Manitoba

Families First

FAMILIES FIRST PROGRAM STANDARDS

The following program standards and best practice timelines have been developed through the review of evaluations of early intervention programs in Canada and the United States, combined with experiences with the implementation of Families First in Manitoba. In addition to helping to assure the best possible outcomes for Manitoba's families, these standards ensure that Families First is implemented consistently throughout Manitoba while allowing for some regional flexibility.

INITIATION OF HOME VISITING SERVICES

The prenatal period through the first few months following birth offer a prime window of opportunity to systematically connect all families with community support. Families are eager to learn about their newborn and are receptive to information and support services. Completing the Families First Screening process prenatally or with all parents of newborns creates an opportunity to provide a continuum of services for all families within a community.

STANDARD #1:

Every effort is made to initiate Families First services prenatally through the Families First Screening and Parent Survey Process. Families First Screens are completed for all births. When unable to complete a screen, reasons are noted. ***To use the Families First Screening Tool with families, Public Health Nurses (PHNs) must complete the "Families First Screening Tool: A Learning Module for Public Health Nurses" during orientation.***

BEST PRACTICE TIMELINES

- When referrals are received prenatally, all appropriate items of the Families First Screen is completed within two weeks of receipt of the prenatal referral or before estimated date of confinement if late in pregnancy. Follow-up is based on determining the need, timing and most appropriate type of public health nursing follow-up based on assessment, with priority “in person” follow up for families.
- When referrals are received postpartum, all appropriate items of the Families First Screen is completed within one week of initial assessment.

Rationale:

- The time between a child's conception and the first day of school is the most important time in their life. The relationships that a child experiences during this time, sets the stage for the child's lifelong health, learning and development.

Research identifies risk factors that may diminish children's life chances. Individual Risk Factors of poor family functioning: parents’ history of abuse or neglect; substance use and/or

mental health concerns including depression in the family; parental characteristics (young age, low education, single parenthood, low income); social isolation, violence, and intimate partner violence; and community risk factors of violence, poor social connections and neighborhood disadvantage (poverty) (Center for Disease Control, 2019).

Research has also shown us that building Family Protective Factors can improve children's life chances. These may include a supportive family environment and social networks; concrete support for basic needs; nurturing parenting skills; stable family relationships; parental employment/education; adequate housing; access to health care and social services.

The Families First Program supports families to reduce these risk factors by promoting protective factors that over time can make a difference for their children.

STANDARD # 2:

Parent Surveys are completed for all positive Families First screens and all late entry referrals. When unable to complete a parent survey, reasons are noted.

BEST PRACTICE TIMELINES

- The Parent Survey Process (including documentation and submission to the Families First Coordinator and/or Lead Role) is completed within nine calendar days of the discharge from hospital.
- Upon receipt of an early childhood referral (late entry), the assessment is completed within two weeks.
- All Parent Survey documentation is completed within twenty four hours of the Parent Survey visit.
- The Families First Evaluation forms (e.g. Program Tracking Form, Tracking Form II and Discharge/Transfer Form) are completed as required for all positive Families First Screens and Parent Survey Summaries and submitted to Healthy Child Manitoba Office.

Rationale:

- Best results in family engagement and retention in Families First occur when the time between the birth of the baby and the first face-to-face visit by a home visitor is as short as possible. Great Kids, Inc reports those programs across Canada and the U.S. experience best results when the screen and Parent Survey are completed within the first 24 - 48 hours after the birth of the baby and first contact by a home visitor is made within 24 - 48 hours of the Parent Survey visit.

- PHNs are expected to initiate the Parent Survey process during the initial contacts with a family. Many PHNs are able to cover most areas of the Parent Survey during the initial Families First Screening Process and/or the first post-partum home visit.

The Parent Survey process is more than an eligibility tool for Families First home visiting and is considered a valuable service to all families and communities. The Parent Survey process assists the PHN to gather information on each family's strengths and challenges, assisting the PHN to link the family to the community services that most closely fit their individual situation. Services may include home visiting by a Families First Home Visitor and all families receive information and referral to various community services that offer support to new parents. Parents appreciate having a skilled caring person spending time with them, listening to them and focusing on their own and their infant's wellbeing. The Parent Survey process is also consistent with Health Canada's National Guidelines for Family-Centred Maternity and Newborn Care (2018).

STANDARD #3:

When caseloads are full, or if parenting partners decline the Families First Home Visiting Service, or when families score less than 25 on the Parent Survey, ongoing family centered care is provided. Information and resources are offered in a continuum of care, and uniquely tailored to the families interests and stated needs.

Rationale:

- Families that have participated in the Parent Survey have a level of risk or challenges. Families with Parent Survey scores less than 25 benefit from the information and referral to community services offering support to parenting families.
- It is important to remember that the Parent Survey Process in itself is a service to families and the community. Parenting partners have the opportunity to talk with a caring, non-judgmental professional about what is going on in their lives and what support might be available in their community based on what would best fit their individual needs and circumstances (Great Kids, Inc.).
- Through case management practice expectations Public Health Nurses assist all families with information and/or referrals to other practitioners, agencies or programs, including services that address the social determinants of health and health equity.

STANDARD #4:

Families that score 25 or greater on the Parent Survey are offered Families First Home Visiting Services as close as possible but no later than two calendar days after completion of the Parent Survey Process.

Rationale:

- Great Kids, Inc. reports that home visiting services experience best results in family engagement and family retention when the first contact (phone call or drop by visit) by a home visitor is made within 24- 48 hours of the Parent Survey visit. For this

reason, PHNs need to shorten the time, as much as possible, between the Parent Survey visit and offering the program to the family.

- Research indicates, early childhood is a period of special sensitivity to experiences that promote development, and that there are critical time windows which exist when the benefits of early childhood interventions are amplified. Parents, caregivers, and families need to be supported in providing nurturing care and protection (Nurturing Care: Promoting Early Childhood Development, Britto, P.R., 2017).

To provide optimum benefit to families, Families First home visiting services need to be intensive and long-term. Enrollment of families where the youngest child is four years of age or older, should be considered on a case-by-case basis. Referral to other early childhood supports and services may enhance outcomes for the child.

STANDARD #5:

The Families First Home Visitor makes initial contact with the family within two calendar days of the family agreeing to home visiting and makes the first face-to-face contact within seven calendar days of the Parent Survey Summary completion.

Rationale:

- Immediate initiation of Home Visiting following the Parent Survey is critical. Great Kids reports that best results in family engagement and family retention occur when the first contact (phone call or drop by visit) by a home visitor is made within 24- 48 hours of the PHN Parent Survey visit and a first face-to-face visit made within one week of the PHN Parent Survey visit.
- Home Visiting services are provided to families who voluntarily accept them. Continued engagement efforts should extend to those families who are hesitant, but do not clearly indicate an unwillingness to accept services. Creative engagement is continued for up to 90 days.

Aim for 90% acceptance rate for Home Visiting Services (2000-2014 Great Kids, Inc., Quality Assurance).

STANDARD #6:

Public Health Nurses and Families First Home Visitors reference the Families First high-risk guidelines "Identify and Responding to Families Experiencing High Risk Social, Family and/or Mental Health Situations: Guidelines for the Families First Program" when determining the appropriate support.

***Rationale*:**

- The purpose of this guideline is to provide all Regions with a framework for identifying and responding to situations that pose immediate or potential threat or harm to the well-being of the children and families involved in the Families First Program.
- The information gathered during the Families First Screening and Parent Survey Process, assists the PHN in identifying risk factors for poor child and family outcomes including maltreatment. In addition to home visiting supports, PHNs consider initiating a referral to other community services and resources as required.

DELIVERY OF HOME VISITING SERVICES

Both service intensity and length of involvement with families are crucial components for successful interventions through home visitation. Intensive services allow Home Visitors to establish trusting relationships and supports Home Visitors to meet family needs as they arise. Long-term services are necessary because new issues arise for families as children develop and family circumstances change. Evaluations of Home Visiting programs across Canada and the U.S. suggest that most Home Visiting services struggle to provide the intended frequency of visits. There is evidence to support that families that receive more contacts benefit more (Maximizing the Impact of State Early Child Home Visitation Programs, A. Szekely, 2011).

STANDARD #7:

All Families First Home Visitors receive intensive training specific to their role. Training shall include four days of Integrated Strategies for Home Visiting followed up by Level 1 and Level 2 assignments to be done at the regional level. The four days Integrated Strategies training is followed up by the five day Growing Great Kids (GGK) Prenatal to 36 Months Tier 1 Curriculum training.

In order to assist transfer of knowledge into practice, Families First Home Visitors are expected to complete additional assignments using the curricula, referred to as Tier 2 Premium. Tier 2 Premium begins within one month after completing Tier 1 and should be completed by 13 months after completing Tier 1.

- Staff participates in ongoing Great Kids Inc. training as updates arise and as recommended.

Rationale:

- The Families First Integrated Strategies Home Visiting and GGK Prenatal to 36 Months curriculum Tier 1 and Tier 2 Premium assist practitioners in developing the knowledge and skills necessary to achieve program goals. The training frames the philosophical principles and communication strategies that are essential for consistent service delivery and is to be used during visits.

STANDARD # 8:

Families First Home Visitors provide regular home visiting services as outlined by the Great Kids Inc. leveling criteria. Intensive home visiting support is provided for approximately three years.

- The frequency of future visits is determined based on the family's progress towards meeting their personal and program goals. Quarterly, home visitors review the criteria for family transitions from one service level to another within reflective supervision as outlined in Integrated Strategies.

STANDARD # 9:

Families First Home Visitors strive to complete 90 % of required Home Visits (determined by family's service level and monitored by the "Caseload Management Worksheet").

Rationale:

- Regular and consistent home visiting services allow home visitors to establish a solid rapport and trust with families, thereby increasing the receptiveness of families to new information. Intensive services ensure that home visitors have the time to become truly supportive by being available to respond to issues as they arise. When home visitors provide frequent and intensive services, family functioning improves and services are more effective.

STANDARD # 10:

Families First Home Visitors, with the support of their Case Manager/Supervisor and utilizing the Parent Survey, work with the family to develop a written goal plan that is specific, measurable, achievable, realistic and time sensitive within the first two months of enrollment in the program. This improves the family's outcome and/or enhances the parent-child relationship. The Families First Home Visitor and Supervisor review the support plan every two months, and the Families First Home Visitor and family update it every six months.

- The written goal plan should include both family initiated goals and goals arising from the Parent Survey process that the family is ready to work on.

Rationale:

- A written goal plan that incorporates both program objectives and family initiated goals appear to be effective in promoting engagement and reducing parental risks for child maltreatment (Mother and Home Visitor Emotional Well Being and Alignment on Goals for Home Visiting as Factors for Program Engagement, 2018).

STANDARD # 11:

Families First Home visitors work closely with the case managing Public Health Nurse. Regular ongoing communication between the case manager and the Families First Home Visitor is scheduled based on regional health authority guidelines.

The Ages and Stages Questionnaire is to be completed once during the course of the program participation. For early entry families it is completed when the child is between 12-18 months old. For late entry families it is completed between the youngest child's birthday and six months after their birthday.

Rationale:

- PHN case manager following Provincial Public Health Nursing Standards: Prenatal, Postpartum, and Early Childhood (2015) collaborate with partners and stakeholders to plan interventions, provide a continuum of care, and assist families with referrals that address the social determinants of health and health equity. Case management provides individualized and family centered services to meet the families where they are at.

SUPERVISION OF HOME VISITORS

To provide quality home visiting services to families, we need to provide quality supervision for home visitors. Evaluations of Home Visiting Programs suggest that positive outcomes for families are affected by the strength of the relationship that families have with their home visitor as well as the quality of supervision that the home visitor receives. Supervision can be defined as a relationship with another person that fosters professional growth. It is not simply an administrative procedure to ensure that home visitors carry out their responsibilities, but a process to reflect on their practice, enhance their skills and an opportunity to receive support and encouragement. Just as families need regular and consistent home visits, in a parallel process, home visitors too need regular and consistent supervision.

Consistent supervision supports an ongoing evaluation of each family's progress, staff performance, and areas requiring further training and support. Home visitors often work in stressful environments apart from their peers. Supervision assists the home visitor to maintain perspective, evaluate the level of performance, and can reduce staff burnout.

Supervision is reflective, strength-based, relationship-based, process oriented and solution-focused.

STANDARD #12:

All PHNs providing reflective supervision to Families First Home Visitors are required to have the same minimum training as Families First Home Visitors as outlined in Standard #7 .

Rationale:

- In order to effectively support home visitors and to foster skill development, PHNs need to understand all aspects of the training and apply these principles in supervision. The supervisor supports the home visitor in a parallel way as the home visitor supports the family.
- Supervisors are required to complete a provincial reflective supervision orientation within 1 month of receiving Tier 1 GGK Prenatal to 36 Months Curriculum training.
- The Great Kids Inc., *Prenatal to 36 Months Staff Development and Certification workbook for Home Visiting Programs*, provides a useful guide for reflective supervision.
- Supervisors review the level 1 & 2 post-Integrated Strategies training completed by home visitors during reflective supervision. The Supervisor ensures that home visitors receive Tier 2 Premium within 1 month of Tier 1. The Supervisor is expected to complete Tier 2 Premium.

STANDARD #13:

Reflective Clinical Supervision is provided to the Families First Home Visitor at a regularly scheduled weekly time for a minimum of two hours for each full-time Home Visitor.

- The Supervisor reviews 100% of Home Visitor Logs on a monthly basis. (1/2 of a Home Visitor's caseload should be reviewed each week.) The Supervisor selects the families for review at each reflective supervision session.
- Separate time may be needed for skill enhancement in working with families in crisis or families requiring special attention.
- The Supervisor and Home Visitor refer to the family's written goal plan(s) at least every two months and ensures it is updated every six months.
- Additional time may be needed on a quarterly basis to review the GGK Home Visitor Competency Development Plan.

Rationale:

- Regular supervision of home visitors is a critical factor in improving outcomes for families.
- Retention of home visitors and retention of families in home visiting programs is improved when home visitors receive direct supervision. It was found that the hours of supervision a home visitor received directly correlated with the likelihood

the participants would stay in a program (McGuigan, Katzev, Pratt, 2003). Research has supported that there is a higher rate of retention with nurse home

visitors but a program that trained community members and had nurses supervise them, found similar retention to their nurse home visiting program (Barnes-Boyd, Norr, Nacion, 2001). Results of a review and meta-analysis indicated that home visitors need guidance through supervision for a program to be effective (Elkan, Kendrick, Hewitt, Robinson, Tooey, Blair, Dewey, Williams, Brummell, 2000). In a qualitative study of the Families First program staff identified that nurses need to be allowed adequate time to provide quality supervision (Woodgate, Heaman, Chalmers, Brown, 2007).

STANDARD #14:

Supervisors accompany each Families First Home Visitor on at least one home visit quarterly and provide reflective feedback. Supervisors observe the home visitor completing a minimum of three home visits during the first six months of home visiting. More frequent shadow visits may also be beneficial during initial implementation of the GGK Curriculum.

Rationale:

- Shadow visits:
  - Support / evaluate knowledge transfer to on-the-job skills
  - Identify areas for growth and potential training needs by using the Competency Development Plan, (as outlined in Tier 2 Premium) following the shadow home visit and during the reflective feedback process
  - Support/evaluate use of approved curricula

PEER FEEDBACK FOR REFLECTIVE SUPERVISION

Just as home visitors benefit from regular reflective supervision, Public Health Nurses can benefit from regular feedback in relation to the Parent Survey process. Peer feedback/clinical consultation are processes that enhance Public Health Nurse's skills and provides for an opportunity to receive feedback, support and encouragement. This process is strength-based, solution focused and process orientated.

STANDARD #15:

The Families First Coordinator PHN/Lead Role PHN complete at minimum a yearly peer feedback opportunity to shadow other reflective supervision sessions and/or attend staff development/advanced trainings.

- PHNs are accountable to participate in reflective practice as outlined in PHN Professional Standards (2015).

- Continuous quality improvement and staff development through seminars, books, and publications is essential. Attending supervisory specific advanced trainings is also beneficial.

STANDARD #16:

To use the Parent Survey Process with families, PHNs must complete the 4 day "Core Parent Survey" training offered through Healthy Child Manitoba. A Public Health Nurse may return to "Core Parent Survey" training on an as need basis.

- ***Submission of the PHNs first positive and first negative Parent Survey Summary to the Trainer is a requirement of certification.*** The trainer provides written feedback related to the content and scoring of the Parent Survey Summary. RHAs should have a process to ensure that summaries are submitted.

STANDARD # 17:

Every PHN trained in the Parent Survey Process participates in a one day "Advanced Parent Survey" training 9 - 12 months after their initial core training. A Public Health Nurse may return to "Advanced Parent Survey" training as a refresher as needed.

STANDARD #18

PHNs skilled in the Parent Survey Process may request Peer Feedback/Clinical Consultation on one negative and one positive parent survey post Advanced Parent Survey Training annually.

Rationale:

- PHNs are accountable to participate in reflective practice as outlined in PHN Professional Standards (2015).
- In order to maintain inter rater reliability with the Parent Survey tool over time, a review of the documentation for consistency in scoring and completeness of documentation should be completed within the region's resources (e.g. coordinator, experienced peer, etc.). With all tools there is a tendency to drift from the original intent if time is not set aside to revisit the original intended implementation.

PROGRAM EVALUATION

The purpose of the Families First Evaluation is to monitor program quality and measure the progress in improving Families First services. The information collected throughout the Program Tracking, Home Visiting, Supervision, and Discharge forms are used to monitor the quality of the program. Home visiting services that maintain high standards of quality are more effective at improving child and family outcomes.

STANDARD #19

Families' First Implementation data is collected for all families participating in the Families First Program.

Information from the Program Tracking Form helps determine which families are receiving services and to monitor how well families engage in a program. This information is submitted to HCMO on an ongoing basis and quarterly as per general instructions. For late entry referrals where the initial screening information is unknown a Program Tracking II Form is initiated in order to create an individual Families First ID Number.

Discharge/Transfer Summary provides some general information on families that have participated in the program and is to be completed on all families when the family leaves the program or is being transferred to another region.

Home Visiting Monthly Summary is to be submitted monthly by the Families First Home Visitor. The Monthly Supervision Summary is to be submitted monthly by the Public Health Nurse Coordinator/ PHN Lead Role.

Rationale:

- Program data is used to analyze and evaluate the long term effectiveness of the Families First Program; if the implementation data varies from site to site it can be used to guide program improvements. Reports are in an aggregated form and never on individuals in the program for the sole purpose of improving services for families. It can help regional systems to explore how the program is working and if it is being delivered according to standards.