

<b>Terms of Reference</b> <b>Families First Practice Council Winnipeg Health Region</b>
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### **Goals**

1. To facilitate opportunities for practitioners involved in Families First services to participate in identifying, discussing, and making recommendations for the development of safe, competent, and ethical practice within the Winnipeg Health Region.
2. To establish a consultative and collaborative culture and healthy work environment for all practitioners involved in the delivery of Families First services.
3. To enhance the delivery of Families First through communication, capacity building, and collaboration.
4. To advance the **GKInc.** philosophy of being strength-based and solution focused; family-centred; relationship-based; culturally competent; and by using the parallel process.

### **Purpose**

- Provide leadership and direction for practice, education, and research.
- Advances, develops, and enhances Home Visitor and Public Health Nurse Competencies as it relates to Families First services.
- Promotes and facilitates the implementation of evidence-informed practice.
- Provides an ongoing opportunity for review of the delivery of Families First in the region and to recommend strategies/practice guidelines that will move the region forward towards meeting the Families First Program Standards.
- Promotes consistent delivery of Families First services throughout the region.
- Promotes the integration of Families First services within Population and Public Health continuum of care.

### **Operational Guidelines**

Management will support the attendance and full participation of the Community Area representatives at Families First Practice Council meetings. This includes supporting opportunities for council members to have discussions and gather feedback with the broader public health team and providing council members the necessary time to prepare for practice council meetings.

### **Membership and Structure**

- Director of Population and Public Health - will attend as required
- Team Manager, Healthy Parenting and Early Childhood Development
- Community Area Team Manager representing Population Public Health Management Team
- One Home Visitor identified by each Community Area
- One Lead Role Public Health Nurse identified by each Community Area
- Clinical Nurse Specialist with Families First portfolio
- Public Health Coordinator

### **Term of Office**

Membership of Lead Role Public Health Nurses and Family First Home Visitors will require a two year commitment. Upon completion of the 2 year term, Lead Role Public Health Nurses and Family First Home Visitors may continue in successive terms with consultation and support of their community area team and team manager.

#### *Voting members*

- Families First Home Visitor and Lead Role PHN representatives from each of the 13 Community Areas.

#### *Non-voting members*

- Director of Population and Public Health
- Team Manager, Healthy Parenting and Early Childhood Development
- Community Area Team Manager
- Clinical Nurse Specialist with Families First portfolio
- Public Health Coordinator

### **Co-Chairs for Families First Practice Council (FFPC)**

- Two FFPC Representatives (one Families First Home Visitor and one Lead Role Public Health Nurse) will be nominated to co-chair the FFPC for a term of 2 years.
- The terms of the 2 co-chairs should be staggered to provide continuity and succession planning at FFPC.
- Community Area representatives are invited to nominate individuals to serve as co-chair. In the case of no nominations, a co-chair may complete a maximum of 2 consecutive terms if mutually agreed upon by the community area team, team manager and FFPC.
- The co-chairs will be determined by a vote of the FFPC members.

### **Responsibilities of Co-Chairs for FFPC**

- Review newly submitted issue papers. Collaborate with community area teams/FFPC representatives to build capacity regarding issue paper development and FFPC processes.
- Facilitate communication, collaboration, and functioning of the FFPC.
- Foster decisions, requiring the vote of majority or majority of the quorum, at FFPC meetings to rate and resolve issue papers.
- Lead the development of an Annual FFPC Review to summarize the work of the preceding year as well as highlight issues that are ongoing or have been redirected for follow up. The review should be presented to FFPC in January of each year.
- Facilitate discussion and planning related to the priorities for FFPC in the upcoming year.
- Work in collaboration with other individuals to support the administrative processes of FFPC. This includes but is not limited to:
  - Drafting monthly agendas
  - Organizing forms/paperwork and other resources for monthly Meetings
  - Updating issue papers between FFPC meetings in coordination with the Public Health Coordinator
  - Distribution of minutes
  - Maintaining and updating the FFPC electronic shared drive
  - Ensure the “Terms of Reference” are upheld

### **Responsibilities of Members**

- Attend meetings 5 times per year.
- Members are given the opportunity to voice their ideas and opinions.
- Encourage accountability and commitment to goals of practice council.
- Emphasize collaboration and use consensus for important decisions and issues.
- Ensure each team is represented by having an alternate from their team attend when they are unable to. Teams may elect to choose a designated back-up.
- When a representative from a team is unable to attend then at least one representative from community area pairing will attend.
- Families First Home Visitors and Public Health Nurses bring Issue Papers requiring a decision back to their Community Area team for feedback and direction as to how to vote: “Accept as is” or “Accept with recommendations” or “Needs further discussion/revision”.

- **Working Groups**
- These groups will include at minimum 1 Families First Home Visitor and 1 Lead Role Public Health Nurse and may include the Families First Coordinator and Clinical Nurse Specialist.
- When issue papers are assigned to a “Working Group”, the working group will bring back recommendations to the Families First Practice Council for discussion as a first step. Community Area teams will then be provided with the opportunity to discuss and provide feedback on the issue. Community Area recommendations will be brought back to Families First Practice Council to determine next steps.
- Working groups will meet by phone or in person between practice council meetings as required.

### **Quorum Governance**

- The Family First Practice Council operates by voting on issues, with each Family First Home Visitor member granted the privilege of voting on behalf of their community area team.
- When the Family First Home Visitor is not able to be present to vote then the Lead Role will vote on behalf of their community area team.
- Members will accept that if a team is unable to send a Families First Home Visitor or a Lead Role Public Health Nurse to the meeting, they will not have a vote.
- All decisions require the vote of a majority of the Community Areas or the majority of the quorum. Quorum constitutes 70% of regularly attending voting team members. A 2/3 majority or 9 votes or more from a total of 13 teams will constitute a passed vote.

### **Accountability and Reporting**

- Families First Practice Council members are representatives of their community area. As representatives, members provide a two-way communication system for practice on significant issues, changes to practice and issue resolutions. Families First Practice Council members are responsible to collect and submit “Best Practice/Issue Resolution Forms” on behalf of their community area and ensure issues in each community area are brought forward and to be reviewed, resolved or referred.
- Collaborate with other Councils on shared initiatives.
- FFPC will share recommendations that impact organizational practices by offering support, opposition or recommendation for change of Standards and/or guidelines through appropriate management channels.
- The Terms of Reference will be reviewed every 3 years or earlier if needed

#### Minutes:

- FFPC meetings will be documented in minutes that are reviewed and passed by the committee.
- Responsibility for taking minutes will be rotated amongst the Clinical Nurse Specialist, Team Manager, and Public Health Coordinator

- FFPC minutes and documents will be circulated in a timely fashion and saved in the regional (R:) drive within the Family First Practice council folder.
- Items requiring action will be identified in the minutes under 'Next Steps'
- Documents in preparation for the monthly meetings will be circulated to PHN representatives by email in an agenda package approximately 1 week prior to the meeting.

### Best Practices

- FFPC reps will be given an opportunity to share Best Practices. This can include, but isn't limited to; celebration of successes, innovative uses of activities and visuals, new resources, community connections, team learning and curriculum service deliver success.
- There will be representation of a Lead Role Public Health Nurse at the Families First Provincial Coordinators table.