



Enhanced Home Visiting Initiative

Program Standards

Public Health Services is an integral element of the Nova Scotia Health System. Nova Scotia's current public health functions are:

- Population Health Assessment
- Health Surveillance
- Population Health Advocacy
- Health Promotion
- Disease/ Injury Prevention
- Health Protection.

Public Health Services works cooperatively and collaboratively with a variety of partners at the local, district, provincial and national levels utilizing a population health approach.

Many factors influence the health of a population. Focusing on early childhood development reflects an investment in health approach. Creating environments that support optimal child development results in healthy adults for future generations. (Refer to the introduction section of Nova Scotia Health Standards (Edition 1, 1997))

Program Standards

Healthy Beginnings: Enhanced Home Visiting Initiative is an enhancement to current public health programs for young families. The following program standards for Healthy Beginnings were developed within the framework of "*Public Health Services - Who we are and What we do*" and build on existing standards and targets outlined in the Nova Scotia Health Standards.¹

Public Health Services, through its governance structure:

1. Ensures that the implementation and evaluation of 'Healthy Beginnings' is grounded within the public health functions of population health assessment, health surveillance (part of assessing the health of populations e.g. tracking injuries, conducting health surveys), population health advocacy, health promotion, disease/injury prevention, and health protection.
2. Supports the establishment of multi-partner Shared Service Area Implementation Teams to implement the Healthy Beginnings: Enhanced Home Visiting Initiative using agreed upon program guidelines, targets and standards, and building on existing programs.

¹ Nova Scotia Department of Health. *Nova Scotia Health Standards*. 1997.

3. Supports a family-centred, strengths-based approach to the implementation and evaluation of 'Healthy Beginnings'.
4. With partners, establishes and maintains effective processes (i.e. policies and procedures) for communication and referral/linkages among community and other health system resources for families.
5. With community partners (e.g. Canada Prenatal Nutrition Program), continues to offer prenatal services and supports to families 'at risk'², using a family-centred, strengths-based approach.
6. Through the local implementation team, in collaboration with Healthy Beginnings Provincial Steering Committee, supports the development of the prenatal component³ of 'Healthy Beginnings'.
7. Offers universal postpartum screening⁴, using a standardized approach, according to the guidelines established by the Healthy Beginnings Provincial Steering Committee.
8. Contacts all postpartum families to provide health information/ postpartum support and home visiting as needed for identified short-term maternal and infant health concerns, using a family-centred, strengths-based approach.
9. Offers an in-depth family assessment⁵, using a standardized, family-centred, strengths-based approach, to families identified through the screening process as potentially benefiting from enhanced home visiting or other community supports.
10. Offers enhanced home visiting to families identified through the assessment process, as potentially benefiting from enhanced home visiting, for the first three years of their child's life, using a family-centred, strengths-based approach. Enhanced home visiting will be offered to families by public health professional staff and/or trained community home visitors. Together, with the home visitor, parents determine the frequency and duration of enhanced home visiting. The assessment process and known evidence/best practice will also guide the frequency and duration of home visiting.

² Nova Scotia Health Standards Document, April 1997

³ Prenatal component will also be informed by the work of the Prenatal Education & Support Program Review Working Group

⁴ As a result of (1) the considerable variation that exists in current PHS early childhood development 'practice' across the province, (2) the time required to transition to new program standards and targets, and (3) the phased-in budget allocation for 'Healthy Beginnings', it is recognized and accepted that DHAs/SSAs may have to phase-in screening and assessment processes.

⁵ As above

11. Supports 'Healthy Beginnings' professional staff competencies to support the expected outcomes for this program. The Healthy Beginnings Provincial Steering Committee has identified the following *priority training areas* for professional staff. Priority training areas include but are not limited to:
- Screening/ assessment
 - Parent-child attachment
 - Breastfeeding
 - Mental Health
 - Working knowledge of Children & Family Services Act
 - Addictions
 - Program evaluation
 - Growth & development
 - Family planning
 - Family violence
12. a) Supports the following role of community home visitor⁶: emotional and practical family support, provision of parent information, provision of general health information, referrals to partner organizations, assistance with family goal setting and achievement, and parent role modeling.
- b) Supports *priority core* training opportunities, which have been identified for community home visitors and their supervisors, to support the role of the home visitor. These include but are not limited to:⁷
- Parenting skills
 - Family goal setting
 - Professional boundaries & limits
 - Healthy child development
 - Family-centred, strengths-based approach
 - Documentation
 - Knowledge of local resources/referral processes.
- c) Supports community home visitors to acquire a 'working knowledge' of the priority training areas identified for professional staff (as identified in Standard 11).
- d) Supports the dimensions of effective support, supervision and coordination to support the community home visitor role (based on best and current⁸ practice). These include: use of a strengths-based approach, trained supervisors, low home visitor to supervisor ratios⁹, frequent and regular communication between supervisors and home visitors, regular opportunities for collective home visitor debriefing.
13. Participates, as leaders, in the development and implementation of a data collection and monitoring system to support evaluation and program planning.

⁶ Lilley, S. & Price, P. (2003) Home Visiting to Support Young Families in Nova Scotia: Report of a Province-Wide Program Scan. Report written for the Healthy Beginnings: Enhanced Home Visiting Initiative Provincial Steering Committee

⁷ Lilley, S., Price, P. (2003). Home Visiting to Support Young Families in Nova Scotia. Report written for the Healthy Beginnings: Enhanced Home Visiting Initiative Provincial Steering Committee

⁸ Lilley, S. & Price, P. (2003) Home Visiting to Support Young Families in Nova Scotia: Report of a Province-Wide Program Scan. Report written for the Healthy Beginnings: Enhanced Home Visiting Initiative Provincial Steering Committee

Pennock, M. (2002). The Effectiveness of Home-Visiting Services for Early Child Development, A Review of the Evidence

⁹ Great Kids Inc (2000) Program Planning Guidebook – Home Visitation Programs for Families with Newborns (recommends a full time supervisor for 5 community home visitors)