

Safety Protocols for Home Visits

Risk Assessment

In many midwifery jurisdictions across Canada, midwives typically offer home visits, especially to people who want to have a home birth. Home visits are an appealing part of midwifery care and are associated with long-term positive effects on the birthing person and child. Research also suggests that home visits are effective in reducing intimate partner violence (IPV) in the immediate period of experiencing abuse. People experiencing IPV may require more complex care, including more frequent visits.

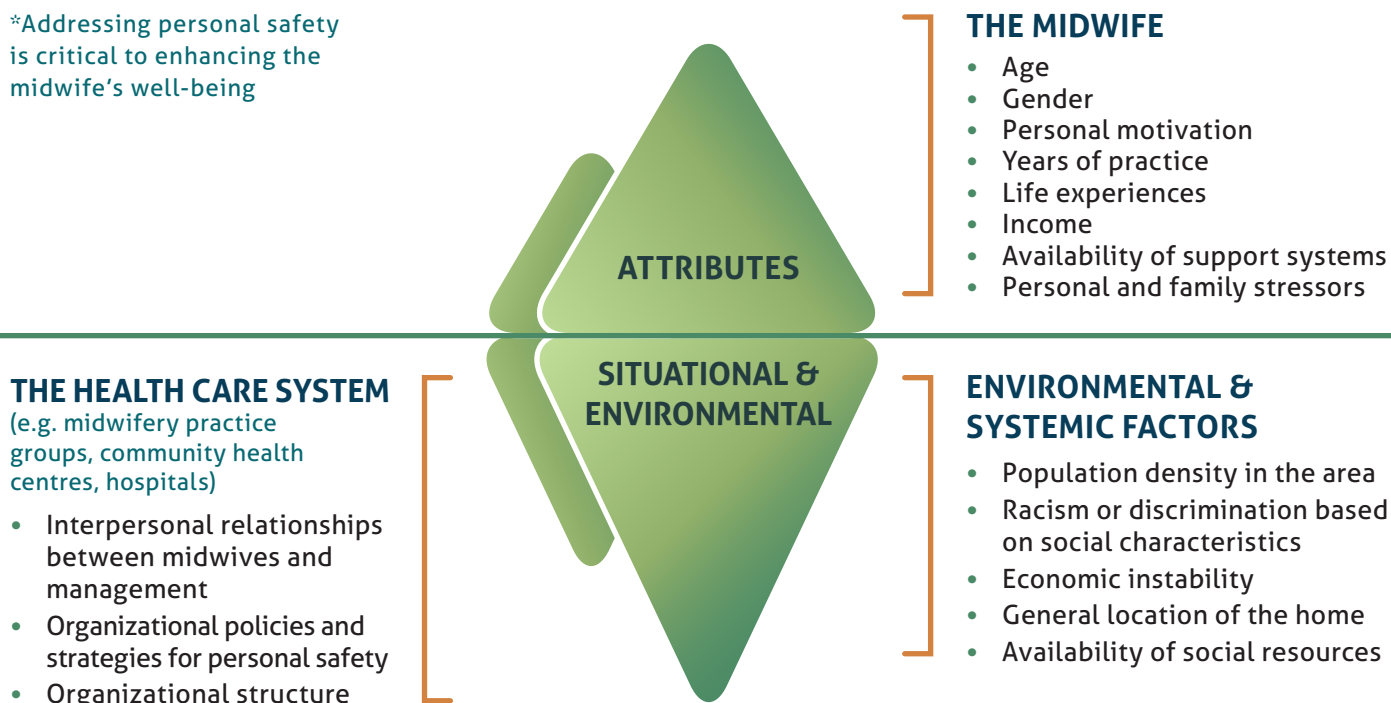
Despite the benefits of home visits, they can also pose risks for workplace harassment and violence. Understanding these risks can help determine strategies to ensure a midwife’s well-being and the delivery of effective midwifery care.

According to research in the nursing profession, risks associated with home visits are influenced by a health care provider’s social location as well as systemic and environmental contexts.

ASSESSMENT OF RISK

FACTORS INFLUENCING THE LEVEL OF HOME VISIT RISKS*

*Addressing personal safety is critical to enhancing the midwife’s well-being



*adapted from Kendra and George, *Cognitive-Perceptual Model of Defining Risk in Home Visiting* (2001)

Many Considerations

CULTURAL CONSIDERATIONS

Midwives need to approach care in a culturally sensitive manner to prevent harm. This requires understanding your social or cultural privilege as a midwife compared to your clients'. Systemic inequalities impact how clients interact with and experience the world. Systemic barriers influence the needs and presenting issues of clients. Being culturally sensitive involves appreciating the unique context of each client and practicing ongoing self-reflection.

Culturally appropriate practice means understanding:

- Religious traditions and practices to determine when and where visits are held.
- How to engage respectfully with culturally and linguistically diverse families.
- Gender dynamics and finding out who typically participates in discussions (such as family decision-makers).
- Some families may not feel comfortable having practitioners in their homes due to fear or suspicion of authorities and government officials. This may be a result of harmful migration experiences or other professional interventions. When possible, a midwife from the community or a cultural advocate should also attend home visits.
- It is important to use different approaches and strategies. This includes understanding verbal and non-verbal cues.
- An interpreter may be needed if English is not a parent/caregiver's first language.
- It is important to carefully select interpreters to maintain client confidentiality. Make sure interpreters are not from the family's local community or part of the client's own family. If they are, use tele-interpreters instead.
- Seeking cultural advice on the best approach will help to build rapport.

REFERENCES:

- Al-Yaman, Fadwa, et al. *Family Violence among Aboriginal and Torres Strait Islander Peoples*. 2006, www.aihw.gov.au.
- Family Violence Prevention Fund, US Department of Justice. *Advocacy Matters: Helping Mothers and Their Children Involved with the Child Protection System*. Government of British Columbia. *The B.C. Handbook for Action on Child Abuse and Neglect: For Service Providers*. 2017, www2.gov.bc.ca.
- Holmes, Cindy, and Sarah Hunt. *Indigenous Communities and Family Violence: Changing the Conversation*. National Collaborating Centre for Indigenous Health, 2000, <https://www.nccih.ca/docs/emerging/RPT-FamilyViolence-Holmes-Hunt-EN.pdf>. Accessed 10 March 2023.
- Sabri, Bushra, et al. "Safety Planning With Marginalized Survivors of Intimate Partner Violence: Challenges of Conducting Safety Planning Intervention Research With Marginalized Women." *Trauma, Violence, and Abuse*, vol. 23, no. 5, SAGE Publications Ltd, 1 Dec. 2022, pp. 1728–51, doi:10.1177/15248380211013136.

INDIGENOUS COMMUNITIES

Indigenous families may fear or distrust health care provision, especially in the home setting. This mistrust could stem from Canada's history of colonization, dispossession, genocide, and practices such as segregation and assimilation. The resulting intergenerational trauma as well as ongoing colonial practices continue to impact Indigenous people, families, and communities.

Understanding the family, community and cultural context, and ongoing learning about the root causes of presenting issues will help midwives approach care appropriately. When working with Indigenous communities, it is important to form relationships and establish cultural safety before home visits can occur. Maintaining respectful ways of relating and being aware of power imbalances in the client-midwife relationship is a critical part of creating cultural safety.

POLICIES, PROTOCOLS AND PLANNING

All midwives, staff, and students should be trained on their risk assessment policies and protocols to ensure they are practiced consistently.

When a risk is identified, a home visit safety plan should be created and adapted as necessary to reduce or minimize that risk.

When the risk is considered too great or can't be reduced through precautions, the midwife should develop an alternative plan with their team's support. The alternative plan should be in place until the risk is minimized, such as when conditions change, or appropriate support is available.

Appropriate support may include being accompanied by another midwife, changing the day or time of the visit, changing the site of the visit to a safer venue, or postponing the visit.