Home Visiting Toolkit

Resources to promote the healthy social and emotional development of children under 4.

Part 1 and 2

International Child Development Initiatives

Acknowledgements

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Introduction

Purpose and scope of the Toolkit

"Every parent wants 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. By reaching out and including the most vulnerable populations in their services, Home Visitors can also contribute to making disadvantaged families more visible, facilitate the access to services, and reduce thereby equity gaps" **(UNICEF, 2016).**

This Toolkit was developed in the context of the project 'Making the first 1000 days count!'. It is composed of original material produced by International Child Development Initiatives – ICDI, as well as the adaptation of existing materials produced by other organisations.

The aim of this Toolkit is to provide Home Visitors with the latest scientific evidence about child development, learning and well-being as well as practical advice and materials, which they can share with parents and carers. The tool will also be used to prevent child abuse and improve child well-being by providing education and services in families' homes through parent education and access to community resources. The information and materials provided in this Toolkit focus on **play, learning and development** in the first 3 years of a child's life. Attention is also given to their **safety and protection**. This kind of information provides an important supplement to advice on feeding, nutrition, vaccinations and other aspects of infant health, which traditionally is the focus of community health workers.

Quality home visiting programmes help parents provide safe and supportive environments for their children. Specifically, they can alert the parents to the importance of establishing healthy connections with their babies and of building loving, trustful and supportive relationships with their children. They can learn how to do that during their routine and everyday family activities. Home visiting programmes are also intended to reduce the stress parents and carers may experience in their parenting role – by providing a listening ear, calm reassurance, support and information. Over time, families and Home Visitors build strong relationships that lead to lasting benefits for the entire family.

Research shows that home visits have many benefits[1]:

- Mothers and children are healthier and happier
- Children are better prepared for school and life
- Caregivers are more aware about safety and protection matters
- Families are more self-sufficient and have stronger networks
- Better overview and management of household finances

Target audience

The Toolkit was developed specifically for health visitors, para-professional community workers and volunteers who are engaged in home visiting programmes. As noted above it should be considered as an important supplement to existing materials focussing on infant health, nutrition, development and protection. Another audiences for the Toolkit are professionals and health officers who provide pre-service and regular professional support to community health workers.

1 https://nhvrc.org/about-home-visiting/why-home-visiting/

How to use the Toolkit

The Toolkit is organised in four parts:

- Part 1: Being an Home Visitor: roles, responsibilities, communication skills;
- Part 2: Home visits in Practice: planning, outline, do's and don'ts;
- Part 3: 21 Info Cards on child development, play, learning and parenting;
- Part 4: Activity Cards for Home Visitors and carers.

Part 1 and 2 are intended for trainers and mentors of Home Visitors and can be used to develop training programmes.

Part 3 and 4 are intended for Home Visitors and provide important background theory on child development, play, learning and parenting. They also provide an easy-to-use selection of simple activities Home Visitors can use during their visits.

For a comprehensive resource package of home visiting practices access UNICEF and ISSA (2022) Supporting Families for Nurturing Care: Resource Modules for Home Visitors.

Part 1

Being a Home Visitor: roles, responsibilities, communcation skills

Being a Home Visitor, your Roles and Responsibilities[2]

Your main role as a Home Visitor is to **listen** to and **empower the families** you work with. You need to form **a trusting relationship with families** and help them understand **the importance of play, learning and safety for their children's development.**

Be positive! Praise families for the things that they are doing well. Acknowledge mothers and fathers for their efforts and willingness to be good parents. Praise the good behaviour of their children.

Be curious and ask a lot of questions. Look people in the eye. Let parents talk about their children. Everyone wants the best for their child, keep that in mind. You are not there to teach "the right way" or preach to how to raise children. You are there to **support and empower** families.

Confidentiality

Respecting families' confidentiality is an essential part of good care. Without the trust that confidentiality brings, mothers and their families might not seek care and advice, or they might not tell all the facts needed to provide a good home visit.

Confidentiality is an **important responsibility** of the Home Visitors. All the information of the families, such as directions of their house, names, age as well as everything discussed with them needs to be kept confidential during and after the project ends. ESD is responsible to organise a system to keep all data and information safe.

Home Visitors will also be asked to sign the organisation's Child Protection Policy.

Principles of practice in home-based family interventions and the basic attitude of the Home Visitor

Tailor made help

No one person or one family is the same. That means that the support of the family needs to **fit into and be adapted to the unique situation and context of the family**. The care given to the family should therefore be flexible and determined by the specific needs of the clients.

Family orientation

Home based interventions involve all members of the family. The work is done from a **systems approach**. The help and support is connected to the environment of the family and takes place **at the home** of the family. At home the Home Visitor has the opportunity to observe the functioning of the family and the interaction between the family members. He/she can provide direct feedback to the parents and the family members can practise new/preferred behaviour in its own context. If possible the network surrounding the family can be used as an important resource for support.

Empowerment

The support focuses on **reinforcing and strengthening competences and skills** of all members of the family. Parents are seen as **experts in their own lives** where as the Home Visitor is the professional expert. This means that the collaboration between the Home Visitor and the parent is one of **dialogue and shared responsibility**. This is called **partnership.**

Basic attitude of the Home Visitor:

When working with families the attitude of the Home Visitor is the main tool to get the family members to change. The Home Visitor should **understand, recognize and acknowledge** that their visit might cause some unease with parents. It is good to explicitly **show understanding** to parents. Parents should feel that they are **taken seriously** and that their side of the story is being listened to and matters. If they feel that their weaknesses are understood and their **strengths** are recognised they will feel much more comfortable and be more collaborative. The Home Visitor **doesn't judge**. It is important to all parents to be **fully informed** about every step of the interventions and that the expectations of the Home Visits are clear to them.

2 This section has been adapted from *Supporting Families for Nurturing Care: A Resource Package for Strengthening Home Visiting Practices by ISSA and UNICEF, 2016*

The basic attitude of the Home Visitor starts with **behaving like a guest** when entering the family home. The Home Visitor **asks permission** for everything he does (i.e. 'is it okay if I sit here?' etc.). By doing this the family will feel **respected** and are therefore more willing to be open to the Home Visitor. When talking to the family members it is very important for the Home Visitor to **pay attention to the use of language**; he/she should not use jargon or labels and make sure the family members understand what you are saying.

Support by the Home Visitor needs to focus on reinforcing and strengthening competences. It also focusses on linking families to supportive family and community networks. If the focus is solely on the problems and the worries, the process will be very discouraging for both the Home Visitor as well as for the family members. The Home Visitor has to **show confidence in the ability of the parents to take matters in their own hands**. If the Home Visitor is able to show this confidence, parents themselves will also start to feel that is possible.

The Home Visitors should complete the **Eco Map** for themselves as part of training. The **Eco Map** could also be used in the first home visit with the families. *See Part 2 of this document for the Eco Map.*

Parents need support, not preaching[3]

- Parents are the child's first educator and they want best for their child.
- Every individual, group, family and community has strengths. Identify, mobilize and respect the resources, assets, wisdom and knowledge.
- All parents have hopes and dreams for their children, but families may differ in how they support their children.
- Ask families what they want for their children, their goals and dreams for them. Work with them to help them realize those goals and dreams. What social and life skills are important for them that their children acquire? What knowledge should they have to be successful as members of their own communities?
- Ask families how they help their children learn certain skills. What do family members know about how to help their children learn certain skills? What do family members know about how to help their children learn?
- Listen to families about what is important to them and explore ways together to help them achieve their goals. Make what is important to them also important to you. Seek out their solutions, as well as provide new ideas to them. All those that support the child's development have equal status, value and responsibility.
- When families do not respond, do not assume that it is because they do not want to. Explore other ways to reach them. Every family is different and will have different ways of communicating, preferred times and places to meet, and their own interests and needs.

Introduce families to each other, mobilise the community

Your main goal is to **help create a support system for the families of the community**. The best outcome is for the **families to support each other in raising their children**, allowing their children **to learn through play**, in order for them to be ready to learn when they are school age.

If families are aware of the importance of play on the development of their child, they can arrange for their children to play together, support each other and new families in the process, and pass on the knowledge on the importance of early play and stimulation.

3 This section has been adapted from *Supporting Families for Nurturing Care: A Resource Package for Strengthening Home Visiting Practices by ISSA and UNICEF, 2016, Early Moments Matter for every child, UNICEF, 2017* and *Strong from the Start – Let's Give Them Wings: Roma Children, Families and the Community, CIP, 2013*

A bridge to other services

As a Home Visitor, you provide information and support to parents of young children to address their individual needs. The families you serve often have many needs, and you cannot address all of them. Therefore, **referrals to other services in the community and further afield** (such as those offering mental health services, child care, and more) are vital for the health and well-being of the families that home visiting programmes serve.

You as the Home Visitor, will be the link for the family to a range of other services provided locally;

acting as a bridge connecting services and the family.

Understanding your community and mapping services

As a Home Visitor it is very useful to **be aware of the most common challenges in the community where you work** (socio-economic status of families, enrollment in education, access to health services, employment rate, etc.), to be able to understand the needs of the families and respond to them appropriately.

Families with complex needs are often least aware **what** services they can use, **where** these are located, and **how** to access them. Also, they may not know what documents they need to present, including referral notes. This is one significant barrier that prevents many families from making use of services they are entitled to. To provide the necessary support to your families, you have to **be well-informed about the type of services available and their scope, the eligibility criteria, and the referral pathways**.

To do this you need to map the available services in the community you are working in i.e. All programmes and services for children, parents and families:

- Health services
- Child care
- Pre-school
- Social welfare
- Child protection
- Employment
- Housing
- Women's safe homes

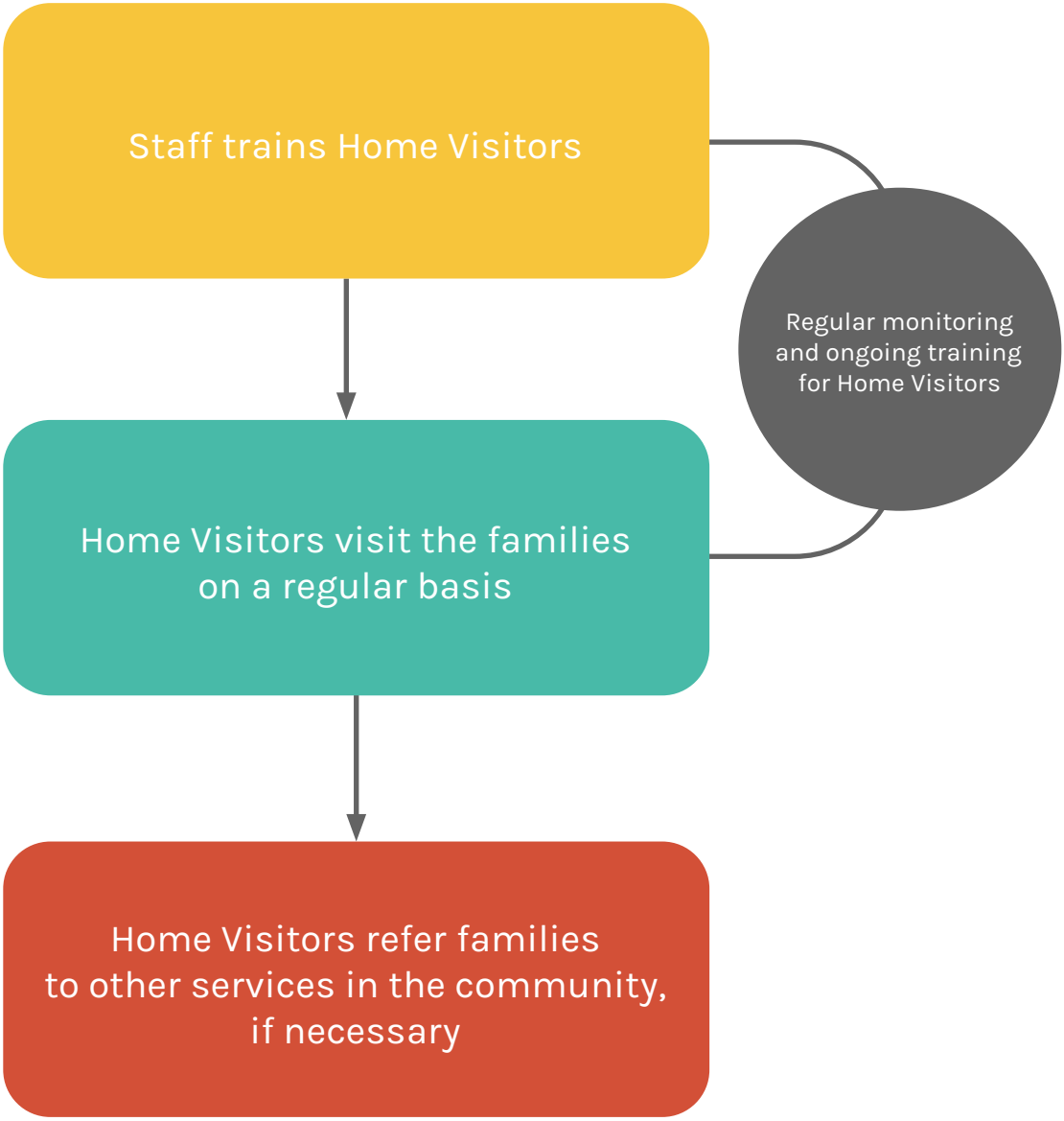
Information can be provided in the form of a map, a handbook, or webpage of local services and programs, with relevant and updated contact information and procedures for referrals. This is an **example of a simple table** you can use to map services in your community:

Service and address	Contact and phone number	Opening days and hours	Types of services	Documents families need to bring to access the service	Primary issues addressed	Comments

One you have a clear mapping of all relevant services in your community, you should identify **effective, individualized referral strategies for the families you work with**. As a Home Visitor you may decide to **contact the service provider on behalf of a family** (warm referrals), or even sometimes **accompany families to service providers**. Please note that you may have to support parents in completing forms in situations where they don't read or write well.

When possible, it is also very useful to be involved in **cross-sectoral working groups** active in your community that meet regularly and share information on local cases and interventions. This will allow you to have direct contact with all services and understand each other's strategies and procedures, while also providing a more holistic support to families in need.

Outline of the programme



Part 2

Home visits in Practice: planning, outlines, do's and don'ts

The home visit programme outlined in the Toolkit is an extension of the Play Hubs and has an important role in promoting the Hubs and reaching out to the most vulnerable families in the community.

The role of the Home Visitor will be to visit families in their own home to guide and motivate parents to play with their children, explain how this supports their learning and development and inform them about the available services in the Play Hubs and more in general.

Home visits are offered by health extension workers who received extra training or trained community facilitators.

The programme foresees **one introduction visit per family** for all targeted families, to assess the home environment and offer support and information to parents and carers. After the introduction visit, families are invited to access the services offered in Play Hubs.

Families considered particularly vulnerable or less likely to go to the Play Hubs, receive further support through a **4-month home visiting trajectory** which includes home visits every two weeks. The final goal of this trajectory is to make sure that also the most vulnerable families eventually become regular visitors at the Play Hubs, where they will be able to be involved in early learning activities for their children, parenting workshops and access basic health services.

Outline of the Introductory Home Visit

The purpose of this visit is to get to know the family and start building a relationship with them. The first visit will help identify the areas of need and figure out the best way to help the family in supporting play, learning and development.

Before the visit

- Phone/visit the family to explain who you are, the purpose of the program, etc
- If they want to participate, set a date and time.
- Pick resources and activities to use during the visit.

During (Takes up to 1 hour):

- **Introduction**: tell the families who you are, talk about the programme and what are they getting from being part of it.
- Discuss aims of the trajectory and of current visit, which is to get to know them and them to know you.
- Bring the families a 'present' they can use to play with their baby like a colourful blanket to play on the floor.

This visit is very important to from a bond with the families, this is where they start trusting you.

- Enquire about infant/child wellbeing, the relationship between the family and who is the principal caregiver
- Decide which questionnaire you will use to get to know them (antenatal or postnatal).
    - In both interviews remember to enquire about maternal wellbeing and the wellbeing of other members of the family.
- Talk to them about Info Card 1: What is child development?, Info Card 2: What happens in the womb can last a lifetime, Info Card 3: Breastfeeding and Early Childhood Development and Info Card 4: Why focus on the first 3 years of life?
- Discuss the activities you will be doing in this first interview.
- **Always:** Observe the parent handling the infant/child, engage the play activities with the parent and child, comment on **positive aspects** of the handling and how they interact with the baby.
    - Ask if they have any questions for you
- To end the visit: Review and agree areas covered and goals for next visit
- Agree on actions (e.g. referral to other service)
- Leave any relevant material
- Agree on date/time of next appointment

After:

- Document actions within family records on your own notes
- Follow-up

Below you can read some suggested questions for the first visit. Choose between the ante-natal or post-natal interview.

Remember:
when you're interviewing the parents, do it in a respectful, non-judgmental and flexible way. Encourage and empower mothers and fathers to find solutions that work for them, **using their strengths and their support networks**, and offering support to implement their decisions through guidance and coordination with local services.

First Interview Suggestions – Antenatal Questionnaire

Antenatal interview with parents/caregivers should include the following topics:

1. Your feelings about your pregnancy
    - How did you feel when you learned that you are pregnant?
2. Your friends and family
    - How your family and friends reacted when they learned that you are pregnant?
3. Changing family life & relationship
    - How do you think the arrival of the baby will affect your relationship with your partner?
4. Looking after yourself & your baby
    - How do you feel about yourself now?
5. Your unborn baby
    - How do you feel when you think about your baby?
    - What are the things that you enjoy, and the thinks that worry or upset you?
    - What do you think how your baby is going to look like.
6. Your labour & your baby's birth
    - What are you doing to prepare for the labour?
    - What kind of support you need?
7. Becoming a mom/dad, becoming parents
    - What becoming mommy/daddy for you means personally?
8. Caring for your baby
    - What is your experience until now about taking care of babies?
9. Your circumstances & community
    - Do you know what is available locally for young moms and dads?
10. Recent & life events
    - How are things going in general for you these days?
    - What's going well and good for you at the moment?
11. Your priorities, plans & support
    - Is there anything that you would like to change or improve before your baby is born?

Source: Supporting Families for Nurturing Care: A Resource Package for Strengthening Home Visiting Practices by ISSA and UNICEF, 2016

First Interview Suggestions - Postnatal questionnaire

Post-natal interview with families with new born babies should include the following topics:

Your labour, birth & recovery?

- **How do you feel?**

1. Do you think that you are feeling strong and healthy?
    - Your emotional wellbeing
    - How do you feel?
    - Are you happy and content?
    - Is there something that worries you?
2. Becoming a mom, dad & family
    - How do you feel as a mom or dad?
3. Your family & friends
    - What are the main reactions among your family members related to the birth of the child?
4. Your baby's development
    - How is your baby doing?
    - In what ways has s/he changed and developed since s/he was born?
5. Caring for your baby
    - How is the feeding going?
    - How is your baby sleeping?
    - How are you coping with sleepless nights?
    - How do you cope when your baby cries a lot or is difficult to settle?
6. Baby cues, getting to know the baby
    - What have you learned about your child until now?
    - What kind of person is s/he?
7. Your circumstance & community
    - Do you use services available in the community?
8. Recent & past life events
    - How are things going for you these days? What's going well and good at this moment?
9. Your priorities, plans, support
    - Who is around you to help?
    - Do you need any additional help?

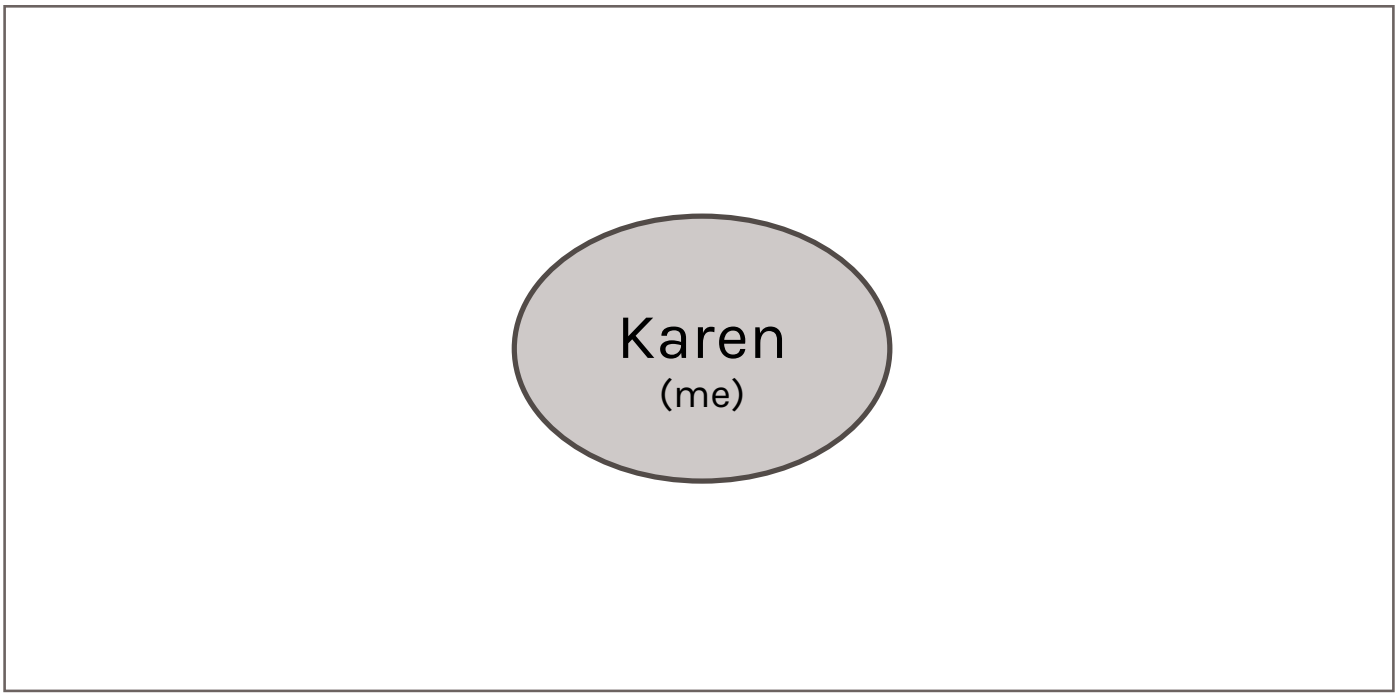
Source: Supporting Families for Nurturing Care: A Resource Package for Strengthening Home Visiting Practices by ISSA and UNICEF, 2016

EcoMap[4]

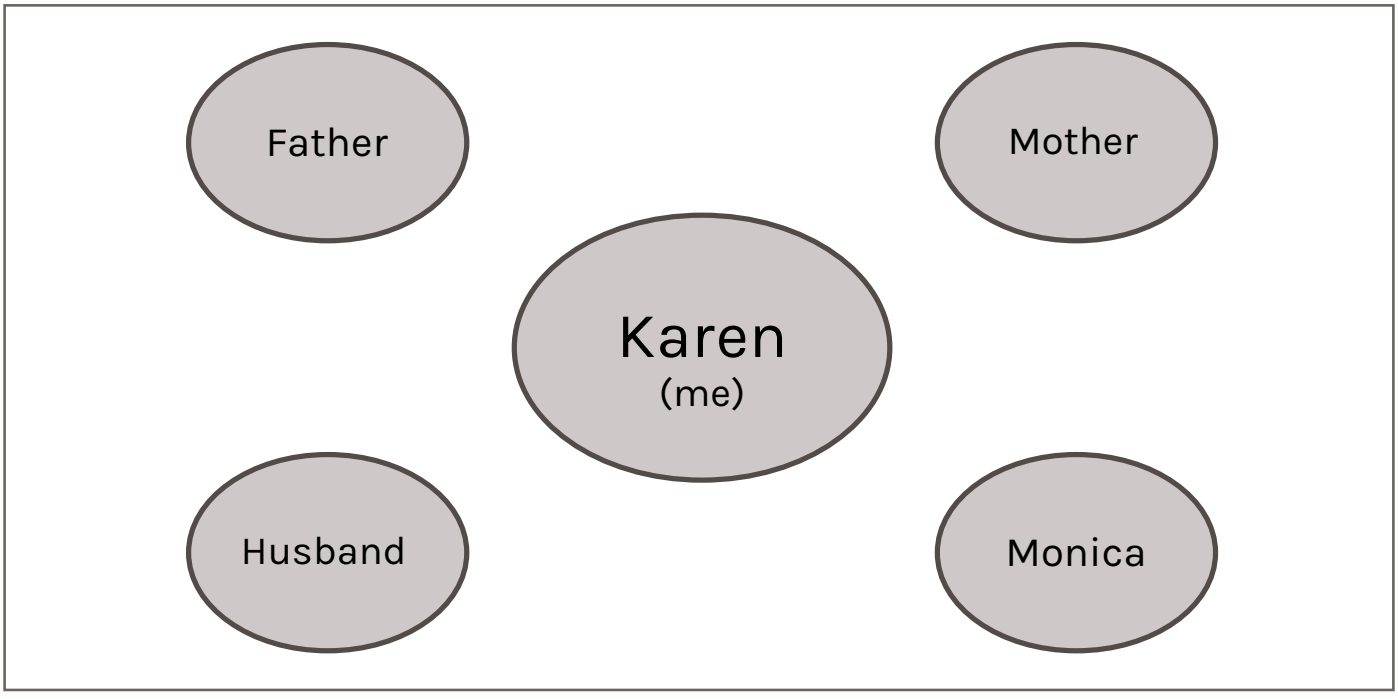
This is an exercise Home Visitors can do with parents and carers during the first home visit to identify their support network. It is recommended that Home Visitors try this exercise themselves during training before using it with families.

Drawing your own Eco Map:

Take a blank sheet of paper and draw a circle at the centre and write your name.



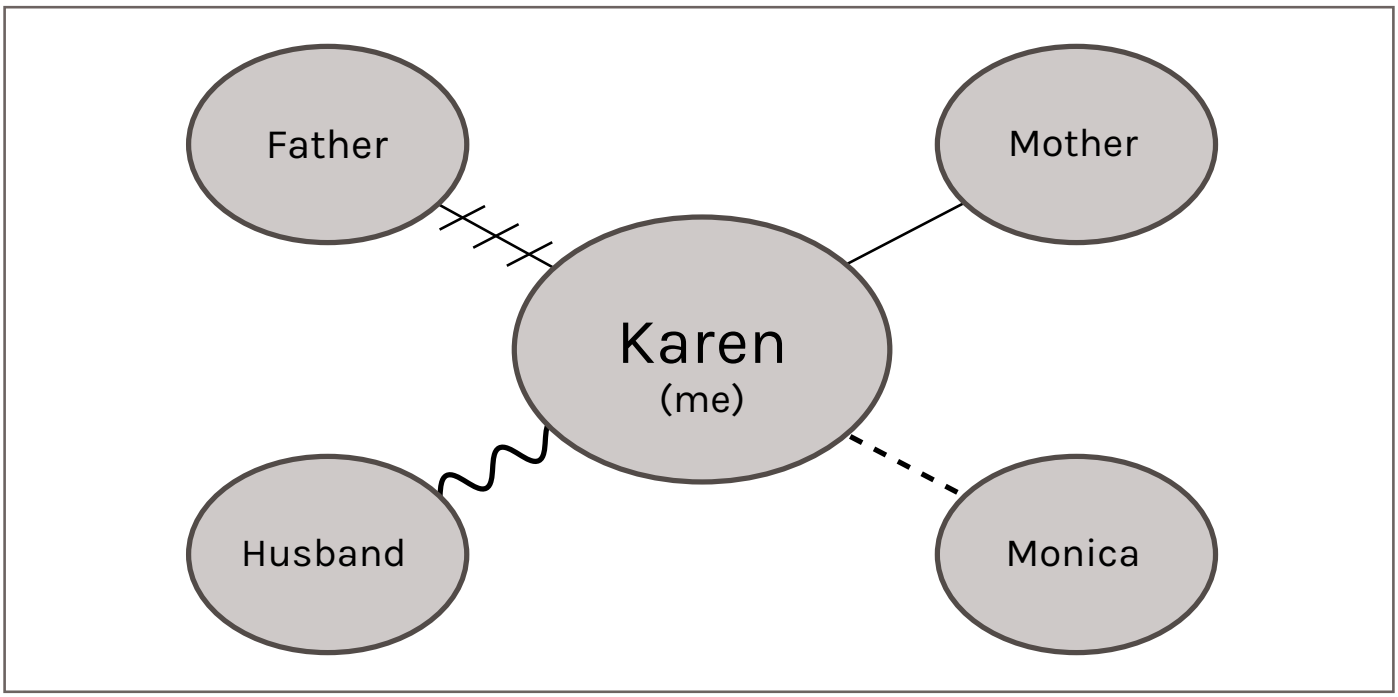
Draw circles on the outside to illustrate other people in your life;
for example your partner, children, parents, siblings, neighbours, friends etc.



4 *Source:* Supporting Families for Nurturing Care: A Resource Package for Strengthening Home Visiting Practices by ISSA and UNICEF, 2016

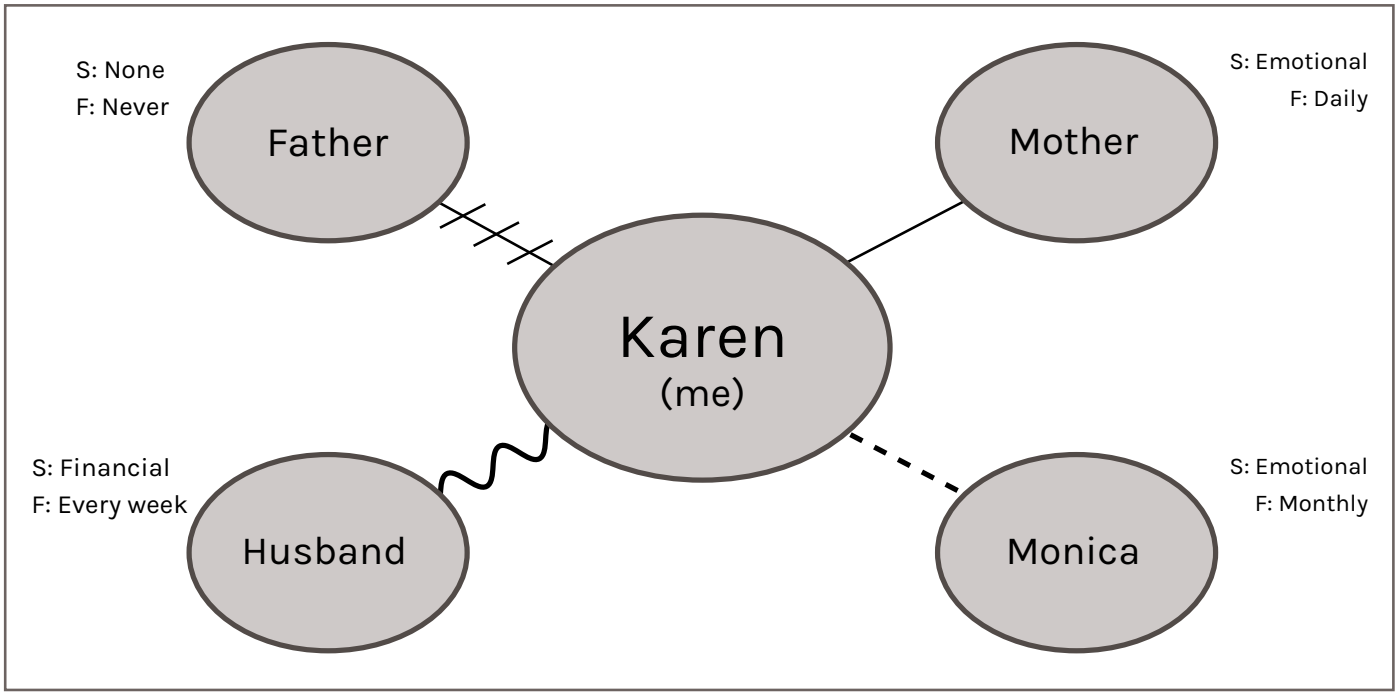
Draw a line between the circles and your own circle.
The line represents the kind of relationship you have with the person on the circle:

- **Strong:** solid straight line
- **Stressful:** a wavy line
- **Weak:** a line with dashes
- **Broken:** a line with strikes



Beside each line, write your connection with them:

- **S:** support provided by this person (emotional, financial, practical, etc.)
- **F:** frequency of support (every day, every week, etc.)



Note: If the family cannot write, you can simply draw the people and discuss the S (support) and F (frequency) verbally.

Follow-up or not?

The programme foresees **one introduction visit per family** for all targeted families, to assess the home environment and offer support and information to parents and carers. After the introduction visit, families are invited to access the services offered in Play Hubs.

Families considered particularly vulnerable or less likely to go to the Play Hubs, receive further support through a **4-month home visiting trajectory** which includes **bi-monthly home visits**. The final goal of this trajectory is to make sure that also the most vulnerable families eventually become regular visitors at the Play Hubs, where they will be able to be involved in early learning activities for their children, parenting workshops and access basic health services.

Outline of the Follow-up Visits

Before the Visit:

- Phone/visit the family to and remind them when the next appointment is.
- Pick resources and activities to use during the visit.

During *(takes up to 1 hour)*:

- Quick introduction (remind them who you are, the purpose of the program).
- Discuss aims of the current visit.
- Enquire about infant/child wellbeing, the relationship between the family and who the principal caregiver is.
- Enquire about maternal wellbeing.
- Ask questions about issues such as nutrition, breastfeeding.
- Enquire about wellbeing of other families.
- Discuss activity for the parent to engage in to assist with child's development.
- Observe the parent handling the infant/child.
- Engage the play activities with the parent and child. On two visits, is suggested that you help the family to build a Do It Yourself Toy (possible in visit 4 and 6, see visits schedule).
- Ask if they have any questions for you.
- Review and agree areas covered and goals for next visit.
- Agree on actions (e.g. referral to other service).
- Talk about the Play Hubs, all the activities that are taking place in there so the families will want to go and check them out.
- Leave any relevant material.
- Agree on date/time of next appointment.

After:

- Document actions within family records on your own notes.
- Follow-up.

Outline of the Final Visit

Before the visit:

- Phone/visit the family to remind them of the visit. Be sure to remind them that this will be the last visit.
- Pick resources and activities to use during the visit.

During *(takes up to 1 hour)*:

- Introduction
- Discuss aims of the current visit and remind them that this is the final visit.
- Enquire about how the family is doing, what they are practicing from your last visit.
- Ask them about the visits in general, did they like it? What would they change? Etc.
- Do an evaluation activity with the parents to see if they liked and learned from the visits. Ask them:
    - How did they feel with the visits?
    - Do they think that they need more support from you?
    - Would they be attending the Play Hubs?
    - What more do they need from you? More visits?
    - Do they feel that the home visits helped them to bond with their child?
- Observe the parent handling the infant/child
- Engage the play activities with the parent and child
- Ask if they have any questions for you
- Remind them about the Play Hubs and how they are a great opportunity to keep improving their child's development. Encourage them to go.

Suggested Visits Schedule (4 months)

Each visit must include:

- Introduction (10 minutes): Welcome and greetings, discussion on how the family and child are doing, and activities over the past week.
- Activities: Play session consisting on two activities one per domain, selected according to age of the child (15 min per activity, 30 min total).
- Reflection on activities and behaviours and questions or struggles (10 minutes).
- Planning next visit and good byes (5-10 minutes): At the end of the visit provide feedback to the caregiver and establish a goal for the upcoming two weeks before saying goodbye. Remember to invite them to the closest Play Hub.

Remember:
throughout the whole visit observe and chat with the caregiver. Provide encouragement and guidance.

Month	Visit	Objectives
Month 1	Introduction Visit	Know the family and start building a relationship with them. Identify areas of need
	Visit 2	Promote language and cognitive development of the child.
Month 2	Visit 3	Promote physical and cognitive development of the child. Strengthen your relationship with the family.
	Visit 4	Increase the bond between mother/caregiver and child through today's activities. Do one 'Do It Yourself Toy' with the families, with materials they have close by.

Preparation	Suggested Activities	Principal domains addressed
Get familiar with the 'Home Visiting Toolkit' Training for the home visits.	**0 – 6 months** A1: The Smiling Activity A5: Tummy Time	Social and emotional Physical development
	6 – 12 months B2: Snuggle with your child B5: Floating Catch Game	
	12 – 36 months C1: Cook Together C7: Up and Over	
Review last session's notes and findings. Read the activities planned for this visit and gather the necessary material. Review the Info Cards relevant to the subject of this visit.	**0 – 6 months** A9: Pointing Power A13: Tracking Activity	Language Cognitive development
	6 – 12 months B9: Naming Body Parts B13: Peek-a-boo	
	12 – 36 months C9: Pretend Play C13: Hide and Seek	
Review last session's notes and findings. Read the activities planned for this visit and gather the necessary material. Review the Info Cards relevant to the subject of this visit.	**0 – 6 months** A1: The Smiling Activity A5: Tummy Time	Social and emotional Physical development
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	12 – 36 months C1: Cook Together C7: Up and Over	
	0 – 6 months A9: Pointing Power A13: Tracking Activity	Language Cognitive development
	6 – 12 months B9: Naming Body Parts B13: Peek-a-boo	
	12 – 36 months C9: Pretend Play C13: Hide and Seek	

Month	Visit	Objectives	
Month 3	Visit 5	Contribute to the child's physical and language development.	
	Visit 6	Promote the child's social, emotional and cognitive development. Guide and empower the mother/ caregiver in the activities, so she will have more initiative and eventually can do all the activities alone. Do another 'Do It Yourself Toy' with the families, with materials they have close by.	
Month 4	Visit 7	Contribute to the child's physical, social and emotional development. Continue to guide and empower the caregiver so they can be in charge of the activity once you're not visiting them	
	Visit 8	Promote cognitive and language development.	
Month 5	Final Visit	End the visits and refer the families to the Play Hub.	

Preparation	Suggested Activities	Principal domains addressed
Review last session's notes and findings. Read the activities planned for this visit and gather the necessary material. Review the Info Cards relevant to the subject of this visit.	**0 – 6 months** A7: Kicking Activity A11: Talking Activity	Physical Language development
	6 – 12 months B7: Move around B11: Rhyme time	
	12 – 36 months C6: Toddler Beading C11: Song-versations	
	0 – 6 months A4: Ride with me A15: Fingers and toes	Social and emotional Cognitive development
	6 – 12 months B3: Feeding your memory with love B15: Disappearing toy game	
	12 – 36 months C3: Nature's paint brushes C15: Treasure Box	
Review last session's notes and findings. Read the activities planned for this visit and gather the necessary material. Review the Info Cards relevant to the subject of this visit.	**0 – 6 months** A2: Massage A8: Roll Over	Physical Social and emotional development
	6 – 12 months B4: Mimic B8: Touch it, Hold it, Bang it	
	12 – 36 months C4: Arts and Crafts C8: Fast-Slow Race	
	0 – 6 months A12: Sing Activity A16: Sounds all around	Cognitive Language development
	6 – 12 months B12: Space Explorer B16: Stacking Activity	
	12 – 36 months C12: Puppet Game C16: Block Basketball	
Review your notes on the visits you did in the last 4 months. Prepare materials for this final visit.	Do evaluation activity: Suggested questions: 1. How did they feel with the visits? 2. Do they think that they need more support from you? 3. Would they be attending the Play Hubs? 4. What more do they need from you? More visits? 5. Do they feel that the home visits helped them to bond with their child? **Tip:** *They can draw or paint how they feel.*	NA

Mentoring:

Types of mentoring, benefits and suggested outline of mentoring programme.

What is mentoring?

Mentoring is an important part of good, professional practice. It provides a framework of support for continuous personal and professional development and is integral to the development of quality provision within any programme.

What do mentors do?

- assist in the transmission of knowledge and skills.
- encourage community facilitators, Play Hub staff, home visitors, educators, teachers, assistants to develop reflective practices, that deepen understanding and promotes critical thinking
- encourage community facilitators, Play Hub staff, home visitors, educators, teachers, assistants to analyze and think about their pedagogical practice with children and families.
- support community facilitators, Play Hub staff, home visitors, educators, teachers, assistants to find solutions to their own identified needs fostering a mindset of continuous improvement.
- helps community facilitators, Play Hub staff, home visitors, educators, teachers, assistants to develop a professional development plan, carry it out and evaluate it.

Types of mentoring

There are several types of mentoring:

- Traditional mentoring: One to one. This can include a more senior person mentoring a community facilitator, Play Hub staff, home visitor, educator, teacher, assistant who is junior in the organisation or who is less experienced.
- Group mentoring: One mentor with several community facilitators, Play Hub staff, home visitors, educators, teachers, assistants (max 4).
- Team mentoring: Several mentors working with small groups of community facilitators, Play Hub staff, home visitors, educators, teachers, assistants (max 4 per mentor).
- Peer mentoring: Mentoring between community facilitators, Play Hub staff, home visitors, educators, teachers, assistants of equal status and experience.

Mentoring can take place through face-to-face meetings, telephone contact or e-mail and the Internet (Telegram/ Whatsapp learning circles). Mentors ask open-ended questions that help community facilitators, Play Hub staff, home visitors, educators, teachers, assistants to reflect on their practice and about what is working or not working in the Play Hubs and home visits.

Community facilitators, Play Hub staff, home visitors, educators, teachers, assistants can also be encouraged to reflect on real-world scenarios from their practice. This is particularly effective when done in groups of peers.

It is also important for mentors to reflect on their own mentoring practices (individually and in small peer groups), what is working well and how they can improve them.

Benefits of mentoring

Mentoring benefits community facilitators, Play Hub staff, home visitors, educators, teachers, assistants, mentors, and the services they work in, which in turn provides better outcomes for children and families.

Table 1: Benefits of mentoring

Benefits to facilitators/assistants/teachers/educators

- increased capability
- access to mentors' knowledge and experience
- strengthened skills of reflective practice and self-directed learning skills development
- increased professional and personal confidence
- greater collaboration between the facilitators/assistants/teachers/educators and the workplace
- increased commitment through feeling valued and supported
- increased capacity to deliver positive outcomes for children and families.

Benefits to mentors

- personal and professional development
- new insights and knowledge
- development of leadership skills
- increased commitment through feeling valued and supported
- greater collaboration between the facilitators/assistants/teachers/educators, mentor and the workplace
- increased capability to support professional development in individuals, organisations and across the sector.

Benefits to services (Play Hubs/home visits)

- resilient individuals and organisations in times of rapid change
- increased capacity for leadership
- more effective resource management
- better collaborative performance
- sharing of good practice and knowledge transfer within and across organisations
- better staff retention
- good preparation for succession planning and long-term talent management
- increased capacity as a learning community
- a cost-effective solution to the sector in a time of shrinking resources
- integration of other key processes, for example self-evaluation, reflective practice, feedback and listening skills.

Quality of good mentors

Suggested outline of mentoring programme

Mentors will meet their groups (community facilitators, Play Hub staff, home visitors, educators, teachers, assistants) **every month** and organize a **3-hour meeting** with the following layout:

- Check well-being of staff, anything to report, anything special happened during the past 4 weeks (positive and negative).
- Provide feedback and/or advice.
- Ask staff to share their 'cases/stories'.
- Do group reflection exercise (select a case, pose a learning question, group asks questions to clarify case without interpretation or judgment, look at the case from different perspectives using glasses of various actors involved, give advice)[5].
- Discuss together a short video of a young child playing alone or with other children or with an adult. Videos made by staff or found on the internet are both fine.
- Role-play one activity card from the toolkit, as it was done during training.

For more information, please check **Module 17: Supervision - Supporting Professionals and Enhancing Service Quality** from UNICEF and ISSA (2022) Supporting Families for Nurturing Care: Resource Modules for Home Visitors.

5 https://sites.arteveldehogeschool.be/wanda-en/node/31 and https://sites.arteveldehogeschool.be/wanda-en/sites/sites.arteveldehogeschool.be.wanda-en/files/ppt_wanda_in_practice.pptx

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