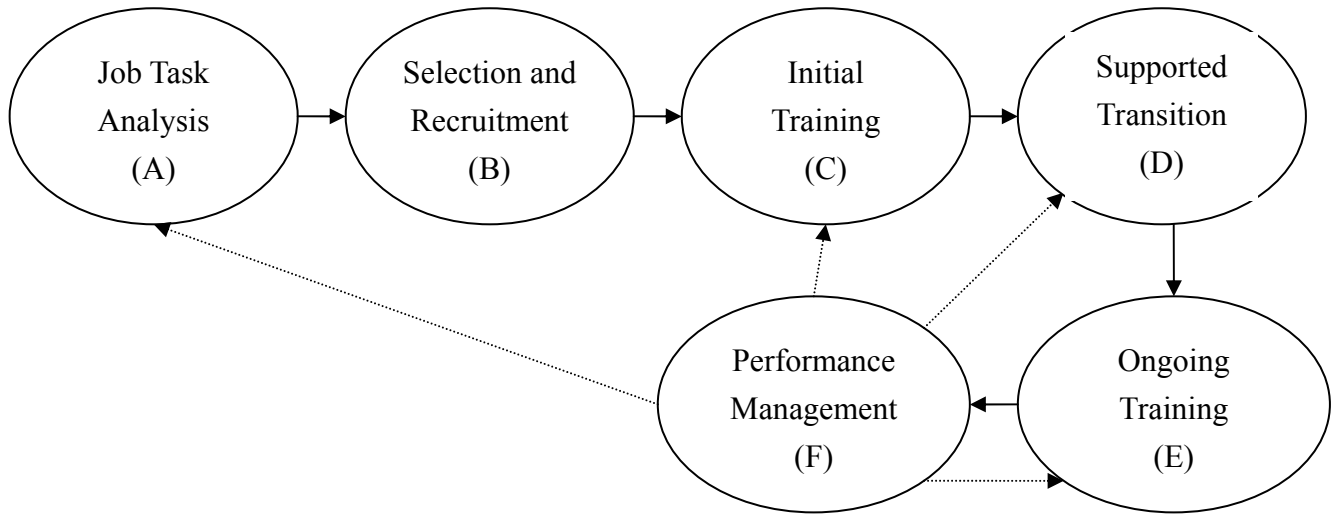
- Update the participant's progress in recommended behavioral or environmental modifications regarding URCI.
- Record all necessary data.

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.



Schedule of implementation for Home Visitors



		Month																	
Activities		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Selection and Recruitment (B)		*																	
Training	Initial (C)		*	*															
	Intermediate (E)								*										
	Advance (E)													*					
On-going Supervision (D)			*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Evaluation (F)	Initial								*										
	Intermediate												*						
	Final																		*
Feedback (F)	Formal								*					*					*
	Informal		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Maintenance	Sharing meeting						*					*					*		
	Social gathering								*					*					
Recognition				*					*					*					*

Training Program for Home Visitors

1. 20 – 22 contact hours of training
2. 18 supervision hours (including induction visit and post-visitation follow-ups)

Initial Training

Module 1: Orientation to Organization and Job (1 Hour)
 Module 2: Infants' Cognitive Development and Safety (1.5 Hours)
 Module 3: Nine major causes of Home Injury (1.5 Hours)
 Module 4: Common practice of Home Injury and Prevention (1.5 Hours)
 Module 5: First-aid (1.5 Hours)
 Module 6: Communication skills and Home Visitation (1.5 Hours)
 Module 7: Application of the questionnaire (1.5 Hours)
 Module 8: Volunteers' responsibility and empathy (1.5 Hours)
 Module 9: Practices (1.5 Hours)



First-aid



Referral techniques

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 plays (1 hour)



Relationship Enhancement Skills

Material for Initial Training





Volunteer Evaluation

With an aim of providing concrete, objective, and useful information on learning outcomes to both supervisors and home visitors, a structured evaluation form with clear behavioral anchors and examples was constructed, as to assess volunteers' competence with references to the Modified Behavioral Competence Model.

Modified Behavioral Competence Model

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

- 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.

1. Acquisition
 - recall of prior knowledge
 - acquire new concepts, ideas and vocabulary
2. Assimilation
 - making response in learning situations
 - be able to comprehend ideas and theories in their own words
3. Adaptation
 - modifying knowledge into an ascribed standard
 - using knowledge and abilities to solve real or simulated problems
4. Performance
 - utilize their knowledge and skills continuously in different situations, showing flexibility (integration)
5. Aspiration
 - seeking master skills and demonstrating these in behaviors.

Feedback for Performance Review

Supervisors should meet with volunteers individually to address the following issues:

1. Recognition of the volunteer's contribution
2. Overall strength
3. Progress made toward specific goals
4. Areas needing improvement
5. Establishment of goals for the next stage

