SUPPORTING FAMILIES FOR YOUNG CHILD WELLBEING:

RESOURCE MODULES FOR HOME VISITORS

TRAINER GUIDE
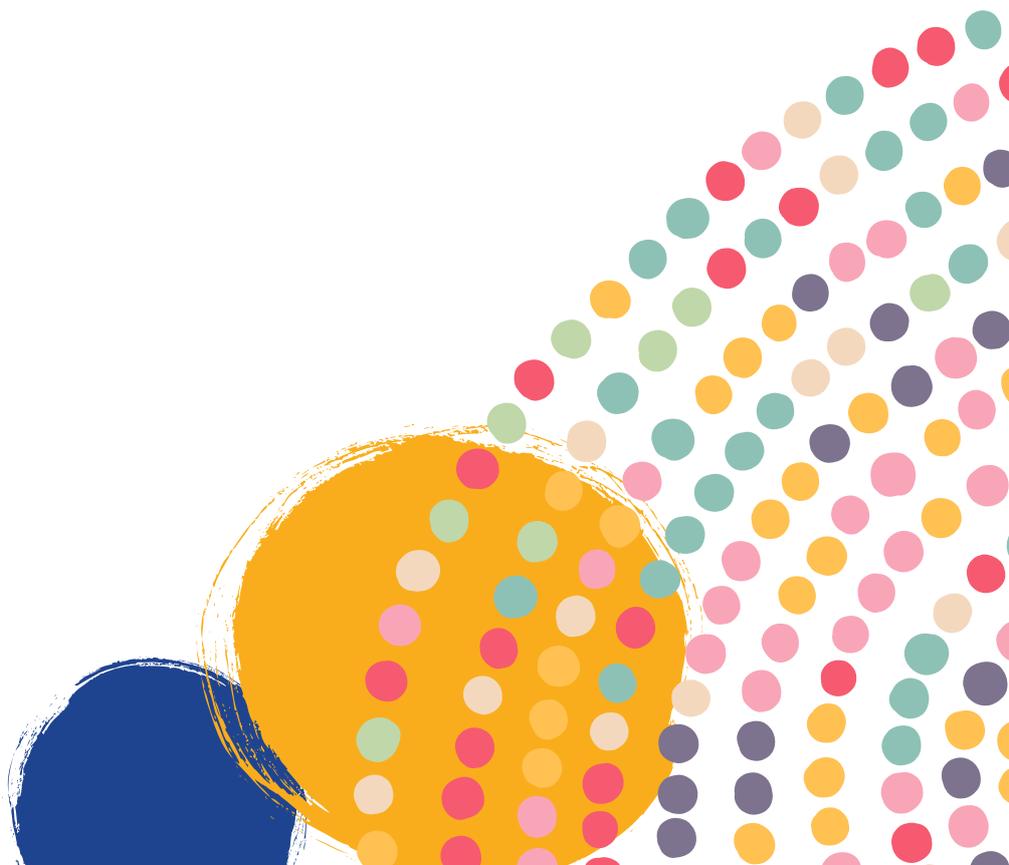
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INTRODUCTION

1. BACKGROUND

Global interest in promoting comprehensive young child health and development has increased exponentially over the recent years. Findings of research in neuroscience, developmental psychology, the risks of adverse childhood experiences and the buffering effects of positive parenting, provide converging evidence on the benefits of investing in the earliest years (Harvard Center on the Developing Chil; UK Department of Education and Wave Trust, 2012). Decades of research have demonstrated that home visiting programs can increase parental well-being and parenting efficacy, as well as child outcomes (Moore et al, 2012; Cowley et al, 2013; del Grosso et al, 2011). This has led to a number of middle and high-income countries (e.g., in the Carribean, South America, Europe and Asia) to establish or strengthen home visiting services. Additionally, recent global and regional reports on child maltreatment (WHO/Euro 2014) have identified home visiting services and support to more effective parenting as promising strategies in addressing child maltreatment, a major public health problem.

In CEE/CIS, the health care system reaches the vast majority of pregnant women and families of young children with such services as antenatal care, delivery by trained health care providers, well-child care, immunization, growth monitoring and management of common childhood illnesses. Home visiting services to pregnant women and families of newborns and young children are in place in most countries in the CEE/CIS. However, in many cases, the content of the services provided is not yet informed by the global evidence on what is important for child development during the critical early days (from conception through the first three years of life).

UNICEF assessments in about half of the countries in the region have shown that home visits to pregnant women and families of young children are narrowly focused on physical health. The critical issues that affect child health, wellbeing and achievement over the lifespan, i.e., the parent-child relationship, responsive and nurturing parenting, a stimulating and safe home environment, prevention of child abuse and/neglect, and early detection of risk or vulnerability -- that could be supported so well in the context of the home environment -- are not yet addressed adequately. Since health care providers reach almost all families and are viewed as trusted and authoritative, home visiting services constitute an opportune entry point to support parents in providing their young children with the best start in life.

In 2012, in a regional conference in Ankara, Turkey with the participation 17 countries of CEE/CIS, and global experts, discussion and consensus building focused on the universal progressive approach to home visiting, i.e., all families receive a basic universal package of home visiting services. Needs of enhanced services provided by the home visitor, and if needed, by professionals from other sectors.

To support the reform or reintroduction of home visiting services for young child wellbeing in countries of the CEE/CIS, the UNICEF Regional Office supported the development of Regional Recommendations for Home Visiting for Young Child Wellbeing and the drafting of the resource modules for capacity building to complement existing training materials for primary health care workers, i.e. Integrated Management of Child Illness (IMCI), Infant and Young Child Feeding(IYCF), Baby-Friendly Hospital Initiative, and Care for Child Development. In partnership with the International Step by Step Association (ISSA) and experts of the Technical Advisory Group on Home Visiting, a set of 14 modules were drafted to build the knowledge of home visitors about comprehensive child development and wellbeing and the skills needed to work more effectively in partnership with families.

These modules were reviewed in a consultative process involving international and regional experts, national trainers and home visitors from 7 countries in Belgrade in November 2014, and subsequently revisions were made based on the recommendations received. The modules were then reviewed during the 3rd Annual Technical Advisory Group meeting in Sarajevo, Bosnia and Herzegovina. It was decided that the modules were for ready for pilot-testing in a first Regional Training of Master Trainers (ToMT).

2. PURPOSE OF THE MODULES

The purpose of the 14 modules available to-date is to share global evidence on the critical importance of the early days, as well as the new and expanded role of the home visitor in promoting comprehensive young child health, development and wellbeing in the child's natural environment, the home. The modules address key aspects of young child development and wellbeing that in most countries are not covered in the basic pre- and in-service training of the professionals that are most often supporting families, i.e., home visiting nurses.
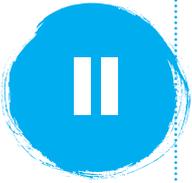
The content of the modules is based on the premise that parents want to give their best to support their child's development. Well-trained, respectful, sensitive and family centred home visitors can build on this motivation and contribute to strengthening parenting competencies and family resilience.

The role of the home visitor is therefore to take a strength-based approach, to promote strong parent/caregiver-child relationships, and reduce risk by supporting families in addressing challenges and by identifying vulnerable young children and families for additional services. The modules provide some of the necessary information as well as practical tools home visitors can use with the families they are serving, i.e., approaches to develop positive relationships and trust; assess child's and family strengths and needs regularly; engage in honest and respectful communications with families; and focus on empowering parents to do what is best for their children's wellbeing and development.

Whilst reading these materials, it is important that trainers consider the specific training requirements of home visitors within their country. This will vary across countries and regions given the differences in the existing service arrangements. For this, the resource modules are offering generic content based on best evidence to support the underlying core beliefs and practices of home visiting. There will be occasions where specific country adaptations will enhance the local relevance and utility of the modules. Trainers and educators have an important role in this process, as they are best placed to appreciate country needs and education requirements that fit with plans for home visiting service design and improvements.

3. CORE BELIEFS UNDERLYING THE MODULES

- All parents have hopes and dreams for their children and want the best for them, but families may differ in how they support their children's efforts to achieve those goals.

- All parents have the capacity to support their children's development, learning and success in life, but may need support in developing this capacity further, using a strength-based approach.

- Parents are best treated as equal partners; and

- Any parent can be "hard to reach" and those facing inequalities are "seldom heard"… Parents must be identified and approached individually - they are not defined by gender, ethnicity, family situation, education or income. The primary responsibility for building partnerships with parents and family rests with the professional.

TRAINING THE RESOURCE MODULES

The modules can be taught in the following ways:

Young Child Wellbeing
Resource Modules to Strengthen Home Visiting Practices for Young Child Wellbeing

Online Learning Community

A group of participants takes the course at the same time and goes through the same content at the same pace, so participants may interact in discussion forums.

1. Course = all 14 modules

2. Course basic modules 1 and 2 and the others according to the needs needs of the respective Ministry or institution

3. Course = any combination and number of modules in line with the needs of the respective Ministry or institution

Online Self Learning Process

The course is open to individuals, they choose the modules and number of modules; they go at their own pace.

1. Course = all 14

2. Course= only modules 1 and 2 + other modules according to the needs of the respective Ministry or Institution

3. Course = any combination and number of modules as needed by the participant

In-person training course

A group of participants comes together in one place and a trainer team delivers the training package

1. Training = 5 days training with 14 modules

2. Training = 1 day / half day or any other numer of days or hours for a training with a combination of modules in line with the objectives of the agency delivering the training

Blended Approach

Face-to-face training combined with learning by using the online course

Online course can precede face-to-face training or follow it

More theoretical modules can be done online, others can be done in the face to face format

These options should be kept in mind during the process of developing a training, e.g., if there is no trainer and a participant is going through an online self-learning process, perhaps for some of the issues that the module is addressing, there could be a suggestion on how to discuss the topic in the work place with colleagues or with the families visited.

Approach	Benefits	Challenges
Online learning community	Participants can learn from each other and exchange knowledge, skills and experiences in an interactive way, with mentoring provided by a moderator.	It is not easy to have all participants go through course at the same pace. **A skilful and knowledgeable moderator/s is a requirement.**

Approach	Benefits	Challenges
Online self - learning process	Participants can plan their time and learn according to their needs and interests, at their own pace. Can be done with or without moderator/s.	It is a lonely journey of learning. There is no exchange and no possibility for peer learning and testing one's own perspectives. If there is a moderator, it is very expensive when participants are not following the course at the same pace.
Face-to-face training	Different kinds of interactions can take place between the participants. For some people this is the best way of learning – being in real human contact with others.	It is expensive; requires logistical support; takes more time: participants have to leave their work and take days off. There is the danger that it is a one-off event with little/no follow-up: a brief exposure with no real long-term impact on practice.
Combined Approach	Potentially, this is the best approach since it combines all the best features of the online community and the live contact with trainers and colleagues. It may provide the most sustainable results. Homework assignments can be provided to apply new material and implementation challenges and successes can be brought back to the classroom for discussion.	It also combines many of the challenges of online community and face-to-face training. It requires highly competent moderators and trainers.

Two modules are core for this package, the module "Early Childhood – Time of Endless Opportunities" and the module "The New Role of Home Visitors". All other modules build on these two modules, so in any teaching modality selected, it is recommended that training should start with these two modules.

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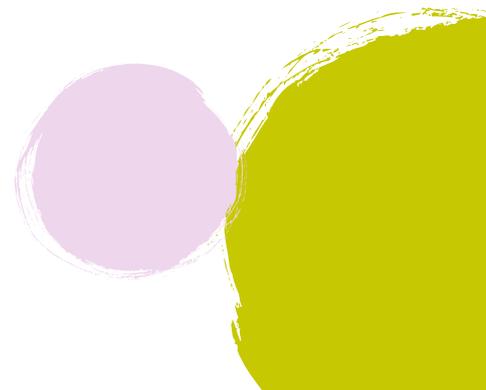
LAYOUT OF THE MODULES

All modules follow a consistent structure, which can help organize, structure, and conceptualize the training.

Key Messages

All modules start with a set of key messages. They include knowledge, as well as attitudes and practices needed for working with families. The key messages are developed to help home visitors understand why the content of the specific module is important to them and their practice. The key messages can be used by trainers to emphasize that the knowledge, skills and attitudes presented in the module are meaningful for the learner, the home visitor.

Learning Outcomes

This is a summary of what the learner is expected to achieve at the end of the module. The learning outcomes should be highlighted by the trainer at the beginning of the training and during the relevant sessions. Learning outcomes can also be used for the evaluation process at the end of the training.

Self-assessments.

Each module contains self-assessment questions. Some modules start with a longer set of questions that is repeated at the end, other modules have several brief self-assessments during the text, often at the beginning and end of a major sections to remind the learner what she does or does not know and what will be covered. These questions, as well as additional ones, can be used by the trainer as evidence that a modules has been completed and to provide continuing professional development credits. They can also be used for participant job appraisals. Each self-assessment is followed by the answers to lead to further exploration and learning.

Video clips.

Most modules have video clips that summarize a scientific concept or demonstrate a good practice. While efforts have been made to pick examples that can be understood in different cultures or context, locally produced video clips may be more relevant.

Many of the video clips lend themselves well to individual or group reflections and discussions. Video clips are also useful for supporting different learning styles – some learners prefer visuals than verbal presentations. Videos can easily be incorporated in the training process.

Reflection and Discussion.

Questions for individual reflection or group discussion are provided periodically, for home visitors to review attitudes, knowledge, approaches and practices. They can be used easily used during the training process during the small group work.

Case studies

Most modules contain short and simple, but provocative case studies, and learners are invited to provide solutions for the problems. If there is an opportunity case studies can be used during the small group work of a training sessions, when learners can discuss with their colleagues different perspectives and possible solutions. In modules, case studies are followed by suggestions provided by authors of the module. They represent the best practice as it is seen by authors, however they do not aim to claim that this is the only answer/solution, so there is an additional space for trainers and trainees for exploration.

Important points.

Particularly important points are marked in the text and should be highlighted by the trainer. Trainers can also ask participants to highlight important points from their perspective. Comparing important points can be great start for discussion and reflections.

Information Cards.

Most modules have information cards where useful information on a topic is summarized (e.g., key information on scalds, how to prevent them, and what do do if a child has suffered a scald injury) or where information is summarized for use with parents and caregivers (e.g., activities to stimulate development at a certain age).

Information cards can be printed as handouts for the training course, and given to home visitors as a prompts that they can use in their daily practice and work.

Final summary.

A list of key points is provided at the end of the module.
During the training, wrapping up with a final summary is of great importance, and trainers should do it.

The other option is to start the day by presenting key points of the modules from the previous day – it serves as a refreshment of the knowledge and also as a starting point for discussion and reflections.

Additional resources.

Additional resources are provided for the home visitor who would like to learn more. They are also introduced to expand knowledge of the trainer of HVs to learn more and become able to enrich the process of the training and adapt it to different audiences.

IV

TRAINING PHILOSOPHY

The training should reflect the approaches used by the home visitor with her families. The work of home visitors builds on their professional relationships with parents, their children, other home visitors, colleagues from the health sector, professionals from other sectors (including education, child and social protection, housing, police), and providers of community-based services as well as on the home visitors personal experiences and relationships. Building new relationships and maintaining existing ones is influenced by the home visitors own past, as well as current personal and professional experiences. Relationships can be rewarding and satisfying, but also challenging, troubling, anxiety provoking, and even threatening. This must be taken into account during the training.

By taking the personal risk of engaging with or being attuned to their families, home visitors also have to learn where to set their boundaries and how to obtain technical and emotionally restorative support from supervisors and peers. Because personal relationships are at the center of this work, past unresolved issues (for example, insecure attachment between the home visitor and her parent/s) can emerge during the training, as well as the home visitors work with families. Therefore, trainers should be aware and provide support, as feasible.

Additionally the training should be respectful of the cultural diversity of home visitors and their individual differences. The learning approach should be based on adult learning principles, interactive and engaging and based on a partnership with the trainer/facilitator, where home visitors are experts in working with families and contributes actively to the identification of their needs for continuous professional and human development and practice improvements. This is most successful, when participants in the training are allowed to set learning goals, are given the opportunity to reflect on what they are learning, and are encouraged to problem-solve on their own or with peers in an open and supportive learning environment.
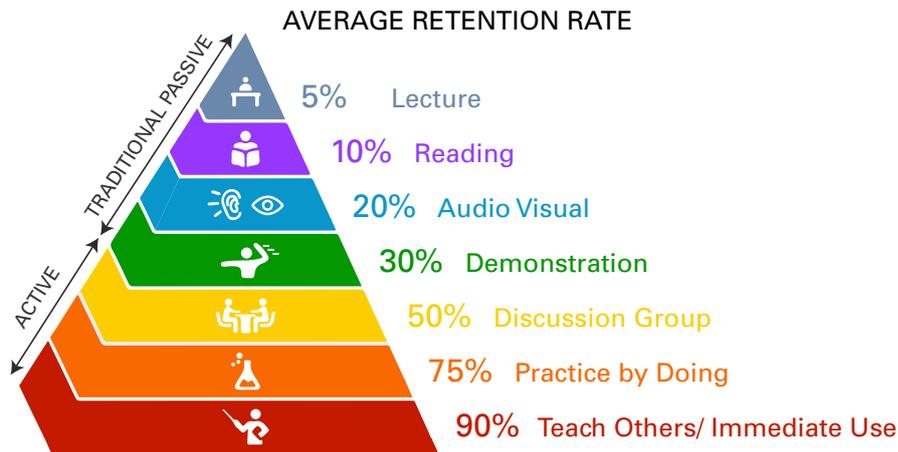
ACTIVE LEARNING APPROACH

"Tell me and I'll forget. Show me and I may not remember. Involve me and I'll understand"
Native American saying

Research is showing that after 3 days of training participants will retain approximately…….

AVERAGE RETENTION RATE

Adapted from National Training Laboratories, Bethel, Maine

- 10% of what they read
- 20% of what they heard
- 30% of what they saw
- 50% of what they both saw and heard
- 70% of what they saw, heard and discussed
- 90% of what they saw, heard, said and did

Interactive learning is a way to involve the learner in the learning process. It allows learners to see, hear, and do things as they learn. The learner is actively engaged in the learning experience that the trainer plans and facilitates.

In the active training approach:
- the aim is not to cover lots of material, but rather to change the knowledge, attitudes and/or behaviour of the learner;
- The trainer is not merely a disseminator of information, but rather a facilitator of experiences and learning;
- The learner role is not just listen and absorb; rather it is also observe, discuss, read, practice, reflect and problem solve;
- The questioning style is not "Do you understand?" but rather "Why do we do it this way?" "Is this the best way?" "What if we…" "What would you do if…";
- The methodology is not just talk and consumes, but also do and experience. Much of the training involves activities conducted by participants in order to process, practice, reinforce, apply, connect and reflect upon content;
- The content is not strictly determined by the trainer but also determined by the needs of participants;
- The focus of training is not on the teaching and teacher but rather on the learning and learner.

The active training approach is also built on the premise of Bloom's Taxonomy which assumes that just remembering information at a cognitive level is not enough. A person needs to understand it, be able to apply it, analyse it, synthesize the information and evaluate it. Likewise just receiving the information is not

enough at the affective level; a person must be able to respond to the information, value the information, evaluate it and internalize it. In order to get to these higher levels of learning where information is actually retained, people have to have experiences that allow them to gain mastery of being able to do something (or to use a skill). The following chart explains how these levels are connected with each other and progress.

Level	DOMAINS		
	Cognitive	**Affective**	**Behavioral (Skill)**
1	**Having it** Acquiring the knowledge, facts, theories so that I can read them, quote them, and refer to them when appropriate.	**Receiving** The person is willing to listen and hear about the experiences, values, beliefs or feelings of others in the room.	**Perception of the Behavior/ Skill** The person is made aware that there is a particular skill or set of skills involved in doing a particular act, usually through description and/ or demonstration.
2	**Understanding it** Comprehending what I have acquired so that I understand it well enough to explain it to others	**Responding** The person is willing to talk about her or his own experiences, values, beliefs or feelings.) Note: It is important to recognize that operating at Level 2 assumes that there is sufficient trust and safety that participants feel reasonably OK about listening to others and sharing experiences about them.	**Readiness to Attempt the behavior/skill** The person is given an opportunity to get ready to practice the skill.
3	**Applying it** (Being able to apply the cognitive information appropriately.)	**Valuing** (The person has opportunities to examine different ways to interpret or see the same experience, and of exploring the worth of other perspectives.)	**Guided practice** (The person attempts to do the skill with feedback and guidance from others.)
4	Being able to analyze the information, break it into its component parts and consider the relationship between these parts.	**Self-Evaluation** The person has opportunities to explore how these new interpretations or perspectives would change the way he or she sees both their past and future experiences and relationships.	**Simple Mastery** The person, through practice, learns to use the basic skill easily
5	**Recombining it** Being able to synthesize the component parts of the information in new ways, so as to arrive at new knowledge, understanding or applications.	**Self-Evaluation** The person has opportunities to explore how these new interpretations or perspectives would change the way he or she sees both their past and future experiences and relationships.	**Complex Mastery** The person, by being faced with opportunities to use the skill in difficult situations and receiving feedback on her or his performance, gains additional mastery.

	DOMAINS		
Level	**Cognitive**	**Affective**	**Behavioral (Skill)**
6	**Evaluating it** Being able to evaluate the knowledge, facts, theories, etc. using appropriate standards to judge their usefulness.	**Internalization** The person accepts new, different and/or reorganized beliefs and values, and begins to apply them automatically to new experiences.	**Adaptive Mastery** The person can use the skill well outside of a controlled setting and can correct their own behavior or take initiative to get the needed instruction.

In order to be able to activate and engage participants more fully, trainer can use some of the following learning activities:

1. BRAINSTORMING

Brainstorming is an effective method for problem solving and idea sharing. It taps and honours the experiences of participants. Advantages and disadvantages of this type of activities are: They are amusing and generate alternatives; they can energize group through active involvement and are efficient to gather many ideas and screen level of knowledge about specific topic. On the other hand during brainstorming, ideas are presented very superficially.

Examples of brainstorming activities

Wall of Wisdom: This activity helps participant share tips and keeps people focused on applications. Ask participants to write their biggest course-related problem on an index card and to keep the card with them during the workshop. When a trainee learns something that helps solve the problem, s/he adds the solution to the card and posts the card on a designated "Wall of Wisdom". During the session, ask participants to share the problem and solutions. An alternative is to have participants post their concerns on the wall and invite others to suggest solutions on post-it notes to be placed on the cards throughout the workshop.

Round Robin: Write questions or problems on pieces of chart paper, one issue per chart paper. Have enough posters for the number of small groups you will have. Post the charts around the room. Divide into small groups and give each group a marker. Assign groups to their starting poster. Groups choose a recorder and then brainstorm and record responses to the problem or question on the chart paper. Groups spend four to five minutes at each poster. At a signal, groups move around the room to another poster. They read what has already been recorded and add responses to it. This continues until they have been to every poster. When they return to their original poster they examine the responses and select five to share with everyone.

Carousel Brainstorm: This strategy gives a physical energy boost to the session. Place large pieces of chart paper, each with a different question or topic related to the subject, at each table or small group. Give each small group a different colored marker. Have each group choose a recorder. Then have the teams brainstorm responses to the question or topic listed on their sheet of paper as the recorder records. After 4 – 5 minutes, have the teams rotate their sheets of paper to the next table. At each rotation, groups read over what has already been suggested and add ideas of their own. You may continue the rotations until each group has contributed to every chart or you may choose to limit the activity to 3 or four rotations. Teams then receive their original charts for review. Post the charts and have a gallery walk so everyone can see the good ideas and take notes if they wish.

2. CLOSING ACTIVITIES

Activities at the end of the workshop can solidify content for the participant, celebrate new insight, knowledge or experience with others and provide a way for people to say goodbye to others in the group. These activities are of great importance because they provide trainers with the first-hand information about learning that have happened during the day.

Examples of closing activities

Circular Whip: With everyone seated in circle, the trainer "whips" around the circle and lets participants to complete one or more of these statements at the end of the workshop:

- I learned…
- I realized…
- I discovered…
- I was surprised that…
- I intend to use more of…

Paper Airplanes: Ask participants to write their name, address and phone number on piece of paper. Instruct them to make an airplane by folding the sheet. Participants release their airplanes and catch another's. This person will be his/her peer support person.

3-2-1: This is a summarization strategy that can be used with individuals or small groups. On a chart or overhead transparency, the presenter vertically lists 3-2-1 stems for participants to expand on. The stems are flexible and can be tailored to each presentation. For example, 3 ideas I will use, 2 points to ponder, 1 action I will take immediately.

3. ENERGIZERS

Energizers are activities that give participants (and trainers) a boost of energy, renew enthusiasm and generate a positive group spirit. Often energizers get participants up and moving around. Icebreakers sometimes act as energizers. The challenge with icebreakers can be that some participants do not want to play, and consider it as "childish "and inappropriate.

Examples of energizers

Touch Blue: Have the group stand. Then say "touch blue" and each participant must find the designated colour or object on another participant and touch it. The trainer names a variety of colours, clothing types (black shoes, sandals, red sweater, watch) as the participants move about trying to find the colour or object named.

Circular Shoulder Rubs: Have participants stand in a circle shoulder to shoulder. Have everyone turn to their right and give a shoulder and back rub to the person in front of them.

Scavenger Hunt: Make a list of unusual items and distribute the list to small groups. Participants must look in their wallets or purses or briefcases to see how many of the items they can locate. The group gets a point for each item they can find. An extension of this activity is to have groups also find 5 things in their belongings that they believe no one else will have. They then announce their unusual items and earn a point for each item no other group has.

4. GROUPING PARTICIPANTS

Group work (small groups offers a lot of possibilities for active peer learning and exchange. It also contributes to development of responsibility and teamwork skills. During small group work, more participants are actively engaged. Disadvantages are that this approach does not effectively pass on knowledge and sometimes, depending on the group members, it can lead training process in the wrong direction, e.g., if group members do not understand the task or if somebody is dominating the group and introducing his/her own issues. It is most effective to use small group work when it is important to discuss different perspectives and utilize existing expertize that participants have.

In group discussions, one type of group work, learners are actively involved and their ideas are encouraged. However, this type of activity requires very skilful facilitator able to keep the discussion on track, especially when the group is large and when there are participants who dominate.

"Grouping participants" is a method of pairing people with one another or creating sub-groups for the purpose of discussion, brain storming, role playing, problem solving or any other related activity directed by the trainer. A grouping activity may be appropriate at any given time during the workshop or meeting. In addition, these activities will make the task fun, create smooth transitions and energize participants as well.

Examples of grouping activities

Number Off: Line people up in some clever way. For example, line up by birthday, line up in alphabetical order according to the city you were born in. Then simply ask participants to number off using the number of groups you wish to end up with. This is a quick way to get into groups and breaks up people who come together.

Playing Cards: Pass out playing cards, one to each participant. If you need two groups, divide by color; if you need four groups, divide by suit; if you need five groups, divide by suits and face cards; if you need groups of four, divide by number, etc.

Greeting Card Puzzles: Collect a set of used greeting cards. Cut off all but the cover page. Use a card for each group you want to form. Cut the cover page into the number of pieces to match the desired number of group members. Distribute the pieces. Instruct the participants to mix with each other, finding the other parts of the puzzle to form a work group.

5. ICEBREAKERS

Icebreakers are simple activities that help participants learn each other's names, share their expertise, learn about one another, build community, and/or introduce or focus on the topic of concern. A carefully chosen icebreaker can set the stage for a positive, relaxed learning experience. Icebreakers should connect participants with at least one other person, be low risk, time appropriate for the length of the workshop, and topic-related.

Examples of icebreakers

Personal Memento: Ask participants to find three items in their purse, wallet, pocket or bag that they consider uniquely and typically theirs. Share these with the group or a subgroup by telling why they selected the item and how the item illustrates their personality or interests.

Reverse Introductions: Ask participants to find a partner (preferably someone they do not know). Interview one another for five minutes or so. In round robin fashion, each introduces the other to the whole group or a subgroup and shares three interesting things they discovered about the person.

Alike and Different: In small groups, have participants find five things they all have in common and five ways they are all different. Have groups report out by telling the most interesting similarity and difference from their list.

Adjective Introductions: Participants introduce themselves with an adjective that starts with the same letter as their first names and describes something about them. For example, Susan may be Sophisticated Susan, Fred may be Funny Fred, etc. Using adjectives adds humor and makes names easier to remember.

6. LEARNING CHECKS

Learning checks can be used throughout the workshop to assist participants to review content and learning, and to assist the trainer to monitor progress and understanding. The following are some tried and true checks for learning.

Examples of learning checks

Four key words: Each participant writes four key words derived from the activity they just finished. The trainer then constructs a list of key words on a piece of chart paper by having each person add one key word avoiding repetition. Continue until there are no more responses.

Walk - around Survey: This is an effective activity for multi-day workshops. It is best done at the beginning of the day to provide a bridge to previous learning. Have participants divide a paper into six equal sections. Each of the six slots in the grid has a place for a name and an idea. Signal the group to get up and move around the room collecting ideas, insights or recalled pieces of information from six different people. As they do so, each person should write his/her name and idea in a slot on the recording form. At the end of the allotted time, have everyone return to their home groups to compare notes.

Turn to your neighbour and… : The trainer gives this instruction and follows it with, "identify the key points from the last few minutes" or "discuss what I just said" or "generate practical examples for the point I just made" or "share a time when you've encountered examples of these ideas" or "decide which of the options I listed is the best and why".

Minute Papers: At the end of a section of material, ask participants to free write for two to three minutes. Questions such as, "What were the most important points from this section of the workshop?" or "What questions do you still have about the material?" give you important feedback about participant learning.

7. GUIDED CONVERSATION

This is a way to examine attitudes, values and beliefs related to the lecture content.

Example: Divide participants into dyads. Request that conversations be kept confidential between the partners. Give each person a guided conversation sheet that contains a sequence of thought questions related to their experiences with a topic. Ask partners to each address each question in turn before moving on to the next. It is helpful to have them cover the unanswered questions so they do not look ahead and can listen carefully to each other. Process the conversations by asking for personal insights and experiences that arose from the conversation.

8. STUDY GROUPS

This is another alternative to lecture.

Example: Participants receive an article or Information card which presents content in a clear concise manner. They are given a period of time to individually read and study the material. During the study period they might record key points from the article and their reactions to or comments about the key points.

At the end of the study time, participants convene in study groups and are handed a series of questions to discuss. The questions should help participants synthesize and apply the material from the article. Study groups may record their responses on chart paper for everyone to view during a gallery walk, or the trainer may conduct a discussion designed to showcase various responses.

9. STORYTELLING

Concrete experiences related to the training topic are shared. These stories help provide a personal connection to the material and help learners clarify their experience, interest and stake in the topic. Stories can inspire, instruct, and entertain. Stories can be told by the trainer, learners or others through written materials. Be thoroughly familiar with any story selected. Practice telling it smoothly and with expression.

10. USING PROFESSIONAL JOURNALS

At the beginning of an extended workshop give participants a small journal in which to record their own activities, reflections, ideas, summaries, thoughts and feelings. At various times throughout the workshop, stop and invite participants to address specific issues or topics in their journals. The purpose of this is to connect the participants with what they are learning and hearing about. For journaling to be effective, it must include reflective thinking and some self-evaluation. By engaging in this form of thinking they will be applying the ideas and messages from the sessions to their own lives and areas of practice. This will assist with later recall and application, which is essential for planning and developing strengthened personal professional practice.

Examples of assignments for trainers to complete:

Describe an experience giving or receiving great training.

Finish the following sentence: Something that scares me about conducting training is…

Tell about a favourite engaging learning situation and why you felt it was your favourite and what help you feel engaged.

Discuss, related to providing training, what you feel are your strengths and how you know these are your strengths.

> **Examples of the assignments for home visitors participating in a training:**
>
> Identify what you think are key points from the morning session.
>
> Describe an experience giving or receiving great support/training.
>
> Finish the sentence. Something that scares me about providing parent education is…..
>
> Tell about a favourite learning experience and noting why you favoured it.
>
> Discuss, related to supporting parents, what you feel are your strengths and how you know these are strengths.

11. PROVIDING CONSTRUCTIVE FEEDBACK

Feedback needs to focus on description rather than judgment, observation rather than inference, and behaviour rather than the person. When effectively administered, feedback is a powerful way to build knowledge and skills, increase skills, increase motivation, and develop reflective habits of mind. Too often, however, the feedback we give (and get) is ineffectual or even counterproductive.

> **Examples:**
> Supply information about what the learner is doing, rather than simply praise or criticism.
> Take care in how you present feedback.
>
> Orient feedback around goals.
>
> Use feedback to build metacognitive skills.

12. LISTENING WITH EMPATHY AND RESPECT

Conveying respect is at the heart of all successful communication. Speaking carefully and listening well are both critical to effective communication.

We show respect for the other person in a conversation by:
- Giving people time to form thoughts, to respond, and to complete their statements.
- Focusing on the concern that the other person is expressing.
- Letting others talk.

We help keep a discussion open and moving forward by:
- Using openers such as (Would you like to talk about it? or you seem upset.)
- Encouraging (I'd like to hear more about what you think, or I'm here if you want to talk over your ideas.)
- Asking open questions (What do you hope for in agreeing to participate improve your skills? What are some of your ideas for working with young children and their families?)
- Nodding, saying "yes" or "no" or "I hear you" or "tell me more."
- Using facial and body expressions that show interest.
- Not judging, criticizing or blaming

As a trainer we need to express interest, empathy, and understanding of participants' perspectives and interests. In order to this, we need the ability to distinguish (Rosenberg, 2005):
- Observations from evaluations: We need to communicate our observations and to avoid introducing our own judgments, interpretations or evaluations into the conversation.
- Feelings from judgmental thoughts: We need to focus on what the person is/was feeling and not necessarily on what they are/were thinking. Our reaction many times when we hear a story we find

negative is "what are/were they thinking?" Talking about feelings leads us the next step which - understands what the person needs.
- Underlying needs from particular strategies: We need to help the person identify underlying needs and not on the strategy they were using to get the need met, nor jumping in to give them strategies.
- Requests from demands: We need to invite participants to become more aware of and to give voice to their feelings and needs.

This helps trainers be able to listen and to speak more distinctly. By reflecting our understanding of what participants are saying with the use of observations, feelings, needs, and request language we can help participants to process their emotions, to see situations more clearly, and to open their minds more fully (Tschannen-Moran et el, 2010, p. 95).

This is very important in the training process, and it is also modelling the way how home visitors participating in the training should treat families and work with them.

13. REFLECTION AND DISCUSSION

Questions for individual reflection or group discussion should be provided periodically during the training, for home visitors to review attitudes, knowledge, approaches and practices.

Reflection can help home visitors to better understand their strengths and weaknesses and identify and question his/her underlying values and beliefs. The exercises help:
- acknowledge and challenge possible assumptions on which individuals base their ideas, feelings and actions
- recognize areas of potential bias or discrimination
- acknowledge fears, and
- identify possible inadequacies or areas for improvement.

Reflection can lead to greater self-awareness, which in turn is a first step to positive change – it is a necessary stage in identifying areas for improvement and growth in both personal and professional contexts. Taking time to reflect can help you identify approaches that have worked well, and in that way reinforce good practice.

Tasks for reflection are made in a way that they can be used for self-reflection (in the case of the self-guided learning process), but also as a starting point for discussions if home visitors are trained in the group (both online and/or in person).

These tasks are very important because they are introduced to motivate and support home visitors to develop reflective approach to the learning process and their practice. You as a trainer during the training should demonstrate reflection.

14. CASE STUDIES

Case studies can be used for reflection, group discussions and problem-solving.
Case studies are a form of problem-based learning, where a situation that needs a resolution is presented to learners. The learner is given details about the situation, the key actors are introduced and challenges are defined. Questions for reflection are outlined and the learner is invited to analyse the situation and come with recommendations and possible solutions.

Case studies serve as way to empower the learner to apply new knowledge and skills to a real life situation and thus to make his/her learning more meaningful. Most modules contain short and simple, but provocative

case studies, and learners are invited to provide solutions for the problems. If there is an opportunity case studies can be used during the small group work, when learners can discuss with their colleagues different perspectives and possible solutions. In modules, case studies are followed by suggestions provided by authors of the module. They represent the best practice as it is seen by authors, however they do not aim to claim that this is the only answer/solution, so there is an additional space for trainers and trainees for exploration.

15. MAKING LECTURES INTERACTIVE

Lectures are a form of teaching that is necessary but overused. Almost all training sessions contain lecture because it is a fast and efficient way to convey information to a large group and it also gives impression that presenter(lecturer) has control over the time and the content. Disadvantages of this approach are many: participants are passive; to get and keep attention presenter has to be very well prepared; it is difficult to assess whether learning is taking place.

Talk Walk: Give participants a problem to solve or a question to ponder related to the lecture topic. Divide them into partners and invite them to take a walk for 15 – 20 minutes as they discuss the assignment. When they return give them a few minutes to write the highlights of their conversations in their journals or notebooks. You may then ask the entire group to share some of the key ideas shared. For instance, you may assign them to discuss what they are going to do as a result of the workshop; or share ideas about how they involve parents in their programs, etc.

Think-pair-share: Pose a lecture-related question that requires analysis, evaluation or synthesis. Participants think and write possible responses for a minute or two. Each person then discusses his/her ideas with a partner. You may wish to have them share key ideas with the entire group.

Jigsaw: This is an alternative to lecture that involves participants teaching each other the lecture content. Each participant in a team is assigned a different piece of material on which to become an expert. Participants meet with members from other teams who are assigned the same topic and discuss how to effectively teach the topic to their teams. They then return to their teams and each person in turn teaches their material to their team. Each person is responsible for learning all pieces of material through this method.

Pop Up: To introduce a lecture and learn what participants already know, invite them to "pop up" out of their seats one by one and state something they know or believe to be true about the topic. For instance, ask them what they know or believe about how children learn. It's a good idea to allow a minute of wait time after giving the question and before asking for responses.

16. ROLE PLAYS

Role playing is one of the trainer's primary techniques to provide demonstration and practice opportunities for participants in a protected or low risk context. The roles may be prescribed or spontaneous. In prescribed role play, participants receive specific role descriptions and may receive scripts or starter scripts. In spontaneous role play, the participants play themselves and demonstrate how they would respond in a situation. Role plays may be conducted in front of the group or simultaneously in small groups. Advantages of role play are many such as: participants are actively involved; they have to use their imagination and create diverse responses. The biggest challenge is that some participants do not like to act.

17. OTHER INTERACTIVE LEARNING ACTIVITIES

Debates: Individuals or groups choose, or are assigned, positions relative to a controversial topic. Given time to prepare, they present arguments, and debate positions. Variations: at a certain point of debating, each side is asked to reverse positions and resume the debate.

Demonstrations: Learners are shown and told how to do something. Demonstrations are usually followed by giving the participants the opportunity to try or practice the skill with coaching and feedback.

Panel presentation: People with valuable perspectives on the topic are invited to present their viewpoints and answer questions.

Quizzes/tests: Can be used in a variety of ways as pre- or post- course evaluation tools, as a method of review or as competitive games.

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VI CONTENT OF THE RESOURCE MODULES TO STRENGTHEN HOME VISITING PRACTICES FOR YOUNG CHILD WELL BEING

To-date, 14 modules have been drafted.   Additional modules may be prepared in the future, and countries may also decide to adapt existing modules and/or develop modules on topics of special interest.

MODULE 1

THE EARLY CHILDHOOD YEARS
a time of endless opportunities
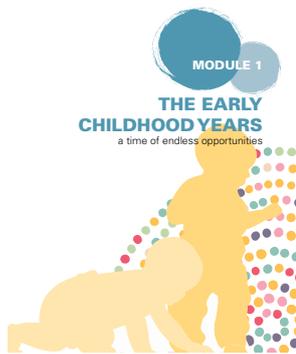
MODULE 1 - EARLY CHILDHOOD YEARS – A TIME OF ENDLESS OPPORTUNITIES

The aim of this module is to enhance and up-date the knowledge of home visitors on the critical importance of the early years (from conception to three). The brain's architecture and size develop most rapidly during these early years in an intricate relationship between the child and its environment. Extensive evidence shows that brain development during that time period affects health, development and lifelong achievement.   Therefore, what is done or not done in early childhood has long-term ramifications for the individual and society. It is more equitable and cost-effective to invest in early child development programs to help young children achieve their potentials and prevent adverse and toxic childhood experiences, than pay later to remedy poor outcomes.

By completing this module, home visitors are expected to develop a good understanding of:

- What is child development;
- How the foundations for the individual's development are laid in the early years;
- The different developmental domains as well as holistic nature of child development;
- How the brain develops during the early years, and
- The importance of nurturing, secure, stimulating, predictable and responsive relationships for young children.

The module provides the following key messages to the home visitor:

- During early childhood, patterns of behavior, competency, and learning are initiated and established; socio-environmental factors begin to modify genetic inheritance; brain cells grow in abundance; and biological pathways for handling stress arise.
- Children learn more quickly during their early years than at any other time in life. They need love and affection, attention, encouragement and mental stimulation, as well as nutritious food and good health care to develop their full potential.
- The quality of care received during the first few years of life - including health care, nutrition, social interactions and stimulation – can have a long-lasting effect on brain development.
- Brain development in the early years affects physical and mental health, learning, and behavior throughout the life cycle.
- Just as positive early experiences build healthy brain architecture, adverse (or negative) early experiences can weaken it.
- Early childhood development (ECD) programs that comprehensively address children´s basic needs of health, nutrition, emotional and intellectual development offer all children the base for developing competence and coping skills later.
- Promoting early childhood development is one of the most effective strategies to realize

children´s rights, to reduce the socio-economic gaps between population groups (rich and poor, urban and rural, and mainstream and minority ethnic groups) and to advance equity and inclusion for children and for society as a whole.

This is considered one of the core modules and provides the evidence why investing during the early years is so crucial.   Other modules are building on this basic information. This module and Module 2 on The New Role of The Home Visitor should be introduced first before any of the other modules.   Module 1 can be read by participants before the training, completed on line, or taught by a trainer. If prepared by the participants on their own, it is recommended that trainers check for basic understanding and answer basic questions at the end of this module. The video clips of this module provide concise summaries of some of the scientific concepts used and could be interpreted during a training in local language or provided to the participants with transcripts, subtitles, or synchronization.

MODULE 2 - THE NEW ROLE OF THE HOME VISITOR

This module assists home visitors in understanding the importance of their role and the importance of sound professional practice when delivering the home visiting programme and working with individuals, families, communities and organisations.

After completing this module, home visitors should be able to explain:

- The home visitors' role in improving the lives of children and families;
- The key elements of home visiting professional practice;
- The principles that support effective working and liaison between professionals from health and other sectors;
- The approaches for raising concerns and taking action to safeguard the interests of young children, and
- How to use reflection as professional practice and lifelong learning.

The module provides the following key messages to the home visitors:

- Meeting families in their own settings and homes provides the chance to really understand and recognise the resources surrounding children and the opportunity to create safe enriching environments for learning, development and positive fulfilment.
- Home visitors can offer a range of health and child development knowledge and skills in a non-stigmatising way to engage those who are reluctant or fearful to engage in other government services (e.g., social services), and through home visiting, professionals can take the service directly to families who can benefit from helping relationships.
- Through the home visitor's professional understanding and connections with other services in the community home visitors can provide an important link through advocacy and referral between vulnerable families and a wider infrastructure of support.
- By delivering a universal model of prevention to support early child development, home visitors can fulfil the professional aspiration to make a difference to young children and families and be guided by values concerned with valuing all human life, creating good health, and appreciating the different circumstances that impact on family life.

- Working in a professional manner and investing in a positive professional image of the service is critical to developing trusting relationships with families. This provides an important basis for encouraging families to engage with services and access community programmes, such as immunisation schemes, designed to improve population health.
- The home visitor's role involves working with children, keeping them in-mind and making their needs visible, within the context of the wider family. You will work with the family members to identify strengths and human resources. They are located within communities and by knowing families living across a setting, you can help with the growth of new supportive community networks.
- Finally, home visitors are working to rules and regulations of organisations to ensure they provide safe practice and work within available resources.

Before teaching this module, trainers and trainees should reflect on what the role of home visitors is currently in the country and what it could be in the ideal setting, where all families receive the highest quality of services from the home visitor, whether they are easy or difficult, with limited or complex needs, and from the same or a different income or ethnic group than the home visitor.

The purpose of this module is to move the participants from their current practices to more reflective ones that keep the child in mind or in the center of their work at all times.

This is a module that is best delivered in-person as it benefits greatly from groups discussions, self-reflections on past practices with families and how practices can be transformed into an approach that partners with families on an equal basis to build resilience.

As good professional practice, it also encourages the use of keeping a journal both during the training and during the daily practice.

The video clip from Serbia gives a good idea on this changed role, where the home visitor becomes a partner and friend to the family.

MODULE 3 – ALREADY AVAILABLE TRAINING PACKAGES (IMCI, IYCF, BFHI, CARE FOR CHILD DEVELOPMENT

Module 3 is a space-holder for already existing materials, i.e., IMCI, IYCF, BFHI, and Care for Child Development. These could be adapted, using the same format as these modules or taught as standard practice of the country. The main topics of interest should be connected with the development of the child and interventions that adults can undertake to foster the development.

MODULE 4

FALLING IN LOVE
promoting parent-child attachment

MODULE 4 - FALLING IN LOVE: PROMOTING PARENT – CHILD ATTACHMENT

This module provides home visitors with the basic theoretical knowledge on attachment to help them understand the positive impact of the nurturing, responsive and safe relationships between the parent/caregiver and child and how it influences the child's development. It explains how the home visitor can contribute to the development of secure attachment during the home visits.

After completing this module, home visitors should be able to:

- Explain the critical role of affection and a secure parent-child attachment for health, development and overall wellbeing of the child and the family
- Be aware that patterns of attachment can be transmitted across generations
- Be able to identify patterns of secure or insecure attachment, and
- Practice some skills that promote secure and healthy parent-child attachment during every home visit.

The module provides the following key messages to the home visitors:

- Infants and young children develop best through social interactions and trusting and safe relationships with their mother and father and other regular caregiver/s.
- Over time, the mother-child and father-child attachments tend to be more significant than attachments with others, unless another individual is the primary caregiver.
- Cross-cultural research has found that about half of all young children are securely attached to the mother, father or other primary caregiver.
- Parent-child attachments are like the "glue" that helps connect all the components of child development together - health, learning, development and overall wellbeing of the child. When the child develops poor attachment with the mother, father or primary caregiver, this can have negative consequences for development.
- When it comes to building attachment timing is essential. Early bonding can lead to secure attachments. Home visitors have the opportunity to support mothers, fathers and other primary caregivers from the very beginning.
- Parents and children do not always automatically "fall in love" with each other. However, fathers, mothers, and primary caregivers can learn skills to be more attuned to their child, and this contributes to better attachment. Home visitors have a unique opportunity to support them in this process, when there are some difficulties.
- Promoting secure attachments between young children and their caregivers contributes to all other home visiting goals and to the overall wellbeing of the child and family. Home visitors can contribute to the development of secure attachment through empathy, attunement, and building trust with the mother and father and other family members.
- As part of government's effort to reach out to families of young children and support them in their challenging task, home visitors show the value the community and society places on the wellbeing of its next generation.

Module 4 covers a complex topic, i.e., the importance of the parent-child relationship, as well as the importance of the home visitor-parent/family relationship. Much professional training in the past has cautioned health professional to keep an objective distance from the patient or client. This modules asks the home visitor to take a different approach, i.e., to see the situation from the point of view of the parent or caregiver and to become emotionally attuned to the family, without becoming entangled in the family's challenges and issues. This requires a change in perspective, substantial practice and discussion with peers and supervisors, and may not be easy in the beginning.
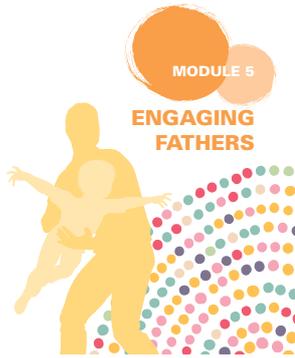
MODULE 5 - ENGAGING FATHER

Pregnancy, giving birth, and "mothering" young babies is considered the domain of women. Pictures, stories and jokes abound of fathers fainting during delivery, lacking the skills or willingness to change dirty diapers, or leading toddler playgroups. Attitudes change slowly, but given the research findings about the impact of engaged fathers on child development and the couple relationship, change they must for the greater benefit to the child and society. Home visitors have a key role to play. Therefore, this module teaches not only about the impact of fathers on development, but also provide tips on how to get fathers involved, even in cases where father may not live with their child's mother.

Upon completing this module, home visitors should be able to

- Understand the important role fathers can play in child development, and child, partner and family wellbeing;
- Be aware of their own preconceptions of what fathers can and cannot do;
- Identify ways that can make home visiting services more inclusive of fathers.

The module provides the following key messages to the home visitors:

- Fathers have substantial impact on children and mothers, and the impact of fatherhood on men is important.
- Unless home visitors engage with fathers in families, they provide a poorer service to children and mothers, and may place them at greater risk.
- A 'whole team' support is important to engage fathers in routine Home Visiting services.
- Individual Home Visitors can have important, positive impact on fathers' support for their partners and involvement with their babies and young children.

Helping home visitors to approaches on how to involve fathers and male family members in general is very important. In some cultures, gender roles are divided, and it is very difficult to challenge them to create the new understandings. Thus, when working on this module with home visitors it is essential to create the space for discussion and exchange with participants. They should feel free to openly share their attitudes and values, and the role of the trainers is to help them become more "father-inclusive" in their practice.
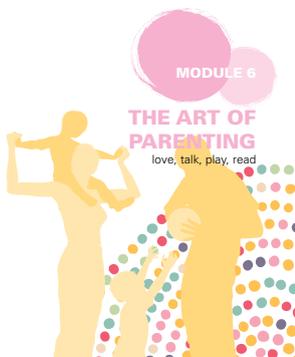
MODULE 6 - THE ART OF PARENTING - Love, Talk, Play, Read

Many people are still unaware to what extent the newborn is ready to learn about people and the surrounding world. Notions such as "a quiet baby is a good baby" need to be discussed and challenged. During home visits, professionals should create space to help parents and caregivers learn what to do to actively promote their child's development and have fun at the same time. This is particularly important when parents and children seem to be "out-of-sink", when a child seems to have a difficult temperament, or is experiencing developmental difficulties. In such cases, parents and caregivers can help parents in reading the child's cues and teaching them new skills through play. The module provides access to many tip and resources that can be shared with families.

Upon completing this module, home visitors should be able to

- Understand how parents and caregivers can provide a loving, secure and stimulating environment that promotes learning;
- Understand the changing developmental needs of the young child;
- Provide resources, advice, tips, and coaching to parents, particularly those experiencing difficulties when interacting with their young children.

The module provides the following key messages to the home visitors:

- Children need a loving, secure and stimulating environment for their optimum growth and development. For this to happen, their physical, developmental, and emotional and psychosocial needs have to be met. Home visitors have opportunities to make both mothers and fathers more aware of these comprehensive needs.
- Positive relationships with parents, caregivers and other family members, as well as stimulating home environments shape the child's brain's architecture and influence development across all domains (physical, social/emotional, language and cognitive). Home visitors can help foster strong relationships between the parents/caregivers and the young child and the stimulating and safe environment young children need for exploration and learning.
- How families support the development of their children has the potential of having a greater impact on developmental outcomes than their socio-economic background. This means that home visitors have opportunities during home visits to provide families, especially the most vulnerable ones, with the support and information they need to give their children the best start in life, even in situations of social disadvantage.
- Home visitors can teach fathers, mothers, and other caregivers about four important things they can do to nurture their young children: love, talk, read and play. Love is just as important as nutritious food for children's development. Where needed, home visitors can provide families with the knowledge and skills on how to talk, play and read with their children. They can show how love, gentle touch, attention and understanding create strong relationships between parents and children to promote early learning and school readiness and explain how children learn through play, why reading is important and how talking with children builds their communication skills.

This module should be taught in a playful and relaxed manner – in the same manner we would like home visitors to work with parents and family members. It is important for home visitors to understand that they are modelling how parents should spend quality time with their children, enjoying in the joint activities, and not teaching and training their children.

MODULE 7 – PARENTAL WELLBEING

MODULE 7

PARENTAL WELLBEING

In many countries, the difference between suffering from the "baby blues" and maternal depression after delivery is still poorly understood and does not receive professional intervention. Even fewer home visitors are aware that maternal depression and other forms of mental illness can affect the developing foetus, and that fathers can also suffer from depression or anxiety after the child is born and that this also impacts the child's development. Home visitors have the opportunity to identify these issues during home visits and help families in addressing them. This requires good knowledge about the importance of parental wellbeing and the degrees of severity; a

willingness to bring up this topic in a non-threatening manner; readiness to be a willing and sympathetic listener; and action in the form of referral if the parent needs professional help.

Upon completing this module, home visitors should be able to

- Recognize that perinatal mental illness can have a tremendous negative impact on the development of the young child, that it is not uncommon, and that the topic should be raised openly with pregnant women and new parents
- Understand that empathetic listening support and additional visits can be effective in the milder cases.
- Understand the risk to the young child and mother, if referral is not made in severe cases.

The module provides the following key messages to the home visitors:

- Mild to moderate perinatal mental illness in both fathers and mothers is more common than we think.
- Perinatal mental illness of a caregiver affects the development of the foetus and young child. It can have a lifelong repercussions on the physical and mental health and the achievement of a child exposed in utero and/or during the early years.
- Untreated perinatal mental illness comes at a tremendous financial and social cost to society.
- A high proportion of mental ill health during the perinatal period is never detected and addressed.
- Perinatal mental illness can be found in all cultures and income levels, but is more common in situations of excessive stress and social disadvantage.
- As the trusted professional and friend of the family, the home visitor can learn about the mental health needs of a pregnant woman, new mother, or father and provide advice and first-line listening support. She can encourage caregivers to speak openly about their feelings, without fear that they will be stigmatized or labeled as "bad parents" because they feel depressed, anxious, or unhappy before or after the birth of the child.
- In cases where the condition appears to be severe, there may be a risk to the life of the mother or baby. Home visitors must always keep the best interests of the infant and mother in mind and ensure that the mother receives professional hospital treatment.

This module is very important for home visitors. They should be able to recognize symptoms of potential psychological problems in parents without labelling them. They also need to learn how to approach these situations without "loosing" the trust of the mother, father and family.

This module is also challenging because to be able to support families, home visitors may have to refer them to professionals from other sectors and institutions in the community that that can provide support for perinatal illnesses.

MODULE 8

COMMON PARENTING CONCERNS

MODULE 8- COMMON PARENTING CONCERNS

Parenting is the main responsibility in life for which we receive no training. Throughout pregnancy and the early years, parents frequently face challenges and look for answers, as they are often motivated to do the best for their child. Phone helplines and internet websites provide different kinds

of advice, but parents do not always know what option to pick and how to proceed. Home visitors also will encounter situations in the home where parents could benefit from suggestions or advice, or they will be asked to share their best practices and tips. This module focuses on some of the most common challenges parents face and provides the home visitors with resources and information sheets on how to support the families.

Upon completing this module, home visitors should be able to

- Understand that families are challenged by common childhood issues and, if unaddressed, these can lead to more serious problems;
- Advice on how to address common parenting issues is available widely, but sometimes parents don't have access to this information or they do not know how to choose what is best for their family. Home visitors can discuss evidence-based approaches that work and help families choose the best options for them.

The module provides the following key messages to the home visitors:

- Evidence shows that parenting empowerment can be a powerful and cost-effective tool to support the wellbeing of children and their families. To prevent behavioural and emotional problems and child maltreatment, one of the most important things home visitors can do during home visits is to increase the confidence, knowledge, and skills of fathers and mothers in raising their children. .
- Most parents are eager to be good parents and do the right thing for their child. However, there is little to prepare them for this challenge. Babies and young children require a lot of care and time and an infinite amount of patience. Sometimes the struggle to get young children to sleep, eat, stop crying, or stop throwing tantrums is overwhelming and can send the relationship between young children and their parents into a downward spiral. Home visitor can listen to mothers and fathers, observe their interactions with their children and with each other, help them become attuned to their children, and support them in becoming a good 'parenting team'.
- It is very important to see parents as competent and capable of finding solutions, with some needing more, and others less support. Whenever possible, the home visitor's role is to guide parents in finding suitable solutions for themselves and their children. Making the parents dependent on the home visitor does not strengthen their confidence, competence, and agency in supporting and parenting their child over the coming years.
- Home visitors can help parents understand that infants and young children will go through different phases and that these are normal. Newborns cry a lot; babies will experience separation anxiety; toddlers will explore and get into things. Many of these behaviours will pass with time, though sometimes it seems that they never will. Just supporting parents with what to expect can help them feel calmer and more confident.

The module provides a number of information sheets, video clips, and other resources (e.g. parenting websites) to assist home visitors in providing the best support to their families. It also explains that often there is not one solution or quick fix, but that parents may need to be ready to try different approaches, and something that works one day may not work the next.   Listening support and empathy from their home visitor can help families to not get discouraged, but continue to develop problem solving skills and resilience. Additionally, trainers can advise home visitors to discuss problems and challenges with peers that may have encountered similar problems and approaches how to help families deal with them. Home visitors and trainers can also use culturally appropriate activities and routines that can help parents.
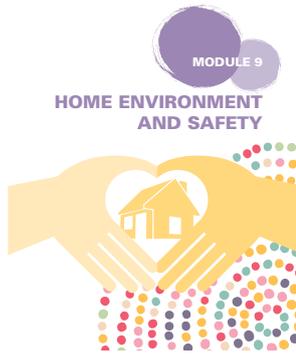
MODULE 9 - HOME ENVIRONMENT AND SAFETY

Injuries constitute one of the primary causes of child death and morbidity, and the majority of injuries (and in some cases, child deaths) are unintentional, and preventable with additional knowledge and changes in behaviors and the child's environment. While visiting a child's home, home visitors have the opportunity to spot dangers in the home environment and help families become more child-safety conscious.

Upon completing this module, home visitors should be able to

- Know about the common causes of child injuries during the early years and how to prevent them;
- Be able to identify situations and settings during home visits that can place children at risk for injury;
- Be able to discuss and advise parents and families in how to improve the safety of their homes and behaviors that can place their children at risk.

The module provides the following key messages to the home visitors:

- Parents can prevent injuries and support and take steps to create a safe environment for their children.
- Preventing injuries in young children means to primarily manage the environment and not the child. Children should be taught about preventing injuries in line with their development.
- Children are not small adults and many factors, such as age, developmental stage and degree of dependence, make them particularly vulnerable to injuries in a world that is primarily built for adults, and
- Home visitors can provide parents with hands on knowledge and skills, which will help them react appropriately in emergency situations.

In this module on home environment and safety, home visitors will be provided with evidence-based information and strategies to reduce the risk of these injuries occurring. Specifically, the module will give information on the magnitude and impact of child injury; the reasons for children's vulnerability; the principles of injury prevention; the leading causes of injuries in the home environment, their prevention and immediate home-based treatment. However home visitors should learn not to make parents afraid, but see how they can control the environment and not the child. This module provides Information Cards that can be used to discuss common injuries and to advise parents.
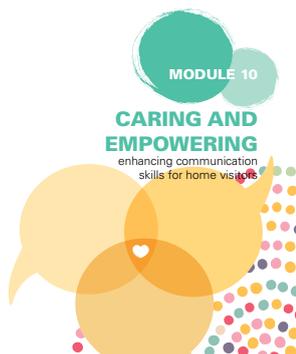
MODULE 10 - CARING AND EMPOWERING – ENHANCING COMMUNICATION SKILLS FOR HOME VISITING PERSONNEL

Verbal and nonverbal communication skills are an essential tool for engaging and working effectively with families. Even when we think that for the most part we a good communicators, it is important to step back periodically and reflect on our practices, as communication skills can always be improved

further. This is one of the modules that requires self-reflection and discussion in an open and friendly environment created by the trainers.

Upon completing this module, home visitors should be able to

- Be aware of her non-verbal and verbal communication skills
- Understand the elements needed to create a relationship of respect and trust with her families
- Have identified areas that could be strengthened further for her own professional development and her ability to support the families on her caseload.

The module provides the following key messages to the home visitors:

- Good communication and interpersonal skills are essential when working with families.
- When home visitors are able to listen without judging, give advice without blaming or patronizing mothers and fathers, if they are warm, objective, empathetic and reflective, they will be able to build productive relationships with your families, based on mutual trust and respect.
- While communicating with families, home visitors always have to keep child in mind. In the process of finding out how child is doing, it is of great importance to build a respectful relationship with parents/caregivers. To open up to the home visitor, share confidences, rely on her advice and provide her with vital information about the child and themselves, parents have to trust her and feel safe with her.
- Although communication is part of our everyday life, good communication skills need to be practiced and continuously improved as part of our professional development.
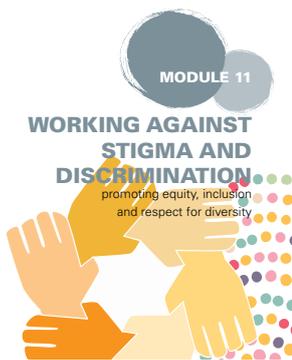
MODULE 11- WORKING AGAINST STIGMA AND DISCRIMINATION - PROMOTING EQUITY, INCLUSION AND RESPECT FOR DIVERSITY

MODULE 11

WORKING AGAINST STIGMA AND DISCRIMINATION
promoting equity, inclusion and respect for diversity

Preconceptions, and more entrenched stigma and discrimination can interfere with a home visitors' ability to work effectively with families that are from a different ethnic group or social class. Often, when asked to reflect, we may consider ourselves to be open-minded and objective, but when probing deeper, we may realize to what extent our own families, environment, and larger society have shaped our attitudes and practices. Confronting preconceptions, stigma, and discrimination, takes determination to look into the reasons and regain the openness to look at individuals and families how they really are. This is a training module that benefits greatly from an experienced facilitator who is not afraid to confront, but who also encourages and supports change. As a result, this module includes many exercises and has a strong emphasis on personal reflection and discussion.

Upon completing this module, home visitors should be able to

- Understand that preconceptions, stigma and discrimination are common, but that they limit our views and actions. As a result, professionals may not be able to see a family

as it really is and provide the service it needs, thus contributing to inequities and social exclusion;

- Be more aware and willing to address stigma and discrimination as a part of overall professional development and human growth.

The module provides the following key messages to the home visitors:

- Throughout our lives we make quick judgments, sometimes based on limited information.
- Home visitors usually belong to the mainstream society and thus share its biases, conciously or unconsciously. It is important to question one's own views and become aware of one's biases in order to be more professional and effective. Every family has the right to be addressed with respect and emphathy focusing on what they do and not on who they are (i.e., the label they carry).
- In their work, home visitors will be challenged many times, because some families will stay closed and distant. Keeping in mind the best interest of the child, home visitors will have to find ways to reach these families and build trusting relationship with them.
- By opening themselves up towards the parents/families who are different and by building on their strenghts, home visitors will be better able to empower parents and boost their parenting capacities.
- Home visitors can help connect the more marginalized families on their caseload with the wider community and search for services that can contribute to the wellbeing of the child and the whole family.
- Several core beliefs guide home visitors well when working with families, regardless of who these families are. These beliefs include:
    - Parents are the child's first educators.
    - All parents have hopes and dreams for their children and want the best for them, but families may differ in how they support their children's efforts to achieve those goals.
    - All parents have the capacity to support their children's development, learning and success in life, but may need support in developing this capacity further.
    - Parents are best treated as equal partners; and
    - The primary responsibility for building partnerships with parents and family rests with the professional. Any parent can be "hard to reach". Parents must be identified and approached individually - they are not defined by gender, ethnicity, family situation, education or income.

This module is best taught in person. It contains many exercises that require trainees to examine their preconceptions and biases. The atmosphere should be friendly, collegial, and toallow participants to honestly share their attitudes and feelings for learning and professional growth.

MODULE 12 – CHILDREN WHO DEVELOP DIFFERENTLY

MODULE 12

CHILDREN WHO DEVELOP DIFFERENTLY
children with disabilities or developmental difficulties

An important reason why young children at risk for developmental difficulties are not identified early is the stigma and discrimination faced by these children and their families. However, when well supported, children are more likely to develop well, often exceeding the prediction and expectations of professionals. Additionally, parents and families may go through different processes of adjustment as the child grows up. This requires ongoing

empathy from the home visiting professional and a relationship of trust to discuss the parents' concerns for their child, themselves and other family members.

Upon completing this module, home visitors should be able to

- Have an understanding of different disabilities and developmental difficulties, how they can be prevented and how negative consequences can be ameliorated;
- Understand how disability may affect different members of the family;
- Understand that a nurturing, responsive and stimulating environment benefits all young children, particularly those considered at risk;
- Understand how to overcome their own biases about what children with developmental difficulties can and cannot achieve;
- Provide empathy and emotional support to the families; help them enjoy their child also in playful interactions and help them move between the roles of teacher/trainer and nurturing parent.

The module provides the following key messages to the home visitors:

- Disabilities and developmental difficulties are common everywhere around the globe. This means that home visitors are likely to meet children with disabilities and/or developmental difficulties when they visit their families.
- For newborns or young children with disabilities or developmental difficulties, the early days and years are just as, or even more critical to help children achieve their full potential. As a professional of trust, the role of the home visitor is key to support the family and the child, listen to their concerns about the child's development, to sign post them to the appropriate services, support them in using these services, and to promote the full social inclusion of the child and family in the community.
- Sometimes home visitors will visit families with young children whose parents already know that their children have developmental difficulties or disabilities, while at other times the home visitor will be the first to notice that a problem exists during the visit. Understanding the causes of disabilities or developmental difficulties and the importance of early identification and intervention will help the home visitor support the families and their children.
- An important part of the health visiting role is to contribute to the prevention of disabilities and/or developmental difficulties, as well as to the optimal growth of infants and young children who are living with disabilities or experience developmental difficulties. Children with disabilities and/or developmental difficulties who receive additional attention and support are more likely to reach their full potentials.
- By observing the child, listening to parental concerns, and using the knowledge of typical child development, and drawing on professional experience, the home visitor may be the first professional to detect that a child appears to be delayed or is experiencing some difficulties in daily functioning and development.
- Home visitors should share their observations with the parents in an empathic way. It is important for them to encourage parents to ask for and receive professional help so that they can provide a stimulating and inclusive environment that meets the child's particular needs for development.
- Home visitors play a very important role in helping parents to accept reality, cope with feelings of guilt and inadequacy, and to empower them to enjoy the interactions with their child.

This module is best introduced later on in the training. Home Visitors will be engaged in self-reflection about the stigma and discrimination faced by families with children with disabilities and/or developmental delays. This is a process initiated in the module on Stigma and Discrimination. They will also be asked to provide support and empathy to these families, understanding that they will go through significant processes of facing change and challenges. These are themes that have been a focus of learning in the modules on The New Role of the Home Visitor; Attachment; and Love, Talk, Play, Read.

MODULE 13 - DEVELOPMENTAL MONITORING AND SCREENING

This module explains the differences be between developmental monitoring, screening, and assessment and provides some practical advice and tools on monitoring the development of young children during visits and identifying those at risk for further assessment and services.

Upon completing this module, home visitors should be able to

- Monitor the development of infants and young children using developmental milestones;
- Understand the concept of screening, though additional hands-on training would be required, in countries where home visitor responsibilities involves formal screening;
- Be able to assist families during formal assessment processes with additional explanations and support;
- Be able to support families in providing love and nurturing to their children and promote their development.

The module provides the following key messages to the home visitors:

- Depending on the communities where home visitors work, 1-2 of every 10 children on their caseload may be at risk of experiencing a disability and/or a developmental difficulty.
- Early identification of infants and young children with disabilities and/or developmental difficulties is critical. The earlier these children are identified, the sooner they can receive the services they need to support their development. This, in turn, will make it more likely that these children will grow, thrive, and achieve their potentials in full social inclusion.
- Home visitors need to keep in mind that developmental difficulties can also be caused by the environment (for example, by a depressed caregiver, intra-family violence, child maltreatment, death in the family, severe poverty, etc.)
- Sometimes families know already that their child is not developing in the same way as many other children of the same age. In other cases, families may not have realized that their child is experiencing difficulties. Either way, the home visitor may be the professional closest to the family and will need to discuss this important topic with the family.
- Home visitors have a key role to help the family gain an understanding of the situation, link them with formal assessment and early intervention services, advocate for them with the relevant support agencies, be there for them with supportive listening and

advice on ways of dealing with stress, and most importantly, foster continued parental attunement and nurturing interactions between the parents and their child.

- To effectively support these families, home visitors need to develop the skills to monitor the development of young children during your visits. If customary, home visitors may also periodically use a developmental screening tool with the participation of the parents.
- To help families understand what is involved in screening and assessment, home visitors should be familiar with these processes.
- Discussing with parents and families that their child may need to be formally assessed for a delay can be a sensitive topic and will require the professional communication skills and empathy of home visitors to provide the support these families may need.
- The home visitor role with the child and family does not end when a child is receiving early intervention services. The family will continue to need her support, and she is an essential and valuable member of the professional "team around the child" and the family.
- It is important that home visitors also help families celebrate successes and achievements and help families to remain hopeful and enjoy their child.

This module draws on the content of a number of other modules (The New Role of the Home Visitor, Attachment, Love, Play, Talk and Read, and Children Who Develop Differently) and is best taught after these modules.

MODULE 14 - KEEPING YOUNG CHILDREN SAFE FROM VIOLENCE, ABUSE AND NEGLECT
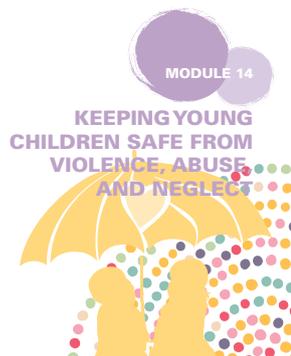
MODULE 14

KEEPING YOUNG CHILDREN SAFE FROM VIOLENCE, ABUSE AND NEGLECT

Child maltreatment is a complex issue for home visitors. There is a continued reluctance to discuss this topic openly in our societies and to agree fully what constitutes child maltreatment. In many cases, the child is not harmed physically, as in neglect, while viewing domestic violence, or when the care giver is depressed and cannot provide responsive and nurturing care. If not handled well by the home visitor, families may not share their fears of not providing well for the child and their limits of dealing with parenting challenges openly

Upon completing this module, home visitors should be able to

- Have a clear understanding that child maltreatment goes much beyond physical punishment and sexual abuse;
- Understand the importance of their role in preventing child maltreatment.

The module provides the following key messages to the home visitors:

- Any form of child maltreatment is a violation of the fundamental rights of the child.
- Child maltreatment can happen anywhere. It is present in every country and society and in all income groups.
- Child maltreatment takes different forms, including physical, psychological, and sexual abuse, as well as neglect or negligent treatment, but is often found in clusters.
- Child maltreatment affects children's lifelong physical and mental health, their achievement and productivity, as well as their own parenting skills. In some cases, maltreatment leads to serious injury and even death.

- Individuals who are committing violence against children are usually those that children trust the most – their parents/caregivers, relatives, neighbours, some with a history of maltreatment of their own, in an intergenerational transmission of violence.
- Every person in society, but particularly professionals working with families and children, have an obligation and responsibility to report cases of child maltreatment. Safeguarding children from maltreatment is one of the primary professional responsibilities of the home visitor. Home visitors are entering children's homes and may be the only person who can see or sense what is happening behind the family's doors.
- The family has the greatest potential to protect children and provide for their physical and emotional safety. As a friend of family and professional, home visitors can support families and in that way they can contribute to the prevention of child maltreatment. Home visitors can promote the development of a secure parent-child attachment, the strengthening of positive parenting skills, and they can connect families with different services in the local community. Above all, they can be there for the child and family when they are facing difficult times.
- No violence against children is justifiable, and all violence against children is preventable.

When teaching this module, trainers have to be very careful. They need to promote the home visitors' sensitivity for this important issue and at the same time help them understand their role, which focuses foremost on the prevention of the child maltreatment. This module should be taught after the other modules, when home visitors have gained sufficient knowledge and understanding of positive parenting, secure attachment, parental wellbeing and stigma and discrimination. They need to know when and how to react to prevent maltreatment and also be aware of what services can support them in this process.

Trainers should also take into consideration that some of the home visitors may have personal experience with maltreatment and that this topic can be difficult for them.

MODULE 15

WORKING WITH
OTHER SERVICES

MODULE 15 - WORKING WITH OTHER SERVICES

The work of the home visitor gets infinitely more complex, when one of her families has needs that can only be met with the support from colleagues from other sectors. Often institutional arrangements have not be finalized, pathways and indicators for referral are not clear, and the home visitor may leverage her own professional network. The module will provide practical information about how to map available services and resources for the families and help them in accessing these.

Upon completing this module, home visitors should be able to

- Understand the importance of formal institutional agreements and pathways;
- Be able to map community services and resources;
- Understand the importance of shared pathways and good communication when families need additional services;
- Know that her role does not end when families are working with child protection or rehabilitation services.

The module provides the following key messages to the home visitors:

- Home visitors have an important role in supporting families with young children to achieve good health and developmental outcomes. They visit them in their homes; assess their capacities; observe the relationships among family members and the living conditions; observe health issues and concerns; and provide advice about child development and parental wellbeing. Home visitors see the picture of the whole child and family; they make an assessment of their comprehensive needs and help ensure a system response to these identified needs.
- Most of the families will use the routine health care services with preventive checkups, well-baby care and routine immunizations and the universal package of home visiting.
- However, some families need additional services and support, for example, early intervention, social or child protection, or multi-faceted services. The role of the well-known and trusted home visiting professional is to inform the family about the resources that are available to them in their community; provide referrals; offer support to those families that are engaging in services of sectors or other levels of the health care system; and continue to provide ongoing support through their home visits.
- Good communication skills and a knowledge of the referral pathways within the health sector and to services from other sectors are key for home visitors to help families access and benefit from the services they are entitled to.
- In some cases, home visitors will be the main professional to link families with the services of other agencies, and in that, they can help and facilitate their social inclusion.

VII

DEVELOPING TRAINING

In the process of developing training based on the resource modules trainers should follow the following steps:

- Definition and Purpose of Training
- Conducting a needs assessment
- Establishing priorities
- Developing outcomes
- Selecting content and delivery strategies
- Designing and implementing a lesson plan
- Evaluating

There is a rule which trainers should follow while developing training:

Content of the training:

- 30% Theory (including specific knowledge on ECD; adult learners; multiple intelligence; ecological approach to children and families; etc.)
- 50% Skills (including listening and communication skills; preparation and delivery of training sessions etc.)
- 20% Self and group reflections and providing constructive feedback.

VIII

SUPPORTING ADULT LEARNING

Adults are different from children. They already have a lifetime of experiences and learning that have to be acknowledged, respected and built upon. There must be a reason for them to want to learn new material and it must be immediately applicable to their lives. In order to be successful, a trainer, home visitor, consultant, mentor, etc. has to take into account the following when working with adults:

- Adults are practical and want their learning to be immediately applicable to their lives. Adults want learning to have value and to help them solve current problems and issues. Learning is enhanced when it is immediately applicable to real-life contexts.
- Adults often find learning risky and therefore must experience success.
- Adults need to have choices and control in the learning situation. Learning is enhanced when adults have control or influence over the educational experience and when learners achieve self-direction.
- Adults are experienced and these experiences must be incorporated into the learning situation.

Learning depends on past and current experience and connections created.

- Adults need to be treated with respect. Learning depends on a climate of respect and comfort.
- Adults want the learning process to be fun and enjoyable. Learning depends on the active involvement of the learner and will most probably occur when it is enjoyable.
- Adults have unique learning styles and preferences which should be accommodated.

IX

ADAPTATION GUIDE

It has been noted within the background section to this Trainer Guide that each country will be at a different stage of readiness to pursue home visitor training. Trainers will have an important role in understanding the existing training needs of home visitors in their country. The Resource Modules to Strengthen Home Visiting Practices were developed as a generic tool for the countries of the CEE/CIS region. They are informed by the global evidence on what contributes to young child wellbeing. The also provide a reflection and guidance on the knowledge, skills, attitudes, and practices that home visitors need in their "new" role of working in partnership with families to support parents and caregivers and empower them to provide the best possible environment for their young child. Some topics are currently not included (IMCI, IYCF, BFHI, Care for Child Development) among the set of available modules, as there are well-tested training materials and approaches that are already in use in the region.

Because these modules speak to home visitors across a range of countries, cultures and health systems, they cannot address country-specific issues and problems. It will be necessary to adapt individual modules, i.e., take into account such factors as the education level and professional experiences of home visitors, national standards of practice, formal and informal working agreements with other sectors, typical cases encountered by home visitors on their caseload, etc. This will ensure that capacity building workshops are relevant to the country and local context and the concrete needs of home visitors and the families they serve.

In addition, the modules may need to be adapted for different training settings (pre-service, in-service, in-person, web-based), as well as the time period available for training (i.e., training course with several modules, periodic training days, etc.).

The learning resource noted above, the (j) "Professional Journal" is a useful tool that country specific trainers can use initially as a means of appraising their country requirements for training home visitors. The journal can be completed whilst you are reading through the module material, encouraging you to give consideration to the following questions themed under the headings, home visitor role; services for families; and organisational operation:

Home visitor role

1. How are the home visitors employed in my local area
A.   Do they work in teams? Size of teams?
B.   What professional body, if any, are they registered with?
C.   Are there any existing professional standards that home visitors are already working with?
D.   Do they manage their own daily workload?
E.   What systems of documentation are in operation – electronic or paper?
F.   Are they provided with transport or financial reimbursement for travel to families?

2. Do home visitors have access to computers and or the internet?

3. What are the existing arrangements for continuing professional education/ development for home visitors?

4. Given your responses to the above questions, consider and list aspects of practice described in the core modules that would be new to the home visitor's role in your country.

Services for Families

1. How do families currently access help and support during the antenatal and postnatal periods?

2. What community resources designed to support children and families through regular contact operate in the community?

3. Which are supported by the government or municipality?

4. Which are supported by non-governmental organisations (NGOs)?

5. Who are the key professionals providing support and services for families?

6. Given your answers to the above questions – describe how will you summarise the existing accessibility of services for families and the changes that strengthened home visiting can make in your country.

Organisational Operation

1. What systems of communication do different health and social care professionals already use?

2. Are policies for safeguarding vulnerable people (including children and families) clearly communicated across workforces and across organisations?

3. Are there clear procedures for reporting and acting on child protection concerns?

4. To whom do home visitors report to – who acts as their managers/leaders?

5. What formal systems of reporting work activity are in operation?

6. Given your answers to the above questions – describe how will you summarise the existing ways in which organisations and professionals communicate with each other in order to support families and consider any country-specific developments that home visitors may need to become familiar with.

Strategies for supporting home visitor learning and skills development

1. Identify the key teaching methods you feel you can make use of to support positive delivery of the home visitor modules

2. List some key exercises you could set for groups of or individual home visitors to support their continuing professional development

3. Identify key colleagues you can work with to plan and deliver home visitor modules

4. Identify influential others who will be able to sanction permissions for home visitors to ensure they have the time to commit to engaging in training sessions

5. Identify key locations you could use to deliver face-to-face home visitor modules

6. Draw up a realistic time plan/schedule for delivery of core and additional home visitor modules.

What parts of the modules would benefit from adaptation?

- Local statistics
- Local standards of practice
- Case studies and group exercises
- Video clips
- Frequently asked questions
- Pictures
- Local resources (websites, readings, existing training materials, parenting materials, etc.)
- Reference to the national or local network of home visiting professionals.

What can be added to the package?

- cultural elements and contexts that facilitate better comprehension
- study advice
- activities which trainees may undertake during the training, as take-home assignments between training days, or as follow up, when the training has been completed
- examples drawn from the specific country's national experiences and the local environment
- self-assessments following local continuing professional education requirements.

When and how should the modules be adapted?

Adaptation of the modules should be undertaken by professional educators or trainers that are familiar with the content of the modules, the teaching context, as well as the professional training system (pre-service and/or in-service) for the home visiting professionals or student. The adaptation process should be a part of the home visiting reform process, following a situational analysis/assessment of the existing services, workforce capacities, and the needs of local families for support in parenting.

Given that home visitors work with professionals from the health, as well as other sectors, an understanding of the knowledge of these other professional with respect to the content of the modules would enrich this situational analysis. Additionally, while these modules were specifically developed for home visiting professionals, they may also be suitable for other professionals working with pregnant women and families of young children.

ADAPTATION PROCESS

Options for adaptation:

The adaptation process can be a collaborative effort, for group of countries with similar linguistic and cultural environments, or conducted by each country.

Translation of the original modules to local language:

Considering that the original package has been developed in English language, and English is not a state language for any of 21 countries in the region, there will be a need to arrange a translation to local language, in case of in-country adaptation, or to a commonly used language, in case if collaborative adaptation process has been decided on by a group of countries.

For either option, the translation of the modules is the first step before the adaptation process and this requires professional translators informed about the topics and terminology.

Recommended steps for initiating the national or local adaptation process

- Review of the original package by national stakeholders
- Decide on changes needed
- Decide on the final format of the modules (e-format or paper based, or both);
- Identify the local training institution to lead/coordinate the process. Those adapting should have experience in
    - Working with home visitors or other PHC frontline workers
    - Early child development and public health
    - Developing curricula and other training materials;
    - The relevant knowledge of the key issues covered in the modules
    - The local context in which the modules will be used;

- Review the adapted materials to ensure that the major philosophy and concepts of the HV modules have been retained and that the local context has been taken into account and therefore that the materials are relevant to the country.
- Pilot/pre-test the adapted modules.
- Revise and finalize the modules based on the pre-test results.

REFERENCES

X

Bloom's Taxonomy. http://cft.vanderbilt.edu/guides-sub-pages/blooms-taxonomy/

Cowley S, Whittaker K, Grigulis A, Malone M, Donetto S, Wood H, Morrow E & Maben J. (2013). Why Health Visiting? A review of the literature about key health visitor interventions, processes and outcomes for children and families. Department of Health Policy Research Programme, ref. 016 0058.

Del Grosso P, Kleinman R, Esposito AM, Sama Martin E & Paulsell D. (2011). Assessing the Evidence of Effectiveness of Home Visiting Program Models Implemented in Tribal Communities. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S.

Harvard Center on the Developing Child. www.developingchild.harvard.edu

Landers C. (2005). Parenting with confidence: A guide to training parent facilitators. Budapest: International Step by Step Association.

Moore TG, McDonald M, Sanjeevan S & Price A. (2012). Sustained home visiting for vulnerable families and children: A literature review of effective processes and strategies. Prepared for Australian Research Alliance for Children and Youth. Parkville, Victoria: Murdoch Children's Research Institute and The Royal Children's Hospital Centre for Community Child Health.

Rosenberg M. (2005). Speak Peace in a World of Conflict: What You Say Next Will Change Your World. Encinitas, CA: PuddleDancer Press.

Sethi D, Bellis M, Hughes K, Gilbert R, Mitis F & Galea G (Eds) (2013). European report on preventing child maltreatment. WHO EURO. http://www.euro.who.int/__data/assets/pdf_file/0019/217018/European-Report-on-Preventing-Child-Maltreatment.pdf?ua=1

Tschannen-Moran, B., & Twchannen-Moran, M. (2010). Evocative coaching: Transforming schools one conversation at a time. San Francisco: Jossey-Bass.

UK Department of Education and Wave Trust (2012). Conception to age 2 – the age of opportunity. Addendum to the Government's vision for the Foundation Years: Supporting families in the foundation years. http://www.wavetrust.org/sites/default/files/reports/conception_to_age_2_-_the_age_of_opportunity_-_web_optimised.pdf

Wolf, B. (2002). Active training methods. Budapest: ISSA

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