



APRIL 2017

IDENTIFYING, PRIORITIZING AND ADDRESSING CLIENT NEEDS: STRATEGIES FOR HOME VISITORS

Prepared By:
P. Amina Alio, PhD

University of Rochester Medical Center, NYS Maternal & Infant Health Center of Excellence

265 Crittenden Blvd, Rochester, NY 14642 – Tel: 585-276-7893 – Fax: 585-461-4532
mihcoe@urmc.rochester.edu – www.mihcoe.org

Identifying, Prioritizing and Addressing Client Needs

Community Health Workers from the Maternal and Infant Community Health Collaborative (MICHC) programs and Home Visitors from the Maternal, Infant, and Early Childhood Visiting (MIECHV) programs exclusively work in community settings among primarily disadvantaged and vulnerable populations. For simplicity in the rest of this report, the staff from these programs will be referred to as Home Visitors. While interacting with their clients, Home Visitors often encounter individuals with multiple and complex needs ranging from lack of access to health care to social, economic and behavioral issues. Some of these needs may fall within the scope of their roles and training, but other concerns may require referrals to clinical care providers or other resources.^[1,2,3] This brief report highlights evidence-based and promising strategies to assist Home Visitors in identifying, prioritizing and addressing the multiple needs of the women and families they serve.

Existing care prioritization or triage protocols are primarily designed for trained health care workers or licensed social workers. This process of prioritization of client needs can be overwhelming, even for trained health or social service staff working in high need communities. For Home Visitors, it is even more challenging because they are not trained for, and not expected to conduct medical screenings or be able to identify specific health conditions. In addition, the process of prioritizing needs is continuous as clients' status change: pregnancy or recent delivery, relationship status, living conditions, employment status, to name a few.

The training and skills typically required for these decision-making processes are sometimes outside of the training and job scope of Home Visitors. Despite this, Home Visitors can be trained to serve as the initial contact for prioritizing the multiple needs of their clients. The following guidelines for use by Home Visitors have been adapted from nursing triage protocols and strategies, client engagement approaches, and strength-based models.

Approaches and Models

To maximize the potential of Home Visitors' role, it is important to train them in the 'soft skills' of relationship building. Such skills are key to working with vulnerable clients and building their confidence and self-efficacy towards optimal health for themselves and their families. Training in client engagement, motivational interviewing, self-determination, and strengths-based approaches is important for Home Visitors as they work with clients to identify, prioritize and address needs.

Client Engagement:

Identifying strengths and needs is a collaborative process between the Home Visitor and the client, as both have knowledge that, when shared and discussed, can provide the bigger picture of the client's situation. Client engagement, similar to the concept of community engagement, is important for the process of identifying client needs and has several benefits. First, it communicates to the client that they are experts in their own life. Much research has shown that people living in poverty may internalize the stereotypes of others perceiving them to be "*weak,*" "*unmotivated,*" "*lazy,*" and so on.^[4] By engaging them in the process, Home Visitors are indirectly addressing potential self-doubt or lack of autonomy, or any perception from the client that the Home Visitor is there to simply "*tell her what she's doing wrong and what she needs to be doing right.*" Secondly, it shows that the Home Visitor has respect for the client by seeking her input, a component which is important for building relationships based on trust. Thirdly,

engaging the client in identifying strengths and needs can help build a two-way communication pattern that will help with future processes such as prioritizing and setting goals for addressing those needs.

Motivational Interviewing:

A practical skill for Home Visitors, motivational interviewing can be helpful in the process of identifying, prioritizing and addressing client needs. The 5 principles of motivational interviewing are ^[5]:

1. **Express Empathy** towards the client to show acceptance and build rapport.
2. **Develop Discrepancy** to enable the client to recognize that her present situation does not necessarily fit into her values, and what she would like in the future, and what changes she can make to address the discrepancy between her reality and her hopes.
3. **Roll with Resistance** to prevent a breakdown in communication between Home Visitor and client; allow the client to explore her views.
4. **Support Self-Efficacy**, an important component of change: when clients believe they have the ability to change, it is more likely that they will make the changes.

Self-Determination:

The Self-Determination Theory is a theory of motivation and personality that addresses the universal psychological needs of ^[6]:

1. **Competence** – to seek to control the outcome and become the expert;
2. **Autonomy** – the universal urge to be in control of one’s own life and act in harmony with one’s self, while recognizing that this does not mean to be independent of others; and
3. **Relatedness** – the universal desire to interact, be connected to, and experience caring for others.

This theory suggests that there are two main types of motivation: external and internal. With external motivation, a person tends to do something because they will obtain some form of reward or benefit; whereas motivation that comes from within, from feeling that they have the competence, the autonomy and the relatedness necessary, is much more powerful and resulting changes are more long-term.

Strengths-Based Approach:

An important step during the conversations on client needs is for the Home Visitor to also engage the client in identifying her strengths, including the resources available to her. The client’s environment is often one where the needs and negative aspects of her situation are more obvious and numerous. It is therefore empowering for the client to be asked about her resiliency, her individual, household, family, friends/neighbors, and traditional/non-traditional community strengths that have helped her survive and overcome various barriers. These strengths can include:

- **Individual strengths** – a positive attitude towards life/happy demeanor; having quit smoking or stopped other unhealthy behaviors; being a good mother; trying to eat healthy even though it’s tough due to the environment and the cost; having a particular skill; and so on.
- **Household or family strengths** – having a supportive family; having access to a family member or friend to babysit; having a family member with a car who provides occasional rides; and so on.
- **Neighborhood or friends** – having friends and/or neighbors who help with babysitting, transportation, emotional support, and so on.

- **Community Strengths** – resources available, common activities, general atmosphere (people are friendly, watch out for each other, etc.).

The strengths-based practice views the client as having potential and power, rather than being at risk^[7]. It is a positive approach that highlights opportunities, hope and solutions. Similar to the client engagement approach, the Home Visitor and the client become partners in identifying client strengths and needs. The main principles are^[8]:

- Despite life's problems, everyone has strengths;
- Emphasizing strengths is an important motivation for behavior change;
- Strengths can only be identified through partnership;
- Focusing on strengths shows how the client managed to navigate the system, life in general, despite many barriers and challenges;
- All environments and situations contain strengths; and
- Failure to demonstrate a skill should first be viewed as an opportunity to learn the skill, as opposed to a problem

Within this framework, working with and engaging clients in identifying their strengths and resources must happen early on in the Home Visitor / client relationship. By building on the strengths and the factors that makes a client and her family strong, the relationship becomes based on respect and trust. Research conducted in child welfare and family services have found that a strengths-based approach positively influences client engagement in a program^[9,10,11], client empowerment, and increases competency.^[9,12] It is important to note that in the studies, the most common challenge to client engagement and strengths-based approaches was the limited time that some Home Visitors have to spend with their clients. Maternal and infant health programs should therefore be aware of the importance of these approaches while managing time available for home visits.

Identifying Client Needs

Although the evidence reports that the first step in building relationships with clients is to engage them in conversations about their strengths and resources, the end goal of the Home Visitor is to identify clients' needs to be addressed to maximize health outcomes for the mother and current or future child. Various health, social, economic or other needs are likely to come up during the conversations on clients' strengths and resources. However, Home Visitors should probe for additional needs not mentioned, or issues that they have noticed: perhaps the woman smokes or is obviously living with someone who smokes, for example. Because partnership is a two way street, the client is not the only person with the knowledge about their own needs: the Home Visitor, who has had some training on healthy behaviors or environments appropriate for women and infants, may also identify areas of needs that the client may not have thought of. Essential to this process, as the strengths based and the client engagement approaches suggest, is the methods by which the needs, problems, difficulties, unhealthy behaviors, and so on, are discussed. This collaborative effort also builds the client's sense of competency and autonomy, as an individual who is knowledgeable and does have some control of the process.

A problem, weakness, or difficulty should be identified honestly and genuinely (for example: don't pretend it's not a problem when it is; don't treat as if it's not a big deal if the problem is severe); however, the Home Visitor can highlight that the problem is an opportunity for learning and improving the mother's competence in caring for her infant's health and well-being. For example, for the mother who smokes, the Home Visitor can provide information on why it is important for the client to learn about the impact of second hand smoke on the pregnancy or child, as well as her own health. The Home Visitor would point out that she could provide information and opportunities for the mother to learn how to quit smoking for her and her baby's benefit. Or perhaps if a mother is in her second trimester but has not yet sought prenatal care, emphasize the importance of early prenatal care while explaining that it is better late than never and she will help her find a clinic or obstetrician that is accessible and takes her insurance. The Home Visitor can draw upon previously mentioned strength to help with the solutions:

"I understand daycare or babysitter can be expensive; you had mentioned before that the children's [father, grandparent, uncle...] has always been very helpful, do you think he/she would be able to watch the kids while you go to your appointment? If you find out what morning or afternoon they can help, perhaps the clinic could try to give you an appointment during that time? It's really great that you have good people that are helpful. That's a blessing."

Prioritizing Client Needs

Often, client needs are numerous and some might even be equally important. Given the limited time and resources available to address all needs immediately, the Home Visitor is often obliged to decide which needs to address first. There are tools and models to assist the Home Visitor in this process. Each need, though important, may have to be addressed based on the urgency: some need to be addressed immediately, some within a short timeframe, while others are more long term processes.

When meeting clients, the Home Visitor has the responsibility to address emergencies. These are usually defined as **situations that place the client or a member of their household in immediate danger of harm to self or to others**. These safety-related needs are to be reported to the appropriate institution. The first step is to ensure the Home Visitor's personal safety, and then address client's or household's safety, as the situation calls for. Though not the norm, these emergency situations can happen and the Home Visitors should be prepared and trained to deal with them.

Most needs identified by clients are urgent in the short or long term. Short term needs are usually related to issues such as access to health care (obtaining health insurance, obtaining prenatal care, identifying

Tips for Home Visitor to identify, prioritize and address the needs of clients:

- 1) Engage the client in identifying their strengths and resources
- 2) Work with the client to identify their needs, beginning with ensuring access to health care;
- 3) Work with the client to identify their most pressing health, social, economic, or behavioral needs to be addressed;
- 4) Address each problem as an opportunity for learning and improvement;
- 5) Highlight client strengths that may help address aspects of their most pressing need(s);
- 6) Provide information, assistance and referrals for health, social, economic and behavioral needs;
- 7) Follow-up with clients: reinforce use of their own strengths, ask about outcomes of referrals and potential barriers;
- 8) Monitor for any changes and additional needs that might arise

places for health care) or socio-economic needs (enrolling in family assistance program, finding appropriate housing). Behavioral issues (smoking, physical activity) and the management of chronic illnesses (diabetes, hypertension) are important but can be addressed on a more long term basis.

Examples of emergencies to be addressed immediately.

A Home Visitor meets with a client in her home and finds that:

- 1) The client is sweating, breathing heavily and in pain. She tells the Home Visitor that she is 7 months pregnant and is feeling pain in her abdomen. What should the Home Visitor do?
 - ➔ Call the woman's doctor; if the doctor cannot be reached immediately or the woman doesn't have the number or is in too much pain to respond, call for an ambulance; ensure that there is someone in the household to accompany the woman; call the supervisor to report the incident ask for potential other steps required by the agency. This should be done within minutes.

- 2) There is a physical fight in progress: the client and a man are shouting at each other and both throwing objects. They ignore the Home Visitor and the fighting escalates. What should the Home Visitor do?
 - ➔ The Home Visitor should leave immediately to ensure her own safety. In leaving, the Home Visitor models that the behavior in the home is not safe and she is not putting herself in an unsafe circumstance. She should immediately consult with her supervisor to report the incident and follow other agencies procedures required. Should the Home Visitor feel that one of the household members is in immediate danger, she should also contact local law enforcement or other agency indicated by program procedures.

Note: Each program may have specific protocols for dealing with emergencies; it is important supervisors ensure Home Visitors are aware of procedures to follow.

Approaches to Prioritization of Client Needs:

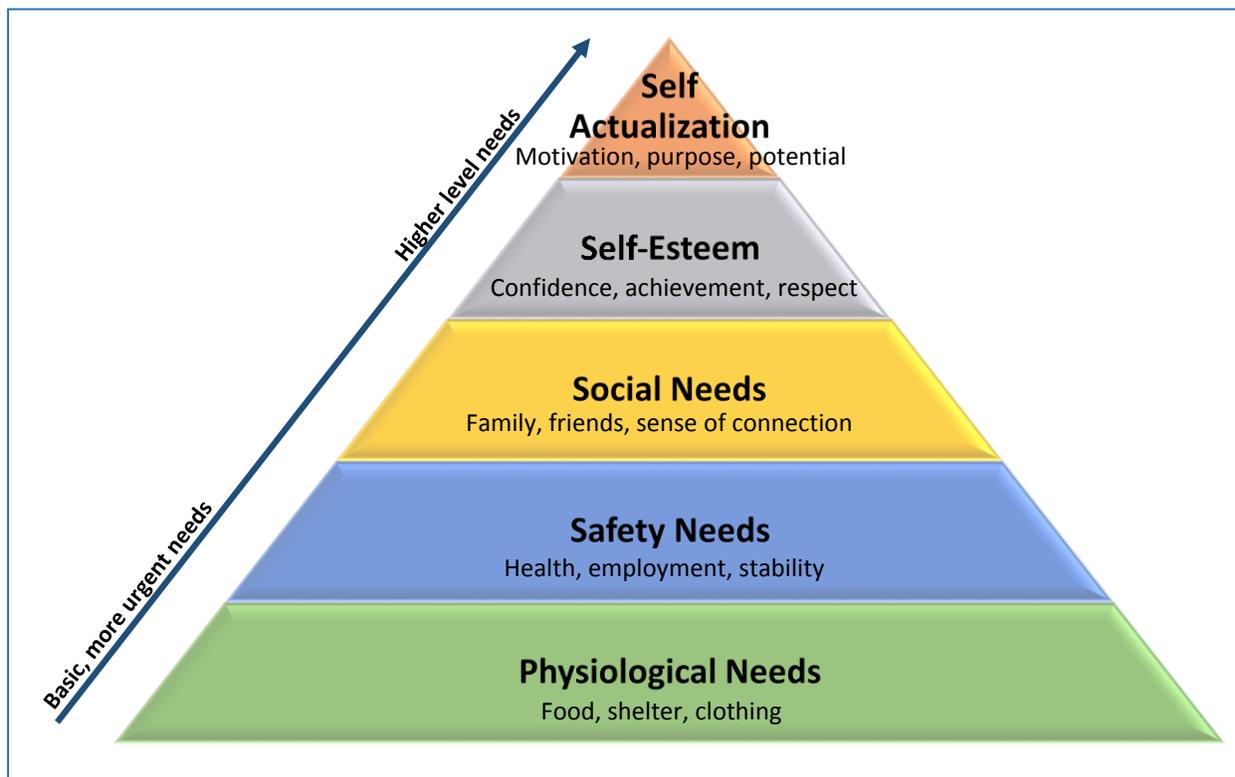
To accomplish the task of prioritizing needs, Home Visitors should engage the client in the process. To prepare Home Visitors for these conversations, many programs utilize specific curricula. Since not all programs have specific steps for prioritizing needs, the following approaches may provide additional information to assist Home Visitors.

A well-known framework, Maslow's Hierarchy of Needs, ^[13,14] can be used as a general approach to guide the prioritization of client needs. Those needs often extend beyond healthcare. Maslow proposed that humans have common fundamental needs (Figure 1):

- **Physiological needs** refer to the very basic elements humans need to survive, such as food and shelter;
- **Safety and security needs** include physical safety as well as the security of having an income, resources and health;
- **Social needs** are met through networks of friends, family and community;
- **Need for Esteem** represents one's self-esteem, confidence, achievement, respect for and from others; and
- **Need for Self-Actualization** is the stage where a person is motivated to fulfill their purpose and to reach their full potential.

This model suggests that there are basic needs that must be met before an individual can focus on higher goals. Though Home Visitors may be trained to assist with reproductive health issues or to facilitate access to care, they may have to first address more fundamental needs such as shelter, food, and safety prior to addressing health care needs and setting goals for improved well-being.

Figure 1. Adaptation of Maslow's Hierarchy of Needs



Using Maslow's framework as a starting point, Home Visitors can assess client needs based on urgency: the basic, fundamental needs of a client can be considered more urgent needs. For the Home Visitor working with women of reproductive age, access to health care is considered a top priority, however the basic needs such as food might be just a crucial to address before a client can think about healthcare. Prior to these basic, urgent needs, there may be emergencies situations which are not included in Maslow's model but are important for the context of Home Visitors. Pulling from Maslow's idea of hierarchy of human needs, and the concept of urgency, client needs could be classified as follows, in order of most urgent to less urgent (Figure 2):

- 1. Emergencies.** Home Visitor training must include strategies for dealing with emergency health or other situations (such as visible physical distress). These strategies may include contacting appropriate emergency services. In these situations, Home Visitors should first ensure their own safety, involve their supervisor and follow agency protocols.
- 2. Urgent needs (1st level of Maslow's pyramid).** Home Visitors may address basic, fundamental physiological needs (such as food or shelter, homelessness) by referring to program, local and state resources, drawing from the client's own resources, to provide immediate assistance (such as food

banks or shelter). Information on housing assistance or public assistance can be provided for more long term solutions. Health-related urgent needs may include health insurance, prenatal care for pregnant women, for example. The Home Visitor would assist with obtaining health insurance and refer the woman to prenatal care, making sure that any barriers (such as transportation to appointment) are addressed. Any health condition that the clients identifies (diagnosis of hypertension, diabetes) and is not being treated should also be addressed through referrals to health care centers or community resources that may be able to offer more immediate care or assistance

3. **Semi-urgent needs (2nd level).** Once the client and her family have their basic needs met, the Home Visitor should work with the client to address other important needs based on the overall health and reproductive or maternal situation of the woman. If she is pregnant, is she drinking or smoking? Is she taking folic acid? For pregnant women, such health behaviors must be addressed sooner than for those who are not yet pregnant, due to the risk to the developing baby. Is she planning to get pregnant? The Home Visitor would follow agency protocol for developing a reproductive life plan. Other semi-urgent needs may include screenings for health conditions, scheduling well-woman visits, referrals for preconception counseling, among many others. If the client identifies a social issue that is pressing or important to them (housing assistance, or education, for example), the Home Visitor can follow program procedures for referrals to appropriate community or state resources.
4. **Non-urgent/chronic needs (3rd-5th levels).** For situations that do not require emergency services or immediate or intermediate intervention, prioritization might be less clear and must be assessed through a joint, collaborative process with the client. These needs are often behaviors (smoking for women who are not pregnant) or chronic conditions (unhealthy weight).
 - a) **Work with client to prioritize needs.** Clients can identify what they feel needs to be addressed first. This may align with the impression of the Home Visitor. In other cases, the client may select a non-urgent need that may not appear to be of top priority to the Home Visitor. In this situation, the strengths-based and client engagement approaches indicate that it is important to ask the client to explain why she feels that particular need is a priority. It is useful to understand the client's logic as there may be underlying factors unknown to the Home Visitor. It would be important to respect the client's prioritized need first, even if it may not be one the Home Visitor's might select as a top priority among non-urgent/chronic needs. This would not only help to build trust, but also increase client's sense of autonomy and engagement in the process, corresponding to higher levels of Maslow's pyramid: respect from the Home Visitor would be important for validating the client's esteem and sense of autonomy. Additionally, when individuals feel ownership of the decision made, they are more likely to be motivated to establish goals and carry them out.
 - b) **Sort by short-term, intermediate or long term needs.** If several non-urgent or chronic needs are identified, another method for prioritization is to engage the client in discussion about sorting the needs based on how long it could take to solve the problem or meet the need. What can she begin immediately, in the short term, and what will require a longer process? As a general rule, beginning with the short-term goals can be an appropriate method for prioritizing non-urgent needs. For example: a woman has a reproductive life plan and wants to have a child in a couple of years; she smokes; is not taking her blood pressure medication regularly; has been missing

work because she often does not feel well; is concerned about too much weight gain; and is concerned about how to handle stress given her high blood pressure. The Home Visitor might feel that the priority is to devise a plan for the client to keep track of her medication and remember to take her pills; however the client could feel that she is not able to remember to take her meds because she feels stressed. In this chicken-or-the-egg-first situation, addressing both at the same time could be the optimal solution, but if the client is very focused on the stress issue, it might be worth providing her with information on stress-reduction techniques, connect her with community resources or activities, and/or drawing on her own strengths and resources prior to devising a plan for adhering to medication regimen. For example:

“You’ve talked about how faith is important to you and your prayer group helped you work through the struggle with your divorce in the past; do you think perhaps going back to attending a prayer group and praying or meditating regularly might help you with your current stress? Prayer and being with a supportive group can really help a person go through situations, as you and many others have experienced. What groups are nearby that you know of? If you’re not sure perhaps we can find out by asking friends and I can also help you look up some groups.” (Home Visitor to a client)

- c) **Obtain peer and/or supervisor feedback when unsure.** It is important that Home Visitors receive guidance and assistance on an ongoing basis, whether from peers through sharing of lessons learned and challenges encountered, from supervisors during meetings, case conferencing or written reporting and feedback, or through training. These opportunities will strengthen the prioritization process, building Home Visitors’ skills and the Home Visitor-client relationship, and ultimately ensuring that client’s most pressing needs are addressed first.

Addressing Client Needs

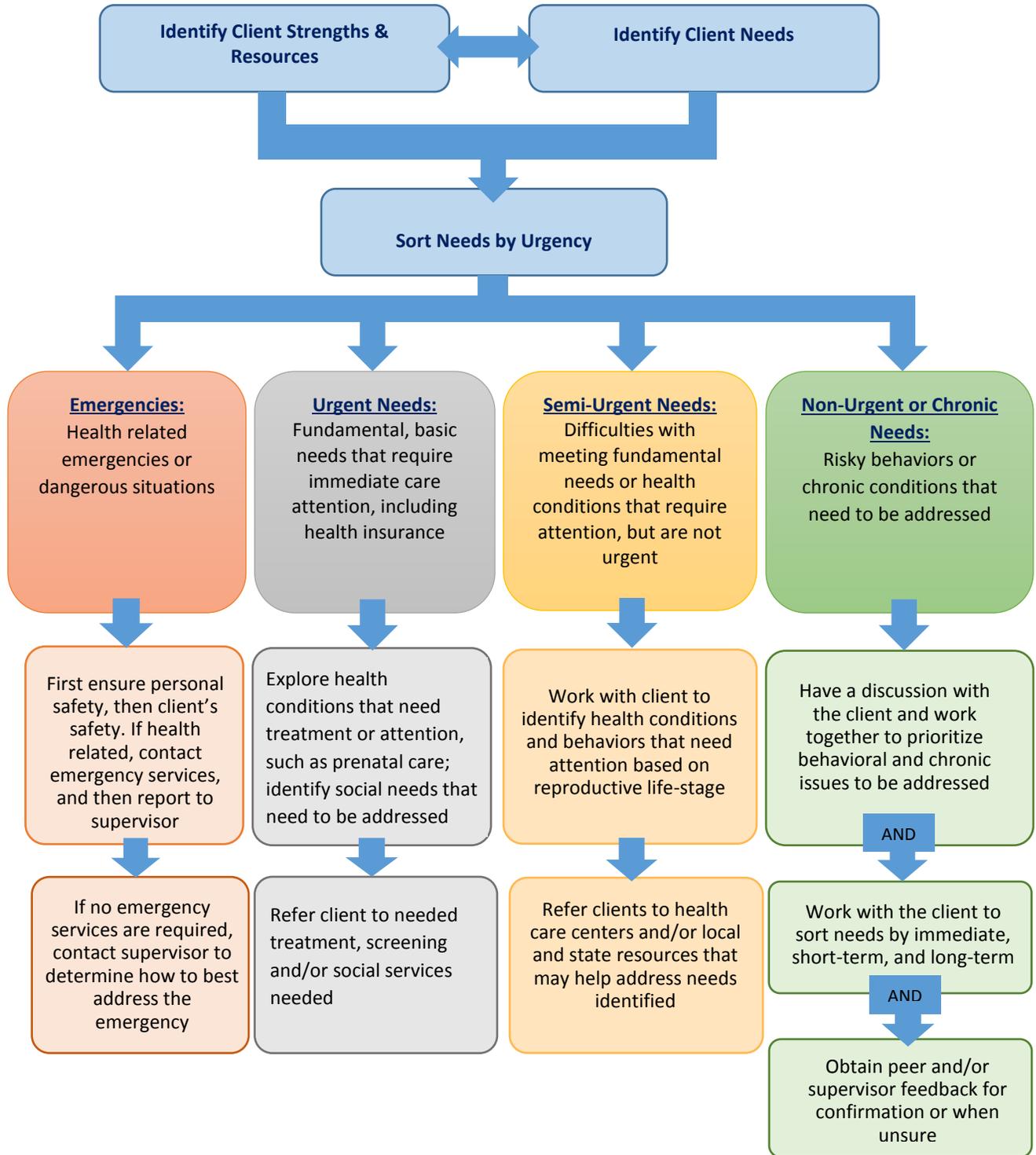
Once the client’s most urgent needs have been identified, the role of the Home Visitor is to utilize her knowledge, skills, and agency protocols, as well as client strengths to help clients through the process of addressing their needs. This process can be tailored to address more fundamental needs (such as shelter) to more chronic needs (such as healthy eating):^[15,16] While continuously engaging clients in the process, Home Visitors may:

1. Ensure access to health care insurance and assist with identification of needed health care services for pre-/inter-conception or pre-/post-natal care;
2. Provide clients with information on community resources for physical and psychosocial concerns related to the client’s pressing needs;
3. Support and empower clients to problem-solve by examining potential care options with them and reiterating clients’ strengths and resources relevant to the need being addressed;
4. Aid clients in the development of a care/action and self-monitoring plans that address client goals and potential barriers;
5. Help determine follow up/monitoring frequency that reflects the client’s needs; and
6. Assist clients with any care transitions and promote client self-advocacy and self-determination.

The order and degree that Home Visitors assume these functions will vary based on the need being addressed and their client's current situation.

As the representatives of their program in the community, Home Visitors have the important task of working directly with clients, many of whom face multiple physical, social, economic and healthcare challenges. Home Visitors are in a key position to engage clients and empower them to be part of the process of identifying both their strengths and needs, prioritizing those needs, and developing plans to address them for the benefit of their children and families.

Figure 1. Recommendations for Home Visitors: Prioritizing Client Needs



Note: Procedures and protocols vary by agency. Home Visitors must be aware of and follow program curriculum, processes, and protocols for addressing client needs.

Scenario:

Michelle is currently living in a situation where her partner is very emotionally abusive. She wants to leave her boyfriend but has nowhere else to go and doesn't make enough on her job to make it on her own. She is normally a smoker but has been trying hard not to smoke to protect her baby, but it hasn't been easy because she tends to want to smoke to calm herself after an abusive episode. She is 6 months pregnant and was diagnosed with gestational diabetes. She has been unable to access regular prenatal care and just lost her Medicaid coverage. She enrolled in your maternal and infant health program to get help with her pregnancy.

The agency assigns the case to Jackie, a Home Visitor who has 15 years of experience working in the community Michelle lives in. Jackie visits Michelle's home and establishes contact.

- ❖ What should Jackie do first to best help Michelle? What needs are a top priority and which ones can be addressed later?

Applying the Recommended Strategies and Approaches:

Figure 3 presents what might happen if Jackie used client engagement and strengths-based approaches, techniques from motivational interviewing and self-determination models, and Maslow's Hierarchy to work with Michelle to identify her strengths and needs, prioritize and address those needs.

Identified Needs

- Verbal & emotional abuse by partner
- No other place to live –feels trapped
- Occasional smoker
- Gestational Diabetes
- No insurance
- Not receiving prenatal care
- No transportation

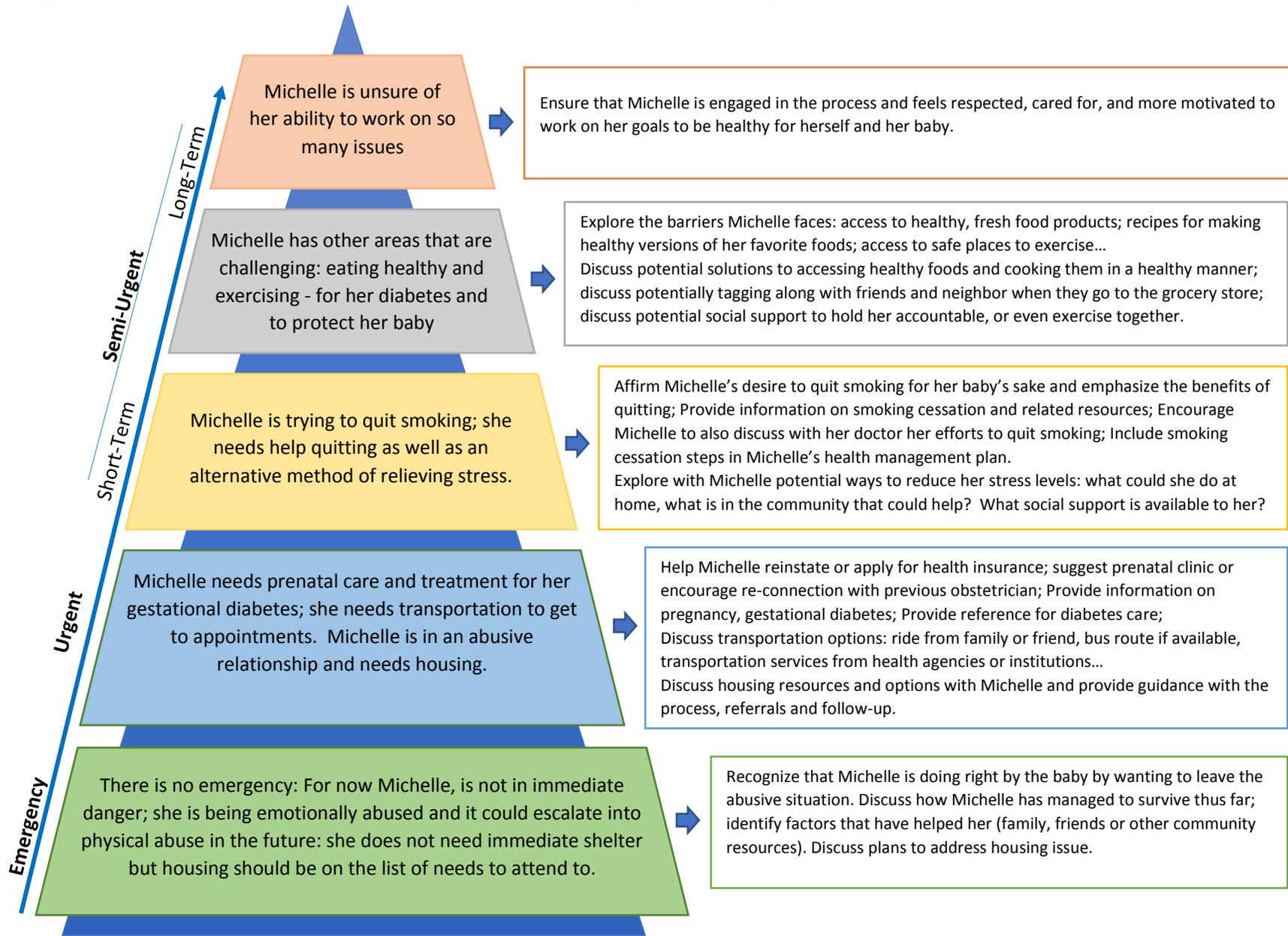
Strengths

- Motivation to leave abusive relationship
- Motivation to quit smoking
- Motivation to protect her baby
- Joined MIH program – first important step to ensuring she gets better and her baby has the chance to be cared for

Prioritize Needs:

- Housing Assistance
- Obtain Health Insurance
- Refer for prenatal care services
- Refer for Diabetes care
- Transportation assistance
- Refer for Intimate Partner Violence support group/services
- Smoking cessation
- Develop care management plan: diabetes management, prenatal appointments, smoking cessation...

Figure 3. Case Study: Michelle’s needs prioritized and potential ways of addressing her needs



References

1. Rosenthal EL, Rush CH, Allen CG. Understanding Scope and Competencies: A Contemporary Look at the United States Community Health Worker Field – Progress Report of the Community Health Worker (CHW) Core Consensus (C3) Project: Building National Consensus on CHW Core Roles, Skills and Qualities. *Community Health Worker Core Consensus (C3) Project*. 2016.
2. Snyder JE. Community Health Workers: Roles and Opportunities in Health Care Delivery System Reform. *Office of the Assistant Secretary for Planning and Evaluation*. 2016.
3. Findley SE, Matos S, Hicks AL, Campbell A, Moore A, Diaz D. Building a consensus on community health workers' scope of practice: Lessons from New York. *American journal of public health*. 2012; 102(10):1981-1987.
4. Cozzarelli C, Wilkinson AV, Tagler MJ. Attitudes Toward the Poor and Attributions for Poverty. *Journal of Social Issues*. 2001; 57(2):207-227.
5. Rollnick S, Miller WR, Butler CC. Motivational Interviewing in Health Care: Helping Patients Change Behavior. *New York, NY: Guilford Press. ISBN 987-1593856120, NY: Guilford Press*. 2008.
6. Ryan RM, Deci EL. Self-Determination Theory: Basic Psychological Needs in Motivation, Development and Wellness. *New York, NY: Guilford Press. ISBN 978-1462528769, NY: Guilford Press*. 2017.
7. Hammond W. Principles of Strength-Based Practice. *Resiliency Initiatives*. 2010.
8. Home Visitors Handbook: Effective Strengths-Based Parent Education. *Head Start*. (n.d.)
9. Green BL, McAllister CL, Tarte JM. The Strengths-Based Practices Inventory: A Tool for Measuring Strengths-Based Service Delivery in Early Childhood and Family Support Programs. *The Journal of Contemporary Social Services*. 2004; 85(3):326-334.
10. Shireman J. System of Care Evaluation: The Evaluation of Strengths/Needs Based Practice. *Portland State University, Regional Research Institute*. 1998.
11. An Individualized, Strengths-Based Approach in Public Child Welfare Driven Systems of Care. *The National Technical Assistance and Evaluation Center*. 2008.
12. Whitley D, Kelly S, Yorker B, White K. Strengths-Based Care Management: The Application to Grandparents Raising Grandchildren. *Families in Society: The Journal of Contemporary Social Sciences*. 1999; 80(2):110-119.
13. Maslow A. Motivation and personality. *New York, NY: Harper. ISBN 0-06-041987-3.k, NY: Harper. ISBN 0-06-041987-3*. 1954.
14. Maslow AH. A theory of human motivation. *Psychological review*. 1943; 50(4):370.
15. Mejia-Rodriguez C, Spink D. Training Curriculum for Community Health Workers: Manual for In-Person and Online Training. *Washington Department of Health Community Health Worker Training System*. 2015.
16. Pregnancy Care Management Standardized Plan. *North Carolina Public Health*. November 2012.

University of Rochester Medical Center, NYS Maternal & Infant Health Center of Excellence

265 Crittenden Blvd, Rochester, NY 14642 – Tel: 585-276-7893 – Fax: 585-461-4532
mihcoe@urmc.rochester.edu – www.mihcoe.org