BC Healthy Connections Project

PROCESS EVALUATION

McMaster University HSC 2J32, 1280 Main Street West, Hamilton, ON L8S 4K1
tel: 905-525-9140 x 26383 | fax: 905-570-0667 | jacksm@mcmaster.ca

BCHCP Process Evaluation Communiqué #8 | December 31, 2015
Implementation of Core Model Element #6 – Client is Visited in her Home

One of the goals of the Process Evaluation is to determine the extent that Nurse-Family Partnership (NFP) is delivered with fidelity to the 18 core model elements (CMEs) during the BC Healthy Connections (BCHCP) implementation. The findings summarized below are from Wave 1 [11 Supervisors; 55 public health nurses (PHNs)] interviews (May-July 2014) and Wave 2 (11 Supervisors; 53 PHNs) interviews (October-November 2014). Nurses and supervisors were asked to reflect on the degree of success, as well as challenges, in implementing NFP with fidelity to CMEs. This Communiqué presents an analysis of data related to CME #6 – *Client is visited in her home*, categorized by the following themes: 1) success in meeting CME fidelity; 2) measures implemented to meet CME fidelity; 3/4) rationale for alternate home visit location (client/nurse); 5) concerns with alternate visit locations; and 6) recommendations.

> *"They [the PHNs] are aware that it's a home-based program and they do really try to do the home visits. … They can tell that there's some barriers where the client doesn't want them in the home, they just try to build that, that trusting relationship but always steer the visit back to the home if they're able to do that."* **– *NFP Supervisor***

Theme	Assessment of Adherence to Core Model Element #6
1. Success in Meeting CME Fidelity	• There was a high level of awareness among PHNs that NFP is to be delivered through home visits. This information was provided during orientation and education sessions. • The importance of having a face-to-face encounter, regardless of setting, is highly valued by PHNs. Nurses and supervisors report a high degree of fidelity in working with clients, face-to-face, either in the home or an alternate setting. • PHNs expressed understanding that visiting in the home provides a deeper understanding of the context of clients' lives. • As a guest in the client's home, PHNs use a variety of strategies to engage the client, build trust and gain entrée into the home. Client, nurse, or environmental factors may require the face-to-face encounter to occur in a setting outside the home. • PHNs identified high levels of comfort in adapting the program and meeting with clients in alternate locations, given the underlying program principle of providing client-centered care. • Alternate visit locations include (but not limited to): PHN office at health unit, community organizations, the home of a friend or relative, recreation centres, libraries, schools, malls, coffee shops, restaurants, parks (or other outdoor areas) or in their cars.

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Theme	Assessment of Adherence to Core Model Element #6
2. Measures Implemented to Meet CME Fidelity	**NFP Supervisors:** • Identification of barriers to visiting in the home, and discussion of possible solutions, are discussed at team meetings and during weekly one-to-one reflective practice sessions with NFP PHNs (CME # 14). **NFP PHNs:** • At the time of client enrolment, PHNs ensure that they describe NFP as a home visiting program. • PHNs discuss barriers to home visiting with clients as soon as they arise, and explore possible solutions. • PHNs focus on continuing to build trusting relationships with clients in the prenatal period, which they find often leads to home visits in clients' homes postpartum.
3. Rationale for Alternate Home Visit Location - Client	• PHNs identified multiple client or family level factors that influence whether or not a client will consent to a visit in the home, including: client age, family characteristics, mental health, self-esteem, or level of readiness to trust the PHN. • In the prenatal period, PHNs identified that some clients are hesitant to invite them into the home until a certain threshold of trust has been established. • PHNs perceived that some clients are reluctant to have someone "official" in their home, given some of their past negative experiences with service providers. For example, for some clients with experience in the foster care system- there was a perceived hesitancy to trust the PHN and allow her entry. PHNs also perceived that some clients decline home visits to avoid potential judgment of a living environment that is either dirty or potentially unsafe for an infant. • For clients balancing school and work commitments, and then a new baby, it is often more convenient to meet at school, in a coffee shop close to work, or a private but public setting (e.g. health unit, library) that is centrally located. • For some clients living in rural or remote areas, the PHN would work to coordinate a visit on the day that a client would be coming into town for other appointments. • The presence of other people in the home (parents, grandparents, friends, boyfriend, or if a client resides in a group home) and/or high activity in the home can be disruptive and contributed to PHNs scheduling visits outside of the home. A client's need for privacy during visits and the ability for the client to focus without distraction were also important considerations. • Chaos in the home environment, such as pets or technological distractions (television, text messaging on phone, video games, etc.) were also noted to contribute to choosing alternative visit location. • Given the complexity of client situations, PHNs noted that visiting in a home is not possible when a client lacked stable housing and instead sought shelter in friends' homes, shelters or on the street. • If there are safety issues in the home (e.g. known perpetrator of intimate partner violence living in the home) either the client and/or the nurse could make the decision to visit in an alternate location
4. Rationale for Alternate Visit	• Family members or people living in the home may display unsafe or harmful behaviours, which the PHN would then mitigate by scheduling

Theme	Assessment of Adherence to Core Model Element #6
Location - PHN	visits outside of the home. • As client retention is a priority in home visitation programs, PHNs also indicated visiting out of the home was a strategic decision to keep the client engaged and interested in the program. PHNs would often select, in collaboration with the client, an alternate location that would support client goals or activities e.g. walking visits to promote active lifestyle, visit at a community centre to increase awareness of infant programs. • For some clients, engaging in a visit outside of the home was a strategy to reduce client isolation. • Regardless of location, PHNs found it important to maintain consistency in visit schedule. Regular contact with clients, from their experiences to date, has resulted in client retention in NFP. • Evenings and weekends were outside of some PHNs' standard work hours as per their collective agreements. If clients could only meet during the day at work or school, then alternative visit locations were used.
5. Concerns With Alternate Visit Locations	Some supervisors and PHNs had concerns about client visits occurring outside of the home. The concerns most commonly mentioned were: • Some program activities or assessments on topics of a personal or sensitive nature could not be completed in all public settings. • Maintaining privacy and confidentiality in public settings was sometimes challenging. In smaller communities, there was an increased likelihood that during a visit, someone the client knew would approach the dyad.
6. Recommendations	These findings demonstrate the level of skill that NFP PHNs have in tailoring NFP in a way that is sensitive to the client's situation. • Element #6 – client is visited in the home, is an important CME to keep. However, flexibility in visit location to meet client needs and delivered a client-centered program is required. • In the development of the Canadian NFP CME -Element # 6 should be revised to: "Client is visited in a face-to-face encounter in the home or another private setting mutually determined by the public health nurse and client."

"Well in reflection we've explored maybe why you're not meeting in the home and ways to engage with the client to understand maybe what their reluctance is around meeting in the home. And they've also tried to engage the clients in a discussion about what the home visiting will look like after the baby's born. That it might be really difficult to pack up a newborn baby, especially if they're on the bus and come to a health unit or meet in the coffee shop. A few clients who have regularly met outside the home it did seem like once they delivered it seemed all right for the nurse to come to the home." **– *NFP Supervisor***

"I have a couple of girls with really significant anxiety and so we've been meeting [separately, in a park], and I think for a few factors it's been a really positive thing. One they're out in nature and it's just relaxing. We're walking and talking so they're calming down… And their state of mind when we're done has come way down just because we were able to be out in nature and we were able to walk. So I've been using that with the two of them and if I text ahead and say 'Do you want to meet at the park?' it's 'Yes'. They're there in a heartbeat." - ***NFP PHN***

"I had one woman who disclosed IPV one visit and then the next week when I saw her again the partner and her mom were both in the home… And so to get that one-to-one particularly with the sensitivity of the disclosure we actually sat in my car because there was nowhere else. There was nowhere else to go." **– *NFP PHN***

"The nurses are usually up front with the client about it in the beginning… And then the nurses talk to the client about it and try as the relationship builds move towards that and to talk about the challenges of meeting in the home what it might be and how they should best meet those challenges and still be client-centered." **– *NFP PHN***

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