

Home Visiting to Support Young Families in Nova Scotia

Report of a Province-wide Program Scan

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EXECUTIVE SUMMARY

The Healthy Beginnings: Enhanced Home Visiting Initiative is one of three priority areas for early childhood investment in Nova Scotia. Through universal screening and in-depth family assessment, Healthy Beginnings will enable Public Health Services to identify families facing challenges and to offer these families home visiting support for up to three years and/or referral to other health and community resources.

A Provincial Steering Committee has been set up to guide the development of Healthy Beginnings. This environmental scan was commissioned by the Nova Scotia Department of Health on behalf of the Provincial Steering Committee to provide a foundation for the home visiting component of the Initiative. It was intended to identify existing pre-natal and early childhood home visiting programs in the province and to examine their work collectively, together with similar programs in neighbouring provinces, in order to make recommendations regarding the role, competencies, training and governance for home visitors.

Data collection took place in February 2003 through a written survey, telephone interviews with program managers (21) and home visitors (8), and a review of program documents. Twenty-six Nova Scotia organizations were invited to participate and 22 completed the survey. Important information was also collected through interviews with key informants from province-wide peer support programs in Prince Edward Island and Newfoundland and Labrador.

After the data collection and analysis were completed, members of the Healthy Beginnings Provincial Steering Committee and directors of Public Health Services from across the province were invited to participate in a one-day working session to discuss and interpret the results of the environmental scan. The meeting focused on the role, competencies, training and governance for home visitors. Prior to the meeting, all participants had read both the results of the scan and the report of a literature review of peer home visiting programs.

Role of Home Visitors

The environmental scan identified the unique role that peer home visitors play in nurturing mothers and families. This role, of supporting and strengthening families as a whole, includes emotional and practical support, referrals, information, role modelling of parenting behaviours and assistance with goal setting. The Steering Committee recommended that this role be adopted for Healthy Beginnings home visitors. They further recommended that the work of home visitors be parent-directed, through goal-setting and responding to the immediate needs of the parent, and that it should be supported by a core content of information and resource material. The environmental scan further revealed that the role of peer home visitors is not widely understood or appreciated among helping professionals. The Committee therefore recommended the promotion of this role both within Public Health Services and with other service providers.

Competencies and Training

The Steering Committee agreed that peer home visitors should be recruited based on their personality, values, people skills, life experience, connection to the community, and ability to work collaboratively, rather than on their educational achievements. They recognized, however, that home visitors do need a fairly high level of literacy and some stability in their own personal lives. The environmental scan identified a list of personal attributes that are important for home visitors. The Steering Committee supported the use of this list in recruiting home visitors for Healthy Beginnings.

According to research on best practices, training of both home visitors and their supervisors is an essential component of peer home visiting programs. The results of the environmental scan indicate that obtaining this training is a challenge for home visitors outside the Halifax area. Programs in Prince Edward Island and Newfoundland and Labrador, however, demonstrate that a coordinated system can provide substantial training, even for home visitors in rural areas.

Steering Committee members agreed that an effective peer home support program will require substantial initial and ongoing training for home visitors and their supervisors, and that this should be done in cost-effective way, using a of scale. They also agreed that training resources and opportunities should be shared province-wide and inclusive of other service providers to the extent possible. They recommended that a core training program be developed provincially as well as a training plan with an adequate budget.

Governance

The Provincial Steering Committee agreed that Healthy Beginnings should be guided by provincial policies and standards in the following areas:

- the role of home visitors, scope of practice, and boundaries
- competencies, qualifications, and core training for both home visitors and their supervisors
- title, job description, and salaries for home visitors
- workload for home visitors (number of families) and supervisors (time required for supervision, and number of home visitors supervised)
- confidentiality, documentation, and reporting procedures.

The Steering Committee considered a variety of organizational models for providing supervision and support for Healthy Beginnings' home visitors. They recognized, however, that a decision about the infrastructure for home visitors should not be made without further consultation, particularly with local Healthy Beginnings implementation teams. They suggested a number of criteria these teams may want to consider when selecting an organizational structure.

Home Visitor Support

Both the environmental scan and best practice research identify effective support for home visitors as essential to the success of peer home visiting programs and suggest that a strength-based approach to home visitors will likely be far more effective than a deficit one.

In a strength-based approach, professionals focus on strengthening rather than limiting the work of home visitors. They recognize that the peer home visitor develops relationships of trust with hard-to-reach families that they, the professionals, may not be able to achieve. Rather than surrounding her with boundaries and limitations, they surround the home visitor with a

supportive, multi-disciplinary team who can connect to hard-to-reach families through her. The home visitor learns, grows and continually expands her capacity.

The environmental scan also highlighted the intensity and diversity of situations confronted by home visitors and their need for both guidance and emotional support. Fulfilling this demanding and on-call supportive role would be difficult for anyone who has many other responsibilities and should not be tacked onto the job description of existing personnel.

Partnerships

Partnerships are also included among the criteria for successful home visiting programs. Peer home visiting programs in two neighbouring provinces attributed their success to a partnership between their public health departments and family resource centres. Our work revealed numerous compelling reasons for a similar partnership in Nova Scotia. The province already has a variety of programs, many in family resource centres, that offer peer support for young families. These programs can provide a firm foundation and significant expertise for Healthy Beginnings, if they are brought in as partners early in the development of the initiative. These programs currently provide support to limited populations, with limited coverage and with very limited resources. Healthy Beginnings provides Nova Scotia with a unique opportunity to strengthen these programs by weaving them into a more coordinated, interdependent and province-wide network of support for young families.

Achieving this result, so clearly articulated in the goals of Healthy Beginnings, will mean a certain degree of letting-go and risk-taking for both Public Health Services and family resource centres. It will require increased interdependence and new ways of working together. The approach taken by Public Health Services to date, consulting existing programs and forming local implementation teams, has put Healthy Beginnings on a solid foundation for achieving its stated goals: promoting the optimal development of children, enhancing the capacity of both parents and communities to support healthy child development, and contributing to a coordinated, effective system of child development services and supports for children and families.

Summary of Recommendations

Recommendations of the Healthy Beginnings Provincial Steering Committee:

1. The primary role of Healthy Beginnings home visitors is to nurture the mother and family. It should include emotional and practical support, information, referrals, assistance with goal setting and parent role modelling.
2. The work of home visitors should be primarily parent-directed and should be supported by a core content of information and resource material.
3. Home visitors should have ready access to a supportive supervisor and a team of service providers from a variety of disciplines.
4. Home visitors and their supervisors should receive initial training and ongoing support regarding their roles and boundaries.
5. Healthy Beginnings should adopt, protect and promote the peer home visitor model.
6. Provincial and local Healthy Beginnings committees should implement strategies to communicate and promote the role of peer home visitors both within Public Health Services and with other service providers.
7. The words *lay* and *para-professional* should no longer be used in describing Healthy Beginnings home visitors.
8. Peer home visitors should be hired based on their personality, values, people skills, life experience, connection to the community and ability to work collaboratively rather than their educational background.
9. The lists of personal attributes and basic knowledge identified through the environmental scan should guide the recruitment of Healthy Beginnings home visitors.
10. Initial and ongoing training for both home visitors and their supervisors must be a priority. A training plan should be developed and an adequate budget protected for initial and ongoing training.
11. The list of topics for home visitor training identified through the environmental scan should guide the development of Healthy Beginnings core training for home visitors. In addition to these, the training should reflect Healthy Beginnings' standards, be based on time-tested training programs from similar initiatives elsewhere, and include the additional topics identified by the Steering Committee.
12. Training should be done in a cost-effective manner, using economies of scale and approaches such as tele-health, train-the-trainer and partnerships.

13. Training resources and opportunities should be shared province-wide and inclusive of other service providers to the extent possible.
14. Core training should use an adult education approach that recognizes and builds on the strengths each person brings to the program.
15. Provincial standards should be developed regarding the title, role, job description, and salaries for home visitors; the workloads, competencies, qualifications, and core training for both home visitors and their supervisors; and the required documentation and reporting systems.
16. Healthy Beginnings' local implementation teams should be consulted in the selection of an organizational structure for peer home visitors.

Additional Recommendations of the Authors:

17. Public Health Services should approach the support and supervision of home visitors from a strength-based perspective.
18. New positions and a job description should be created for supervisors of peer home visitors.
19. Programs currently offering peer home visiting should be invited to participate on local implementation teams.
20. Representatives of peer home visiting programs should be consulted in the development of provincial standards, such as job descriptions, competencies, and core training programs.
21. The home visiting component of Healthy Beginnings should be delivered in close partnership with family resource centres.
22. Healthy Beginnings home visiting services should be offered to eligible families on a voluntary basis. Positive and persistent outreach should be used to encourage families to participate.
23. Healthy Beginnings home visiting should be flexible in terms of the interventions used and the intensity and duration of the service, to meet the changing needs of diverse families.

Section one INTRODUCTION

Healthy Beginnings: Enhanced Home Visiting Initiative is one of three priority areas identified for early childhood investment in Nova Scotia. This initiative, which will be implemented by the province's District Health Authorities, is an enhancement to current Public Health Services' perinatal programs and services. Through universal screening and further in-depth family assessment, Healthy Beginnings will enable Public Health Services to identify families facing challenges and to offer these families peer home visiting support for up to three years and/or referral to other health and community resources.

The goals of Healthy Beginnings (in conjunction with existing Public Health Services peri-natal initiatives) are to:

- promote the optimal physical, cognitive, emotional and social development of all children in Nova Scotia
- enhance the capacity of parents to support healthy child development
- enhance the capacity of communities to support healthy child development
- contribute to coordinated, effective system of child development services and supports for children and families.

The peer home visiting component of Healthy Beginnings will focus on supporting parents, promoting a healthy parent-child relationship, fostering healthy child development and linking families with community resources that further enhance opportunities for the healthy growth and development of the baby and the family as a whole.

A Provincial Steering Committee was set up to guide the development of Healthy Beginnings. This environmental scan was commissioned by the Nova Scotia Department of Health on behalf of the Steering Committee to provide a foundation for their work. It was intended to identify existing pre-natal and early childhood home visiting programs in the province and to examine their work collectively, together with that of programs in neighbouring provinces, in order to make recommendations regarding:

- the role of peer home visitors
- competencies and core training requirements
- governance structures for the program.

Methodology

Data collection took place in February 2003. A contact list of home visiting programs in Nova Scotia was compiled from information provided by members of the Provincial Steering

Committee and found through an Internet search. Although the focus was on peer home visiting, some programs that rely on professional home visitors were included. As there was some uncertainty about including Early Intervention Programs and child welfare agencies in the scan, a sample of both types of home visiting programs was included to capture the diversity of programs and perspectives.

Every organization on the contact list was contacted by both letter and telephone to inform them about Healthy Beginnings and the environmental scan. Twelve Nova Scotia initiatives and three in other provinces were selected for more in-depth study. These were selected strategically to include all programs with substantial home visiting components, to represent the diversity of programs and to reflect every shared service area. (The province's nine health districts come together to form four shared service areas: South Shore, South West Nova and Annapolis Valley in the western part of the province; Colchester / East Hants, Cumberland County and Pictou County in northern Nova Scotia; Guysborough/Antigonish/Strait and Cape Breton in the east; and Capital District in the centre of the province.) Information was then obtained in several ways:

Written Surveys

Every program identified was asked to complete a brief written survey describing their home visiting service. Of the 26 Nova Scotia organizations invited to participate, 73% completed and returned the survey. The information they provided is included in Section Four and shown on the map on page 9.

Administrator Interviews

Semi-structured telephone interviews were conducted with a total of 21 program administrators representing 15 initiatives both within and outside the province. Telephone interviews lasted from 45 minutes to two hours. One of the administrators chose to answer the questions in writing instead of over the telephone and a few sent written answers in addition to the interview. One interview was conducted in person. Additional information was obtained through informal telephone conversations with several more program administrators.

A commitment of anonymity and confidentiality was made to respondents from local programs. In order to preserve anonymity, the word administrator is used in the report to describe all of these people. However, the group included executive directors, coordinators and supervisors of home visitors, as well as some people in dual roles who are both responsible for the program but are also home visitors themselves.

As it was not possible to make a commitment of anonymity to administrators of programs in Prince Edward Island and Newfoundland and Labrador, sections of the report dealing with these programs were sent in draft form to respondents from these provinces for their editing and approval.

Home Visitor Interviews

Semi-structured telephone interviews were also conducted with home visitors from eight

programs. Once again, anonymity and confidentiality were promised and respected. These interviews provided valuable insight into the reality of home visiting from the worker's perspective.

Document Review

All programs were encouraged to send job descriptions and eight chose to do so. Several administrators also provided documents such as program guidelines, policy manuals, evaluation reports and various data collection tools. The following additional reports were also consulted:

- Program Planning Guidebook: Home Visiting Programs for Families with Newborns, produced by Great Kids of America Inc. (2000)
- CAPC/CPNP Home Visiting Took Box, produced by the Algoma Cooperative Children's Services (1999).

These documents, as well as those provided by the local programs are listed in the appendix.

End of Data Collection

Towards the end of the data collection phase, a list of all the home visiting programs identified was circulated to three key informants in an attempt to validate the list. No additional programs were found at this time.

Data Analysis

The N6 software package for qualitative research was used for analyzing the data. This was done according to a coding framework determined by the questions outlined in the request for proposals as well as themes emerging from the interviews. Quotes are used liberally throughout the results section to support the claims and allow respondent's own words to convey the reality of their experiences with home visiting programs.

Interpretation of Results

Members of the Healthy Beginnings: Enhanced Home Visiting Initiative Provincial Steering Committee and directors of Public Health Services from across the province were invited to participate in a one-day working session to discuss and interpret the results of the environmental scan. Thirteen people participated in the session, including representatives from:

- Public Health Services in every shared service area
- The Department of Health (Public Health and Health Promotion)
- The Department of Community Services (Community Outreach Services)
- The Reproductive Care Program of Nova Scotia
- Health Canada (CAPC/CPNP, Atlantic Regional Office).

Prior to the meeting, all participants had reviewed sections one, two and four of this report as well as the report of a literature review¹ conducted by Dalhousie University for the Steering Committee. The session focused on three issues identified as priorities by the group:

- The role of Healthy Beginnings home visitors
- Core competencies and training requirements
- Governance structures for the program.

The facilitated process used to interpret the results involved small and large group discussions for each of these topics, organized around three key questions:

- What? What does the environmental scan tell us about this?
So What? What does this mean for Healthy Beginnings? How does it fit with other
 information we have on this issue?
Now what? What recommendations should we make based on these results?

The discussion and recommendations from this session are incorporated into section three of this report.

Limitations

The primary limitation of this report is that it reflects the experience of only some of Nova Scotia's home visiting programs as interviews were only conducted with a sample of programs due to limited time and resources. Several programs that were invited to participate chose not to do so in spite of our frequent phone calls, voice mail messages and email requests. For some of these we were able to confirm through personal communication or web sites that they do provide home visiting and these were included in the lists of programs on pages five and six.

The map of home visiting services on page nine was drawn roughly according to the descriptions of geographic coverage provided by programs on the written survey. Although the geographic boundaries shown are somewhat tentative, the map does provide a general overview of home visiting in the province. In the case of Digby County, we were unable to obtain information about the actual geographical coverage of home visiting.

Only a few of the many early intervention programs and child welfare agencies were included in the scan for reasons described above, so any comments about those programs should be interpreted with caution.

In spite of these limitations, we feel that the report captures the flavour, diversity and key issues of Nova Scotia's home visiting programs.

Section two

RESULTS OF ENVIRONMENTAL SCAN

I Programs

Prenatal and early childhood home visiting programs are located throughout Nova Scotia. All are aimed at providing support and increasing family capacity. Most operate out of either family resource centres, child welfare agencies or early intervention programs. This section locates the programs and describes them in broad terms. Section Four contains the more detailed information provided by each of the home visiting programs that responded to our survey.

Scope of Programs

Home visiting programs vary considerably in the number of families they are able to support at any one time. The following list illustrates the relative sizes of the programs we found, based on their own estimates of the yearly average number of families that receive their home visiting service.

Over 100 families per year

- Child Help Initiative Program, Native Council of Nova Scotia

50 - 99 families per year

- Great Beginning CPNP Program, Annapolis Valley Hants-Community Action Program for Children
- Babies Come First CPNP Project, Maggie's Place Family Resource Centre
- Growing Together Northside Victoria, Cape Breton Family Place Resource Centre
- Guysborough Prenatal Nutrition Program, Kids First Association
- Volunteer Doula Program, Single Parent Centre, Spryfield
- Growing Together, Dartmouth Family Resource Centre
- In-Home Support Program, Bayers Westwood Family Support Services Association
- New Mothers' Support Program, Single Parent Centre, Spryfield
- Extra Support for Parents Volunteer Service, IWK Health Centre, Halifax

25 - 49 families per year

- The South Shore Family Resource Association Lunenburg County / The Family Support Centre Bridgewater

1- 10 families per year

- Baby Talk, Kids First Association, Pictou County
- Extra Support for Shore Parents (ESSP), Eastern Shore Family Resource Association
- New Moms Program, Halifax Military Family Resource Centre, Halifax
- Veith House In-Home Parenting Program, Veith House, Halifax

Local and Regional Programs

Many family resource centres offer some form of home visiting, but the purpose and scope of this service varies greatly among centres. In some centres, home visiting is limited to an occasional visit, such as to celebrate the arrival of a new baby. In centres with more active home visiting, it is a means of providing support, informal education and referral. Some programs are strictly prenatal, others postnatal. Home visiting is a means of developing relationships with families who would not otherwise participate and get them involved in centre activities. For a few rural programs it is the primary means of service delivery to geographically isolated families.

In addition to programs in family resource centres, the IWK Health Centre's Extra Support for Parents (ESP) offers home visiting to families of newborns in urban and suburban HRM as well as some of the more rural areas close to the suburbs. The purpose of the program is to reduce stress and isolation and improve parenting confidence and capabilities among families who need it most. Trained volunteers provide mothers with emotional support, adult company and hands-on help with the child or children through weekly visiting for up to six months and sometimes longer.

Home visiting programs are available in the following locations:

South Shore / Southwest Nova and Annapolis Valley (DHA 1, 2 and 3)

- Eastern Kings County
- Within a 50 km radius of Kennetcook in Hants County
- Lunenburg County
- Digby County (service boundaries unknown)

Colchester / East Hants, Cumberland County and Pictou County (DHA 4, 5 and 6)

- Cumberland County
- Pictou County

Guysborough/Antigonish/Strait and Cape Breton (DHA 7 and 8)

- Inverness County
- Victoria County, Cape Breton Regional Municipality (north side)
- All of Guysborough County

Capital District (DHA 9)

- The Bayers Westwood Public Housing community
- Dartmouth North
- From Ship Harbour to Lake Echo/Mineville
- Halifax Regional Municipality (military families)
- Metropolitan Halifax
- Halifax and Dartmouth
- Lower Sackville
- The Prestons, Cherrybrook and Lake Loon

The approximate territory served by these local and regional home visiting programs is shown on the map on page 9.

Province-wide Programs

Three programs provide home visiting province-wide. The Native Council of Nova Scotia's Child Help Initiative Program (CHIP) offers home visiting to off-reserve aboriginal families from offices in Truro, Sydney and Milton.

Early intervention programs also provide home visiting province-wide through 45 early interventionists working in 16 incorporated non-profit societies funded by the Department of Community Services. Services are for families with infants and young children who have a diagnosed developmental delay or are at risk of developing one. The goals of these early intervention programs are child development and community inclusion.

Home visiting is also provided by approximately 40 family support workers in child welfare agencies province-wide. The role and designation of these home visitors varies across the province, as do the organizations in which they work. In general, they aim to provide families with knowledge, self-esteem and skills to enrich child rearing, home management and use of community resources. The service is only available to families with 'open child protection files'.

Reactions to Healthy Beginnings

With the exception of the child welfare and early intervention agencies, most of the administrators we spoke with had heard of and read about Healthy Beginnings. Several expressed appreciation that they were being consulted in its development. Throughout the interviews we heard many reactions to the program, both positive and negative. In general, respondents said that this kind of program is needed, however, they had many questions and concerns about its implementation and the impact it would have on their own services and the families they support.

When we asked how they see Healthy Beginnings working with existing programs like their own, people either said they did not have enough information to respond or that they see Healthy Beginnings and their own program existing side by side, offering distinct services to the same or

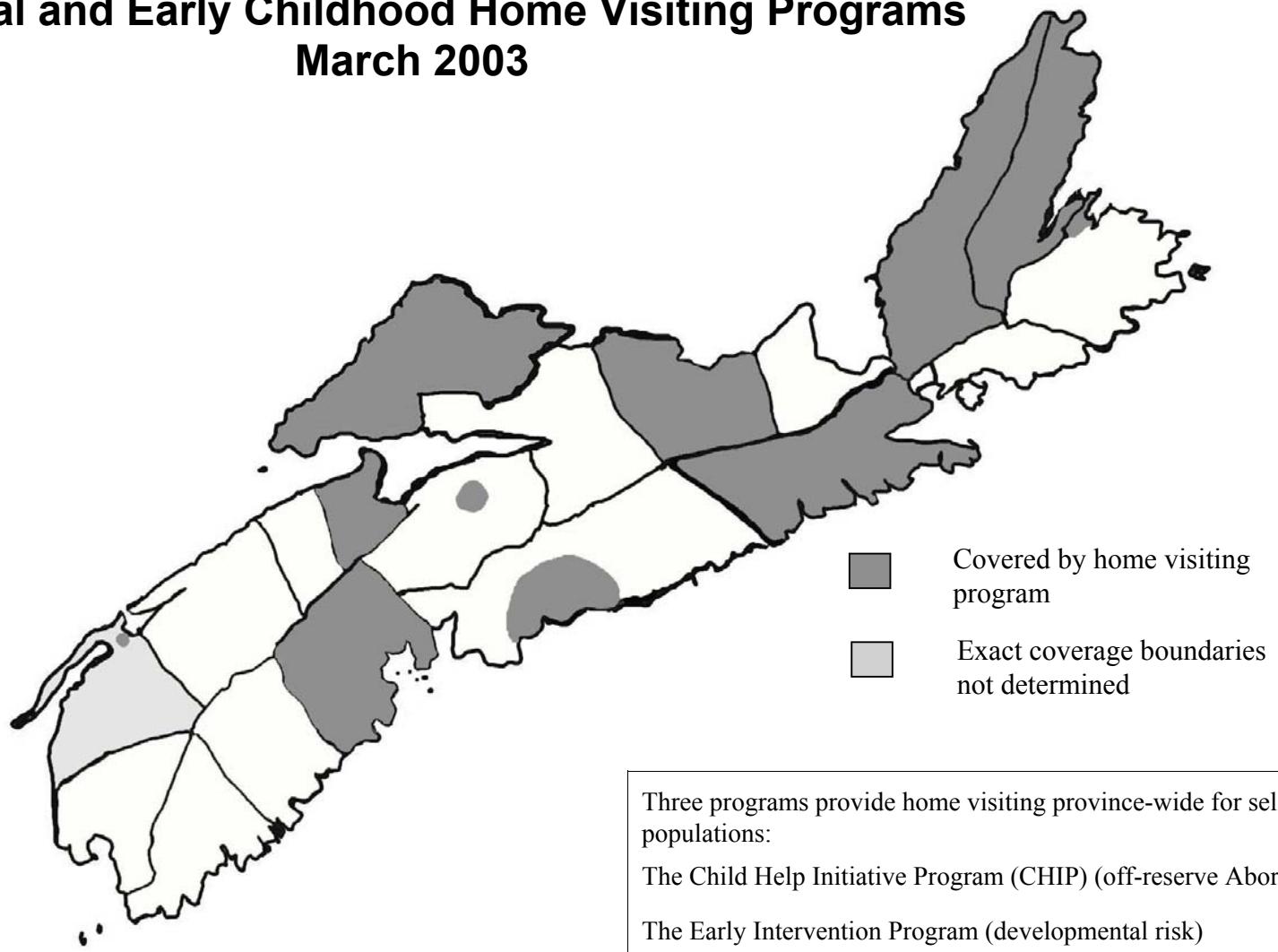
a similar population. This latter group said that the need is great – home visiting is not available to all families who need it, and even those receiving the service could use more support. A few suggested that Healthy Beginnings would deal more with “health issues” such as breastfeeding, infant care, or parenting, while their own program would continue to provide more practical supports to families.

Several people expressed concerns about potential overlap with their program, including waste, loss of referrals, loss of funding and confusion among the families with whom they work. They said they hoped that Healthy Beginnings would build on and strengthen existing services rather than duplicate them. A few administrators whose programs receive referrals from Public Health Services were concerned that the universal screening would result in far more referrals than they can presently handle. One person expressed concern about what will happen at the end of the five-year funding and another about reliance on peer home visitors for very demanding work.

Neighbouring Programs

Both Prince Edward Island and Newfoundland and Labrador have established coordinated, province-wide peer support programs. Prince Edward Island’s Best Start program, modelled after Hawaii Healthy Start, provides universal screening and peer in-home support to eligible families of children from newborn to age three, in partnership with regional public health offices. Best Start was pilot-tested for four years in the Charlottetown area and is now offered from family resource centres throughout the province. In Newfoundland and Labrador the Healthy Baby Club, a prenatal support program, has been around since the early 1990s and is now available through family resource centres and their ‘satellites’ in many communities across the province. Both these programs were included in the scan because of their similarities with Healthy Beginnings. New Brunswick’s Early Childhood Initiative, another program with similar goals, was also examined as part of this work. Because it relies entirely on professional staff to provide home support, it was not considered a useful model for Healthy Beginnings. A brief description of the program can be found in section four.

Prenatal and Early Childhood Home Visiting Programs March 2003



Three programs provide home visiting province-wide for select populations:

- The Child Help Initiative Program (CHIP) (off-reserve Aboriginal)
- The Early Intervention Program (developmental risk)
- Child welfare agencies (open protection cases)

Healthy Baby Club

Newfoundland and Labrador

The Healthy Baby Club is a support program that responds creatively to the needs of pregnant women in Newfoundland and Labrador. The intent of Healthy Baby Club is to strengthen community support for expectant mothers and their infants. Mothers from the community, called resource mothers, are trained to deliver the program. Healthy Baby Clubs provide prenatal education and support through regular group sessions, parenting workshops, food supplements, cooking sessions and informal support. Most programs also include home visiting. Pregnant women are referred to the program by friends, physicians and public health nurses. The program is holistic, informal and very flexible to adapt to the needs of each family.

Healthy Baby Clubs developed in Newfoundland and Labrador in the early 1990s using a model developed by the Daybreak Parent Child Centre. The concept and framework for the program grew out of a community capacity building approach. Community partnerships are believed to have been the key to its long-term success. One or more Healthy Baby Clubs, funded by either Health Canada (CPNP) or the provincial government, is operated from each of the 24 family resource programs in the province. Resource mothers and coordinators are employees of the family resource programs and are supported by a Healthy Baby Club Support Team. The Provincial Healthy Baby Club Advisory Committee supports the program by developing standards and facilitating communication, however every program is different according to community needs.

The success of Healthy Baby Clubs has been attributed to two essential elements: partnerships and community capacity building. Through close collaboration between family resource centres and the Department of Health and Community Services (via the local public health nurse), prenatal education and support are available and accessible to mothers who previously had no such support. In addition, the community development approach used by Healthy Baby Clubs has been shown to increase the capacity of communities to respond to the needs of expectant mothers.

Best Start

Prince Edward Island

Best Start, which began as a three-year pilot program in Queen's Region, is presently being implemented throughout Prince Edward Island. In this program, public health nurses screen every newborn/family to identify those who can most benefit from intensive home visiting. Home visits are provided by Best Start workers who are employed, trained, supported and governed by staff from one family resource centre but operate out of every centre on the Island.

Best Start workers offer weekly visits and establish a relationship of trust with the families. The quality of this relationship is the foundation for achieving program goals. The service uses a strength-based approach and workers become partners with parents, helping them to achieve their goals, rather than acting as an expert telling a family what to do.

A unique element of the program is the conscious attention given to the parent-child relationship, which is one of three program goals. During each home visit, Best Start workers introduce a positive parent-child activity and encourage interaction to develop language, fine motor, gross motor and social development of the infant. Positive behaviours are reinforced while the worker models nurturing behaviours not observed during the visit.

Promoting healthy growth and development is another important aspect of the program. The Best Start program has a core content that covers a wide variety of topics including infant growth and development, brain development, infant feeding and nutrition and infant/child safety. In addition to covering this material, Best Start Workers check in with the family regarding up-to-date immunizations and medical appointments.

The third goal of the program is to enhance family functioning. Families are encouraged to determine goals they would like to work on with support from the Best Start worker. They are referred to community supports such as parenting programs, playgroups and counselling.

Key Findings About Programs

- The Native Council of Nova Scotia, the Early Intervention Program, and child welfare agencies offer home visiting to selected populations province-wide.
- Every one of the province's four shared health service areas has one or more family resource centres that offer home visiting programs to families that need it.
- The purpose and scope of home visiting, even among family resource centres, varies considerably across the province.
- Experience with province-wide peer support programs in neighbouring Prince Edward Island and Newfoundland and Labrador can provide useful information for the development of Healthy Beginnings.

II Families

Home visiting is used to open doors of hard to reach families that may be at high risk. Our home visiting program is meant to be the stepping stone towards a continuum of comprehensive support and service to those families that would not traditionally access mainstream health and social services. (document)

A few of the programs we examined are universal. More often, the people who receive home visiting services are young and/or single parent families and families living in difficult circumstances due to financial, social or geographic circumstances. Of the agencies that responded to our enquiries, twelve work with families of new babies, two work with pregnant women, and five offer support to families both during pregnancy and up to several months or years after the child is born. Some programs are aimed at very specific families: military families, off-reserve aboriginal families, families with child protection histories and families with children at risk of developmental delay. The specific populations served by each program are listed in Section Four.

People from urban programs spoke about the great diversity among the families they support. Not only cultural diversity, but also very diverse compositions and situations. They make an effort to recruit home visitors that reflect this diversity and provide training in working with diversity. One respondent recommended that Healthy Beginnings do so as well.

For most of the programs examined, mothers either hear of the service through word of mouth or are referred by public health nurses, physicians, social workers or other agencies. Some programs promote their services through a brochure and at community events, although a few mentioned that they do little promotion because they could not handle many more participants. Others said they cannot promote the service publicly because they do not want to create the impression that it is available to everyone. A few programs, including the Dartmouth Resource Centre and PEI's Best Start have a system in place to notify them of every new baby.

In most programs, home visitors go into homes only when families invite them to do so. A theme that came out very strongly in our interviews is the importance of home visiting being voluntary. People emphasized that for home visiting programs to be effective, mothers must not be forced to participate. While some families are quick to accept support, others need to know a program is safe. Developing that reputation in the community takes time and the reputation, once gained must be closely safeguarded as it can easily be lost. A few of the people we spoke with cautioned Healthy Beginnings that it will take some time for the program to become known and trusted in the community and for families to be comfortable with inviting Healthy Beginnings workers into their homes. They also cautioned that not all families appreciate receiving support at home.

Because [Healthy Beginnings] is a new program, it will need time to settle in the community and families need to become comfortable with the service before using it. Our home visiting staff did some community programming i.e. Mother Goose, "Readiness to Learn", Drop-ins, etc. The programs provided our staff with a nice introduction to the communities they serve and often served to break down social isolation which is often a problem for the families we work with. (administrator)

People we spoke with in one program expressed a concern that working with families who have been screened as high risk through Healthy Beginnings may affect the relationships that can be developed with families and the outcomes of the program. The experience with Best Start in Prince Edward Island is that only half the families who are found, through screening, to be eligible for the program actually participate. While there are a variety of reasons, for many it is a personal choice. Reducing the number of families who choose not to participate is a priority for the coming year.

Key Findings About Families

- Most families who receive home visiting services are young and/or single parent families and those living in difficult circumstances due to financial, social or geographic circumstances.
- Home visiting is believed to be most effective when families choose to receive the service voluntarily.
- Families need to be sure that the home visiting service will be 'safe' before they will agree to receive the program. Establishing this reputation for a new program is crucial and takes awhile. Once gained, the reputation must be safe-guarded because it can be easily lost.

III Home Visitors

Who are the home visitors? In general, home visitors are women who have much in common with the families they work with. Often they are from the same communities and have lived through similar life situations. Most are mothers themselves, often mothers who have breastfed. They are empathetic, non-judgmental and good listeners who are able to maintain confidentiality. They have knowledge and experience in many fields, but most are not specialized in any one particular area. They are experts at knowing the resources and services available for people in their community. They come from a wide variety of backgrounds and don't fit into clearly defined categories such as lay, paraprofessional and professional. The following titles are used to describe them:

- home visitor
- community home visitor
- doula
- family support worker
- family intervention worker
- early interventionist
- ESP volunteer
- resource mother
- Best Start worker
- family skills worker.

Very few of the programs we studied required that their home visitors have professional certification or university degrees. More often selection is based on personality, values, people skills and life experience. Programs have long lists of characteristics they look for when hiring home visitors.

The Role of Home Visitors

While the role of home visitors varies somewhat in each program, many similarities were noted. The common themes noted across most programs were the provision of:

- emotional support
- practical support
- information
- referral
- assistance with goal setting
- parent role modelling.

In one program, participants described the role of the home visitor as a 'lifeline' for mothers, in another program, the role was described as 'nurturing the mother,' citing evidence that mothers who are nurtured themselves become in turn more nurturing to their babies. Some of the other words used to describe the role of peer home visitors included:

The true role of the community home visitor is that she weaves all of the pieces and services offered in a centre together and makes things seamless for families. (administrator)

I think of my role as helping them think for themselves, to increase their independence

and ability to operate on their own. (home visitor)

The resource mother is like a surrogate mother – a grandmother or an older sister. A supportive neighbour, really, but someone with some training and support. (administrator)

It isn't about babysitting or helping with the dishes, which is what a lot of people think. But they are not counsellors or diagnosticians either. They are there to present information. (administrator)

More than anything I am 'ears'. That's probably the most important thing I do.... For many of these women I am the sole support person.... They just need someone to vent to and someone who can sympathize with what they are going through... And you can really see how replenished they are. They can be down and gloomy when you drop in and after a couple of hours just chatting they are alive and full of energy again. (home visitor)

The in-home support they provide is mainly sitting and listening, providing parenting information and modelling parenting skills. (administrator)

Three roles that were mentioned only rarely in association with home visitors are advocacy, assessment and counselling. While some home visitors are involved in advocacy, in other programs the role of home visitors is to connect families with others who can advocate on their behalf. Counselling was mentioned in a few programs, including child welfare programs and prenatal nutrition programs.

As for assessment, Best Start workers in Prince Edward Island are trained to do a variety of parent and child assessments, some of which are for program evaluation purposes. Home visitors in early intervention programs and child welfare agencies in Nova Scotia are also involved in assessment, as are prenatal nutritionists. More general home visitors in this province tend to do much informal assessment, but formal assessment was not mentioned as one of their roles. It was noted by a few respondents that assessment is a judgmental role that is contrary to the relationship-building done by their home visitors.

A few people mentioned that although much of the work of peer home visitors – chatting, helping with the baby, driving a mother to appointments – may appear menial, it is far from being so and needs to be valued in its own right. In a 1999 evaluation of Newfoundland and Labrador's Healthy Baby Clubs, participants identified resource mothers as the most important part of their experience.² Similar findings appear in a more recent evaluation of the Dartmouth Family Resource Centre.³ One public health nurse connected with a peer home visiting program said that the peer visitors develop a much closer, more long-term relationship than is the case in the home visiting done traditionally by public health nurses.

Some of the people we spoke with suggested that not all professionals value the work of home

visitors and that they do not always get the respect they deserve. Although people in one program expressed difficulty with the peer model, a strong recommendation from several of the people we interviewed is that Healthy Beginnings should not be ‘professionalized’ – that it should truly be a peer program.

The peer visitor model should be peer. It shouldn't be professionalized in a clinical way. Peer visitors should not be trained to do nurse kinds of things, they have their own role to play. It's okay to provide some support with breastfeeding, in consultation with a nurse, but it's also okay for a community home visitor to just walk a mom to an appointment. They [Healthy Beginnings] need to recognize and value that informal role. (administrator)

Don't complicate it – if you could go back in time 100 years, that's all it needs to be. A person who comes by, has a cup of tea, reaches out to you, but with a little more structure. But don't make it more structured than it has to be. (administrator)

Work Loads

Work loads for home visitors vary considerably across the programs we examined in relation to variables such as the distance travelled, the type of service provided, the frequency of visits and the severity of the family situation. In several programs home visitors are also involved in facilitating groups and other activities, making it difficult to compare the numbers of families they work with. One administrator of a province-wide program urged Healthy Beginnings to ensure that the number of families home visitors work with is manageable, saying this is critical to the success of the program.

In the prenatal nutrition programs we examined, home visitors work with 15-30 families each. In other programs they have fewer, with about 10-20 families per home visitor, however, these home visitors often have other responsibilities such as group facilitation. In the volunteer programs, most home visitors work with one family at a time, whom they visit once a week. Home visitors in the child welfare agencies we examined work with 7-15 families and estimates varied by agency.

In Prince Edward Island, Best Start policy states that workers have a maximum of 25 families, or 15 level one families who require more intensive support. Resource mothers in one rural Newfoundland Healthy Baby Club, who facilitate or co-facilitate group programs as well as home visiting, work with 8-12 families.

Experience in Nova Scotia's Early Intervention Program has shown that interestingly, in spite of distance, home visitors in rural areas are sometimes able to work with more families. In this program, home visitors in rural areas work with 18 - 22 families whereas those in the city work with 12 - 15 families. Apparently, this is because in the city there are so many more services and support agencies to deal with for every family that the work is more complex, with more phone calls to make for each family.

Key Findings About Home Visitors

- In general, home visitors are mothers from the community who have breast-fed and have lived through life situations similar to those of the women they are visiting. They are empathetic, non-judgmental and good listeners who are able to maintain confidentiality. Their expertise lies in knowing the resources and services available for people in their community.
- Home visitors are selected based on personality, people skills and life experience more than academic training.
- The role of home visitors varies somewhat from one program to another, however, in most programs they provide emotional support, practical support, information, referral, assistance with goal setting and parent role modelling.
- The role of peer home visitors is not well understood or valued by some professionally trained helpers.
- Currently in Nova Scotia many home visitors have other responsibilities such as coordinating or co-facilitating group programs.
- The number of families a home visitor can work with at any one time varies in relation to the distances travelled, the type of service provided, the frequency of visits and the severity of the family situation.

IV Services

Home visitors provide a very broad range of supports and services to families, including information, referral, emotional support and practical help with the complexities of everyday living. Most programs espouse the principle of mother-directed programming. While home visitors are able to cover many topics, whether or not they do so depends on the immediate needs expressed by the mother and in some cases, on goals she has set with support from the home visitor.

No two people's programs look exactly the same - we allow them to steer it the way they want to so they can get the information that they need as opposed to what we think they need. (home visitor)

The program is not a one-size-fits all program. It is carefully tailored to meet each woman's needs. Whatever amount of support they need is what [the home visitor] will provide, for some that can be as little as four visits... for others it can be many visits over an extended period. (administrator)

The program is family-directed, and so they do goal setting and set priorities with them, for example for some people it's their second baby so they might want to talk about budgeting and finances instead of baby care. (administrator)

Emotional Support

Every home visiting program we examined provides emotional support for mothers and families. Most often, this is done by just listening to mothers, who are often isolated and have no one else to talk to. Home visitors provide affirmation and reassurance and generally 'nurture' mothers. They are present through periods of family violence or grief and sometimes even in the delivery room. Emotional support occurs during friendly visits and visits to celebrate a new baby. It also happens informally while home visitors are providing more concrete support.

Our program really makes a difference in people's lives, whether it's for someone who has never had to ask for help before, and has to now, or whether it's someone who has always had a rough life. It's reaffirming to have someone that will come to your house every week and be a good support. There is so much sexism, pressure, poverty ... having someone who is there, supportive, reliable and non-judgmental and gives a boost to the mother's self-esteem, telling her she is good mother and can get through it, that someone believes in her. That gives women energy and the confidence to take the steps they need to take. It's hard to quantify but it's still so important. (administrator)

Practical Support

Home visitors also provide a very wide range of practical supports, and these differ significantly from one program to the next. Most often mentioned were driving and delivering goods such as food boxes, baby supplies, toys and parenting resources such as magazines, videos and books.

In addition to helping families cope, these tangible supports play an important role in enticing families to participate in programs and in gaining their trust.

In programs that provide transportation, home visitors drive mothers to medical appointments, food banks, grocery stores and other destinations. Upon arrival at the destination, the home visitor may accompany the mother to the appointment to provide support or look after the children. In these programs, staff feel strongly that providing transportation ensures proper medical care and enables mothers to obtain resources they would not otherwise have access to. They also said that driving provides a unique opportunity for relationship-building and emotional support. A 2002 evaluation of the South Shore Family Resource Association's home visiting program identified transportation as an essential component for participants. Forty-seven percent (47%) of program participants lived outside town and had little or no access to transportation. According to one mother *"If it were not for the transportation provided by this program, I would not get the prenatal care I need because we do not have any other means of transportation."* Transportation is not provided by all programs however, and those who do not drive gave a variety of reasons for this. In urban programs, home visitors sometimes walk mothers to appointments or help them gain confidence in using the bus system with a new baby in tow.

In addition to driving and bringing necessary supplies, home visitors offer a variety of other practical supports, though these vary with each program. Here are some of the examples they provided:

- looking after baby while mother takes a nap
- helping with baby care
- playing with baby or older children
- helping with housework
- reminding mother of doctor's appointments
- helping with mending of clothing
- helping families move
- going to the grocery store.

It's as simple as taking someone to a doctor or obstetrician appointment. If it's not their first child, you watch the second child while they are there – or you do some budgeting with them and go to the grocery store. We do household organization, like helping them clean. It's very broad. It's stuff like that that would really make a difference. It helps you know their reality and what they are going through. Also some people won't tell you very much and when you do the day-to-day stuff with them, they become more comfortable and you see that you can pull more out from them. It gives you a different perspective. (Home visitor)

Referral

Home visitors provide an important function in helping families access the programs and services available in their communities. They let mothers know the services exist, they tell them what to expect and reassure them about using the service. They encourage mothers to take the first step, sometimes accompanying them on a first visit. Home visitors also play an important role in encouraging mothers to become involved in activities of family resource centres.

The main resource I use is a book – a community information book that lists all the services. It's just unbelievable how much I use that book. Generally I just tell the women who to call and encourage them to make the call for themselves. The program is about empowering the woman. We are only there until about four to six weeks after birth so they can't rely on us to do everything for them. Sometimes you have a woman who just can't make the call herself so I'll do it for her, and then sometimes the woman has absolutely no initiative of her own at all and you just know that it's coming down to the crunch and if you don't do it it's not going to happen so then I make the calls for them. (Home visitor)

I think it would be in [Healthy Beginnings'] benefit to open up their families to different organizations in the community so that when home visiting has stopped they know where to turn to for help. Bring them over to the family resource centre, take them to the library, in general expose them to the resources in the community that will assist them to be independent. It would also be good if visitors could help families access resources and programs about smoking and alcohol abuse. (Home visitor)

Education and Information

Only one of the home visiting programs we examined, PEI's Best Start, had any type of core program or 'curriculum' for home visitors to cover with parents. More often, home visitors tend to provide education informally by responding to mothers' questions and by role modelling. While home visitors are able to cover many topics, whether or not they do so depends on the immediate needs expressed by the mother or, in some cases, on goals she has set with support from the home visitor. Information and education are provided through conversation, books, videos and magazines. Most often, the educational role focuses on either breastfeeding, child care or parenting.

Home visitors prepare mothers for breastfeeding before the birth and help them deal with its challenges after the baby arrives. They talk about child development and bonding and show new mothers how to care for and play with their baby. Two parenting resources used by home visitors in several programs are Nobody's Perfect and Magic 1-2-3. Some of the other knowledge and skills that home visitors help families develop include:

- cooking and nutrition
- smart shopping or budgeting
- healthy lifestyles - smoking cessation
- literacy development
- preparation for labour and delivery
- infant massage
- child safety, 'childproofing' the home.

Early Identification

Most programs do not expect home visitors to do formal assessment, however they are expected to recognize and deal appropriately with warning signs for a number of problems. Often the only service providers that are in the home and trusted by the mother, they play an important role in secondary prevention. Home visitors are skilled in picking up signs of the following:

- family violence
- child neglect and abuse
- substance abuse
- poverty
- low literacy
- child developmental delays
- postpartum depression
- child illness.

While they do not have the skills to deal with any of these complex issues themselves, they do recognize their specific role in responding to each of them.

Several respondents brought up issues of child protection. A few mentioned that in order to maintain the trust of their community, home visitors must handle signs of child abuse or neglect very carefully:

We have a very different approach to [child protection]. It's not 'I see something I call child protection'. If we did that we would be seen as police and no longer welcome in people's homes. Instead we have had to develop a new model, and what might happen is that we end up making the call with the family. And that has been difficult in a way for our more professionally based staff to understand but they are learning to appreciate it, but it's been a long process. (administrator)

The involvement of the Department of Community Services in Healthy Beginnings is a concern for a few of the people we spoke with. They believe it will make implementation more difficult because some families will see it as a threat. Interestingly, in Prince Edward Island, Best Start does not work with families while they are actively involved with child protection services.

What is the formal/informal relationship with community services with respect to this program? Is there any recognition that a formal relationship might make the work of public health nurses more difficult? (administrator)

We are concerned about the potential of confusion about the different programs. If their model is about 'surveillance', for example, keeping an eye on the mothers, 'community services in the back pocket of public health' we aren't interested in being involved. It's not what we are about. It's starting a relationship from a deficit position. (administrator)

Frequency, Intensity and Duration of Visiting

Frequency, intensity and duration of home visiting also vary dramatically across programs. Some of the prenatal programs do three home visits (the first when a woman joins the program, one immediately following the birth of the baby and a final visit at program exit six months later), however they visit more often if a family needs it. Other prenatal programs offer visits more often, even weekly. Among post-natal home visiting programs, some offer only three or four visits while others offer weekly visits for up to six months. Several said that the frequency, duration and intensity are determined by the needs expressed by the mother. In general, early intervention programs offer visits every two weeks, for one to two hours at a time, and family

support workers in the child welfare agencies we examined visit weekly for up to 6-12 weeks.

In Prince Edward Island, home visits vary in frequency according to the family situation, identified through screening by public health nurses. At level one, families receive weekly visits, at level two they are seen bi-weekly and at level three they are visited monthly. Weekly visits last about one hour. In Newfoundland and Labrador, resource mothers' visits vary according to need and distance. In one program, most pregnant women are visited weekly or at least twice a month. As with most prenatal programs, participation in Healthy Baby Club ends during the postpartum period but mothers can receive continuing support from other programs offered through family resource centres.

Standardized Interventions

In general, home visiting programs in Nova Scotia do not use standardized interventions. Several emphasized the importance of having the mothers themselves determine what interventions occur in their homes. However, a few programs have developed packages of resource material to give to parents. The Volunteer Doula Program requires that all doulas help moms develop both a birth plan and a newborn and postpartum care plan and they have a number of tools, developed by Doulas of North America, to help them with these.

Standardized procedures in Newfoundland's Healthy Baby Clubs are limited to completing a food intake form at every visit. In contrast, Prince Edward Island's Best Start has a number of standardized interventions. As previously mentioned, there is a core content that home visitors are expected to cover with the families they visit. This 'curriculum' is modelled on Healthy Families America and Great Kids Inc but has been expanded and adapted to include local content and resources. Topics covered in the first two months include brain development, basic care, relationship development, bathing, nutrition, safety tips and infant massage. The program is delivered through the use of standardized tools, videos, books and toys. The tools, based on training received from Great Kids Inc, are designed to help parents with goal setting and to help home visitors model parenting behaviour and accentuate the positives. Because Best Start has a strong evaluation component, home visitors are also expected to use a number of standardized tools, such as the Denver Developmental Scale, to assess child development. Apparently, rather than resenting these interventions, parents appreciate the feedback they provide about their child's development.

Flexibility a Priority

One of the strongest recommendations coming from the people consulted for this work is that home visiting programs must have the flexibility to address the practical issues of immediate concern to the families they visit. The services provided must be driven and determined by the needs of the family and not the agenda of the home visitor. Only in this way will the home visitor develop the relationship of trust that will enable families to grow and be open to learning.

Anyone looking to be doing home visiting should be respectful of what people want – to look at their true needs first and be able to identify that and find ways to address those issues first,

to offer supports that make a difference and to be prepared to accept their decisions and respect their decisions – work from the bottom up. (administrator)

One has to look at the big picture. Just setting up, for example, a budgeting program and a parenting program isn't enough. Such things can sometimes do more damage than good because people go away feeling like they can never measure up. You need to work on self-esteem at the same time. (administrator)

The Steering Committee should strive to provide a home visiting program that is flexible in intensity and duration and should continually adapt to the changing needs of families and communities. It should be careful not to under-utilize the home visitors. They have lots to offer local families. (administrator)

The program has to be flexible and based on the family's needs. Cookie-cutter programs are wasteful and haven't been shown to work very well. By providing only what the family is ready to accept at the time there is less waste so it can require less resources if it's done well. (administrator)

Interactions with Other Service Providers

Home visitors interact with a very wide variety of service providers. Most often mentioned was the public health nurse, but also named were social workers, developmental psychologists, pediatric nurses, doctors, court staff, lawyers and agencies such as family resource centres, clinics (obstetrics, well baby, diabetes), hospitals, schools, Family and Children's Services, Mental Health Services and Community Services. The most frequent interaction home visitors have with other support workers is around referrals. Some are also involved in activities such as case conferencing and advocating for their families.

There seem to be two different philosophies toward working with other agencies although these may be two ends of a continuum of practices. In some programs home visitors collaborate and follow-up regularly with workers from other agencies. They participate in case conferencing and provide reports back to referring agencies (with permission from the family involved). A few programs, however are far more guarded in the extent to which they will interact with other services. In order to safeguard the trusting relationships they develop with families they avoid case conferencing and do not follow-up with referring agencies. This apparently sometimes causes friction with other agencies.

My feeling is that we as a whole would resist any notion of 'case conferencing' as it reduces families to cases and it usually takes place without the presence of the participant – we do not talk about families outside of their presence and only if there has been a release of information signed. A practice other than this would erode our relationships of trust we work very hard to build. (administrator)

If a referral comes to the program from an outside agency, home visiting staff remain in contact with that referral source. Most often, case conferences take place at the request of the referral source. Our program likes to have the family present or at least be assured that the family knows the conference is taking place. (administrator)

For programs in family resource centres, many of the home visitors' referrals are to services provided by the centre or other agencies located in the same building. This co-location, together with the all-staff meetings held regularly within centres, enables home visitors to develop personal relationships with service providers and professional staff such as nurses, social workers and psychologists, whom they can then easily approach on an as-needed basis. An important role for home visitors in these programs is to accompany the mother to the centre and introduce her to the other service providers there.

One family resource centre espoused a *transdisciplinary* approach, in which team members share roles. In this model, each specialist on the team helps other members, including home visitors, to acquire skills related to his or her specialized area of expertise. This requires that professionals be able to 'let go' and accept that home visitors can do some of what a specialist is trained to do.

The professionals are here on a regular basis so interaction with them also happens informally.... We use a transdisciplinary approach at the centre, in contrast to interdisciplinary, and that took a while to develop. For example, the community home visitor could learn something from the developmental psychologist and then use it in her home visits. It's not necessarily the psychologist doing the work. (administrator)

Few of the programs have formal mechanisms to facilitate interaction with workers in other agencies. Most often, they said it comes down to building and maintaining relationships with other workers, and this is done in a variety of ways. A few programs regularly invite a service provider from a different agency to their meetings to facilitate relationship building for home visitors. In Newfoundland and Labrador, each Healthy Baby Club has a Support Team that includes a variety of professionals from the community. Resource mothers meet regularly with their Support Team.

Lessons learned – the hardest for us was building the relationships with other service providers. You will need to take time, need to get them to understand what you are doing. If you are the new service on the block you will be seen to be people's saviours. You need to be cut and dried as to how to work together so you aren't expected to do more than what your mandates is. You need to be ready to educate. You'll need to spend a lot of time working with other groups to ensure that they understand the philosophy of where you are coming from, the work that it takes to do it and the attitudes that it takes to be successful. (administrator)

Key Findings About Services

- Home visitors provide emotional support during friendly visits but also informally while

providing more concrete support such as driving.

- Home visitors provide a wide range of practical supports such as transportation, food, baby supplies, toys and parenting resources. In addition to helping families cope, these supports entice families to participate and help gain their trust.
- Many home visiting programs provide transportation for families and feel this is a very important service, however, a few programs have chosen not to do so.
- Referrals are an important part of the home visitors' service. They tell families about the services available to support them and what to expect. They reassure mothers about using the service and encourage them to take the first step, often accompanying them on the first visit.
- Home visitors tend to provide education informally by role modelling and answering mothers' questions. They deliver information on a wide variety of topics through conversation, videos, books and magazines.
- Often the only service provider in the home, visitors play an important role in detecting potential problems in the family. For home visitors in family resource centres, their approach to child protection is carefully balanced with the need to retain the parents' trust.
- Frequency, intensity and duration of home visiting varies dramatically from one program to another. Often these are determined by the needs of the family.
- In general, home visiting programs in Nova Scotia do not use standardized interventions. Rather, they espouse the principle of mother-directed programming. Although this is also the case in Prince Edward Island, Best Start does have a core content that workers are expected to cover with their families.
- Respondents feel strongly that Healthy Beginnings must have the flexibility to respond to the practical needs of immediate concern to the families they visit.
- Home visitors interact with a long list of other service providers, including public health nurses, social workers, psychologists, physicians and lawyers. Interaction is often regarding referrals, either referrals to the home visiting service or to other services in the community.
- In an effort to safeguard the trust families place in them, home visitors in some family resource centres will not discuss families with the referring source, nor will they participate in case conferencing.
- There are few formal mechanisms to facilitate interactions with other service providers. Most often, home visitors rely on developing good-will and positive working relationships with other workers. This is easiest for home visitors in family resource centres, who meet regularly with other members of the team and refer families to their services regularly. In

Newfoundland, resource mothers meet regularly with a Healthy Baby Club support team that includes a variety of local professionals.

V Human Resource Management

Three essential elements of home visiting programs are recruitment, training and support. We asked people about their practices and suggestions in each of these human resource management areas.

Recruitment

Most programs have no problem filling home visitor positions. One challenge they do face however is determining whether candidates have the appropriate values and personality traits required for the work. As one source said – “*You can’t find out about these things on the resume.*” The response in one program is to bring in candidates for a full day of interviewing and observation before hiring. Some family resource centres prefer to hire people they already know well as participants or volunteers in their programs.

Recently, Prince Edward Island’s Best Start advertised for five home visitors for rural areas and received many well-qualified applications. Their experience has been that even though salaries are relatively low, home visitors love their work and find that it provides flexibility and benefits that many working mothers of young children appreciate. Best Start builds staff commitment by using strength-based approaches in the workplace.

Finding people to fill home visiting positions was only reported as difficult in rural programs that require university education for the position. People who meet the educational requirements are not usually found within the community. When people from outside are hired, they tend to not stay very long. This is especially difficult when the position is a part-time one – for example, getting and keeping a part-time nutritionist in a rural prenatal nutrition program.

Similar Life Experience

When recruiting home visitors, most programs look for women who are from the community and have had life experiences similar to the mothers they are working with. For some, that means looking for women who are mothers and have breastfed, for others it means looking for women who have raised a child on their own or lived on social assistance. Some family resource centres recruit from among their participants. In larger urban programs with a pool of workers to draw upon, coordinators try to match home visitors with the particular values or situation of the mother.

We look for people who come from the neighbourhood, so they have the pulse and feel of the community. The other qualification is that they be a parent themselves, so that for the parent, they really are being visited by a peer....

...Also, though this is not mandatory but we encourage it, we look at parents who have taken part in activities of the centre and have demonstrated ability to overcome challenges associated with parenting. People who are involved at the centre and are already acting as role models. People who live in risk situations themselves and are meeting the challenges

well. They are familiar with and have used the resources in the community themselves. That way the families really open up to our community home visitors because of their ability to relate to them. They bring a very rich set of personal experience that no one post-secondary program could provide...

...It's very critical for their work that they be viewed as part of the community rather than as workers from an agency. That's where they get their legitimacy. (administrator)

Plus they [professionals] cannot develop the same kind of trusting relationships with the mothers that a peer can. The peer is a different calibre of support, and if well matched can lead to very strong levels of trust and support. For example, to have a mother who is also on social assistance, she really knows what you're going through and will have a much greater knowledge of the system and what you are eligible for than would a nurse. Professionals don't know the system that well. Public health nurses come in and leave whereas peers are about building a relationship at a pace according to the individual's needs. They are able to cut through the power imbalance in a way that professionally trained people can't.

(administrator)

Personal Attributes

Employers seek many personal attributes in their home visitors. Most often mentioned were a warm, non-judgmental nature and the ability to respect confidentiality. The list below, in descending order of frequency mentioned, demonstrates the wide variety of personal attributes seen to be important:

- Non-judgmental nature
- Ability to maintain confidentiality
- Warm, caring personality
- Empathetic
- Flexible
- Supportive of others
- Good communicator
- Good listener
- Positive attitude
- Ability to set limits and boundaries
- Not easily stressed out
- Well organized, able to multi-task
- Self-directed worker
- Common sense
- Self-confident
- Not afraid to ask for help
- Willing to do the mundane
- Positive role model
- Good problem solving skills
- Feminist perspective.

Basic Knowledge

Most often, people hiring or recruiting home visitors look for a good knowledge of the resources available in the community. They also look for good basic knowledge in the following areas:

- Community resources and service systems
- Child development
- Infant care
- Living with poverty
- Health and nutrition
- Community dynamics and informal politics
- Parenting

Someone who is experienced as a mother and has breastfed herself. Someone with a

non-judgmental attitude. Some knowledge of health is good. But they don't need to know everything. There is a [home visiting] support team in every centre, made up of the [program] coordinator, the public health nurse, the nutritionist, and it varies in every centre... (administrator)

Education

In most of the home visiting programs for which we obtained information the only educational requirement for home visitors is a grade twelve education. For these programs, the qualifications described above are considered more important than formal education. Even so, they do not exclude people with higher education from the position and several said that most of their workers currently do have diplomas or degrees in relevant fields. A few said that some post-secondary education relating to early childhood is preferable, though not required.

Some programs do require post-secondary education for home visitors. Only a very few require professional certification and this is for nutritionists in prenatal nutrition programs. Administrators in two programs argued that any professional background would be limiting and too specialized. They recommended that Healthy Beginnings should guard against having the nature of the program influenced by any one professional perspective.

The people they hire should be well-trained generalists who know a little about many things. Nurses and other professionally-trained people are too specialized and expensive. Plus they cannot develop the same kind of trusting relationships with the mothers that a peer can. (administrator)

Staff credentials, such as social work or nursing, should enhance but not influence service delivery. That is, a medical model or family-centred model may not be consistent with a participant-centred model.⁴

Interestingly, while so few require professional certification, most of those who completed our survey checked that their home visitors are professionals. The information we collected through interviews and job descriptions suggests that for some people the term professional means university educated. However, interviews also suggest that for some people the term professional is equated with the quality of the work rather than certification and that the terms lay and paraprofessional are seen as demeaning.

But for the community home visitor specifically, we are not necessarily looking for post secondary education of any particular kind, though all of our community home visitors at this time have that. (administrator)

While some types of education are helpful it's the sum total of the experiences that are more important. (administrator)

Most have university degrees but there is no particular education requirement. But there is a

lot of reading to be done, so they need to have quite a high level of reading. (administrator)

In contrast, all home visitors with the Early Intervention Program are required to have a degree in one of the following fields of study: child study, special education, psychology, physical or occupational therapy, speech language pathology or nursing.

Transportation

One final requirement for home visitors in most programs is that they have a car.

Training

Once hired, home visitors require orientation and training. People we spoke with felt that training is the key to a successful home visiting program, however, programs vary substantially in their ability to provide training for home visitors. In general, urban programs, with greater numbers and easier access to training resources, provide more extensive training. Access to training is more of a challenge in rural areas. Except for those in a few programs described below that provide extensive training, people we spoke with felt that home visitors require more training than they currently receive.

In most of the programs we examined, orientation of newly-hired home visitors is informal and consists of job shadowing, a review of the policies, procedures and programs of the organization and an introduction to the resources available in the community. Several said they require home visitors to get training in First Aid and CPR. Three issues widely mentioned as important to discuss during orientation are confidentiality, personal safety and boundary issues.

Since people need to work independently they need to know how to take care of themselves in some very dangerous circumstances. Sometimes it's the living conditions that aren't safe – particular apartment buildings for example. The worker needs to know how to recognize dangers, how to handle themselves in home visiting – it's really easy to be pulled into someone's stuff, and to give advice that you really shouldn't be giving – it's critical that the person can establish boundaries and can understand what the boundaries should be. (administrator)

'Boundaries' came up as an issue throughout the interviews in a variety of ways, as a topic for orientation, ongoing support and professional development. However, the word was used to refer to two different issues: 1) the ability to recognize the limits of their expertise and 2) the ability to set limits on their own personal involvement with a family.

A few programs provide core training to all newly-hired home visitors. The two volunteer programs – the IWK's Extra Support for Parents and the Volunteer Doula Program operated by the Single Parent's Centre – both require and provide substantial training for their volunteers.

Extra Support for Parents requires volunteers to complete a five-hour orientation session, a

seven-hour course on racism and cultural awareness and a seven-hour course on listening/supportive skills and setting limits in the volunteer role. In addition, they provide training sessions a few times a year on topics such as breastfeeding and CPR as well as monthly two-hour training sessions on a variety of topics.

The Volunteer Doula Program requires all doulas to complete their 27-hour training program, which is certified by Doulas of North America, and to complete a 12-hour shift in the case room at the IWK Health Centre. In addition, they offer a two-hour in-service training session every month for volunteers who choose to attend. The Single Parents Centre has recently developed a complementary 30-hour program for training postpartum doulas.

Newly-hired Best Start workers in Prince Edward Island go through a very intensive four-day core training program based on the model of Great Kids Inc. Within six months, they must also complete a 40-hour series of topics on all the resources available in the community. This training is offered by a local trainer who was trained and certified by Great Kids Inc. To create a critical mass for the core training program, service providers from other sectors and agencies are invited to attend for a fee, however it has been offered for as few as two new workers. Sources in Prince Edward Island said that although it has been tempting to ‘water-down’ the extensive training program developed by Great Kids Inc, sticking to it is what has made Best Start so successful.

Healthy Baby Clubs in Newfoundland have organized to overcome the training challenges imposed by distance and isolation. Orientation and training for resource mothers is provided by regional Healthy Baby Club training teams. Although each of these teams is unique and in a different stage of development, they generally consist of a nutritionist, a public health nurse, a parent and child health coordinator from the regional health authority, an experienced resource mother and others. This group comes into play whenever a family resource centre needs to provide orientation or training. In one region, new resource mothers have a three-day orientation and are then required to receive more intensive training on FAS, breastfeeding and smoking cessation within one year of hiring. Some regional HBC training teams also support yearly regional training events for Healthy Baby Clubs in their region.

A few home visiting programs use a curriculum developed by Invest in Kids Foundation for training their home visitors. According to one administrator this was helpful for getting the program started but has not been offered to home visitors hired since that time.

While the contents of the core training programs described above vary considerably due to differences in the role of home visitors in each program, the following topics occur repeatedly:

- the role of the home visitor
- establishing and maintaining boundaries
- developing helping relationships
- helping parents set goals
- postpartum care of mother
- recognizing signs of abuse and violence
- breastfeeding preparation and support
- listening and communication skills
- care and parenting of newborn
- child growth and development
- community resources
- safety for the home visitor.

In addition, each of the programs include many topics specific to the population addressed by that program. For example, prenatal programs include content on the prenatal period, substance use, grief and labour and delivery. Postnatal programs include content on parent child relationships, parenting young children, fetal alcohol syndrome and child health and safety.

A national study⁵ of home visiting among CAPC-CPNP projects identified the following list of key training topics for home visitors:

- specialized content topics: e.g., postpartum depression, adolescent development for visitors working with teen moms, normal child development, family violence
- setting and maintaining boundaries, volunteers rights and responsibilities, assessing personal safety
- goal setting with parents, monitoring progress
- managing aggressive behaviours, suicide prevention and other skills related to working with mentally/emotionally troubled people
- basic counselling skills
- confidentiality and all related issues.

When we asked home visitors themselves what kinds of training they feel they need, there were only two common themes. They felt a need for clear training about the boundaries and limits of their role – “*what we can do and what we can’t do*”– and they felt a need for *more* training. The following list includes all the topics home visitors mentioned as training priorities:

- boundaries and limits
- signs of abuse and neglect
- breastfeeding
- basic infant care
- smoking cessation
- child development
- parenting skills
- local resources
- social issues
- relationship building
- baby massage
- nutrition and low-cost food
- shaken baby syndrome.

After about a year on the job, we received additional training on professionalism. This really helped me as it focused on setting limits with families. (home visitor)

As for ongoing professional development, this was said to be a priority in most programs. A few administrators said they try to arrange for training on issues as they arise. However, for most of these programs, the topics covered tend to be determined by whatever training is available and affordable. We heard about home visitors taking advantage of training opportunities provided by

CPNP, Public Health Services, the Doula Program and the IWK Health Centre. Home visitors themselves expressed a need for ongoing training to be kept abreast of changes in legislation and service systems, such as social assistance, hospital practices and infant car seat legislation.

It would be really nice to have a mechanism to keep on top of new developments. There is always something new coming out, new safety standards, new feeding rules, new laws. It's important that visitors have up-to-date info. (home visitor)

Limited access to training is also an issue for home visitors in the child welfare and early intervention programs we examined. There is no core training for either early interventionists or family support workers in the province. Child welfare family support workers we spoke with had participated in a provincial training program developed and organized by the Nova Scotia Council for the Family a few years ago. This five-module 'foundation training program' was delivered in 16 days spread over a period from 1998 to 2000. The program was offered once as a demonstration project and has not been offered again.

Opportunities for Training Healthy Beginnings Home Visitors

A few of the people we spoke with expressed the hope that the training provided to Healthy Beginnings home visitors would be open to home visitors in other programs. Sources in both child welfare and early intervention sectors expressed an interest in collaborating with Healthy Beginnings in developing and offering training for all home visitors in the province.

A number of well-tested training programs for home visitors can serve as models for the development of Healthy Beginnings training. These include the program developed by the Nova Scotia Council for the Family, and both the Great Kids and the Doulas of North America training programs, which provide training and certification for local trainers.

The Single Parent Centre's new Postpartum Doula Training Program, another certified program, will provide training in the Halifax area initially, but could be offered in different areas of the province on request.

Support and Supervision

Support for home visitors was identified as a critical component of a home visiting service. However, providing necessary support and supervision is challenging, especially in rural areas where distance is a factor, because home visitors are rarely in the office. In a few programs, people said that close supervision and support are not possible and home visitors work independently.

[Regular contact] – for us this is challenging due to our outreach structure. We have a website for general communication, regular staff meetings. In many ways staff work independently and we hire people with the ability to do this. (administrator)

I'm really on my own in the program but I can have regular communication with the other two workers at the centre whenever it's necessary. (home visitor)

It's quite stressful supervising home visitors, especially when you newly hire someone. You know you are throwing them into the fire, and you only hope they can manage. Even if they were great in the interview and in group work, things are so different out in the field. You only hope they can cope with all that gets thrown at them. This is especially hard when your workers are spread out over a large geographical area. You need mechanisms to make sure you have good communication with them -- in [one county] we provide a cell-phone. I'm in touch with the workers on a daily basis by phone, even if it's only to bounce ideas off with. (administrator)

Most often, support is provided through regularly scheduled meetings and these vary from weekly, to every two weeks to monthly. In other programs it occurs more informally when a home visitor seeks it out. Cell phones are widely used to enable home visitors to obtain support when they need it. In one program, home visitors receive additional support through regular meetings with a community committee.

We're a huge team and it's the team work that provides the supervision and support. We have regular staff meetings and sub staff meetings – one-on-one – without compromising the confidentiality of the participants.... We also provide cell phones so that staff can have easy access to supervisor and other staff when on home visits. (administrator)

The most important support is an opportunity to debrief regularly, to validate their role and to problem solve. This is done very informally. I try to make myself very available and open to dialogue with them about the families. I make myself available after every home visit and when they need to they will come in and talk with me, especially if it has been a difficult visit, and then we'll brainstorm together what the next steps might be. (administrator)

Support and supervision occur in different ways:

- supervisor available on an as-needed basis
- availability through cell phone contact
- scheduled meetings to review families with supervisor
- scheduled meetings to check-in, debrief and discuss personal issues
- regular meetings with full agency staff
- online workspace that can be accessed from homes and offices
- scheduled meetings with a home visiting team
- local community committees.

Some administrators spoke of the very difficult issues home visitors confront and their need to be

nurtured or replenished. Most often they talked about the importance of just being available and accessible to home visitors at all times. They spend unstructured time listening to home visitors, they are aware of and discuss issues in the home visitors' own lives that might impact on their work, they make sure home visitors take enough time off and do not get too personally involved with any family.

This is as much about nurturing the volunteers as it is the mothers. (administrator)

It's about mentoring and listening to their needs. They need to be filled up too. Supervisors need to find ways of countering the depletion that happens to the visitors on an ongoing basis. I would want them to feel comfortable that they had sufficient staff time to get what they needed, whenever they needed it, to unload what they need to unload and if they are having difficulty, to provide them with the opportunity to get someone else in to help. (administrator)

The biweekly session isn't about the work. It's about whatever they need to talk about. How they are feeling about things? What they are feeling pressured about? What could be done to provide more support, to make things work better? (administrator)

Although distance and isolation are a reality for many resource mothers in Newfoundland and Labrador, they are provided with a strong network of support. Locally, supervision and support is provided through a Healthy Baby Club coordinator and a Healthy Baby Club support team. Every centre has a HBC support team, composed of the HBC coordinator, a nutritionist, a public health nurse and other locally available and relevant professionals. Resource mothers have regularly scheduled meetings with their support team, and meet with other resource mothers periodically. In addition, the Department of Health and Community Services organizes a monthly teleconference for all the resource mothers in the province. Resource mothers take turns leading these sessions, where they problem solve and share information about their work and upcoming training opportunities.

Best Start workers in Prince Edward Island also work out of rural family resource centres, but these workers are part of a provincial team of home visitors. They are supervised by staff who collaborate closely and follow the supervision model designed by Healthy Families of America and Great Kids Inc. Home visitors meet weekly with their supervisors, who are based in family resource centres in Charlottetown and Summerside, to review every family, go over areas of uncertainty, do problem solving and debrief any crisis intervention calls. Home visitors also get support from each other. They get together every two weeks, with one group meeting in Charlottetown and another in Summerside. These meetings enable them to problem solve around specific issues, get support from each other and receive whatever information or training they need at the time.

Most of the early intervention programs in Nova Scotia have one early interventionist assigned supervisory responsibilities together with a reduced home visiting case load. A few are one-person offices. Support for early interventionists is primarily provided by their boards of

directors. This works well when boards are strong and diverse but is problematic when boards experience difficulties. In addition, the provincial coordinator, who works for the Department of Community Services, maintains telephone contact with every program. Coordinators of all 16 programs, including those working alone, get together quarterly in Halifax to address issues of concern. These meetings are believed to be an essential source of support for these workers.

When we asked home visitors themselves what kind of support they need, they talked about direct access to a supervisor, someone to talk to who understands what they are dealing with, a clear job description and professionals who respond quickly to their requests. Home visitors talked about how important it is to have a supervisor with an 'open door' and who can be accessed by phone at any time. They said they value having a supervisor who is on top of the situations they are dealing with and who enquires about how it's going. They also talked about the importance of regular meeting and contact with other home visitors. Home visitors also said that their ability to do their work depends on having easy access to supportive professionals.

A support system is so important. I have a couple of other [home visitors] that I call regularly for support. It's so important to have a sounding board. It's amazing how badly you need to talk about it with others who understand... It's unbelievable the stress and emotional involvement of the work...

...The most important support we need is just having someone to talk to who understands what you're going through. It's very demanding work. Very intensive... And everything is confidential of course which makes it difficult to talk to anyone about it, but [supervisor] knows the cases and we can talk about them with her. (home visitor)

Best Practices for Supporting Home Visitors

A national study⁶ of home visiting in CAPC and CPNP projects identified the following best practices for supervision of home visitors:

- Regularly scheduled sessions and on an 'as needed' basis are both needed.
- Periodic visits to the home with home visitors help increase the supervisor's understanding of the situation.
- Individual family case review is an essential element.
- Regular meetings of home visitors talking together about their issues and seeking new ideas is critical to preventing burn-out.
- An accessible supervisor keeps the information flowing.
- Supervisors should model the same values as they expect the home visitor to practice with her client.

Key Findings About Human Resource Management

Recruitment

- Most programs have no problem filling positions for peer home visitors.
- When recruiting home visitors, most programs are not looking for a specific academic background. Instead, they look for women who are from the same community and have had life experiences similar to the mothers they work with. Women who know the community and the resources available there. They also look for many personal attributes, such as a warm, non-judgmental nature and the ability to respect confidentiality.
- Although a university degree is not required by most programs, women who meet the above characteristics are not disqualified because of their higher education. In fact, many of the home visitors do have degrees. Some administrators, however, feel that people with professional backgrounds such as a nursing, dietetics or social work are too specialized.
- The terms lay, paraprofessional and professional, when referring to home visitors, are value-laden. For some, the word professional is equated with the quality of the work and the terms lay and paraprofessional are seen as demeaning.

Training

- Although training is seen as essential, programs vary considerably in their ability to provide training for their home visitors. Access to training is most challenging in rural areas. A common theme is that home visitors require more training than they currently receive.
- Orientation is informal in most of the programs examined. A few programs have a formal core training program that all home visitors must complete on hiring. Some of these have been developed internally, others adopted from national, U.S.-based or international organizations.
- Several respondents expressed interest in participating in home visitor training opportunities organized for Healthy Beginnings.

Support

- Support for home visitors is also identified as a critical component of a home visiting service, however, providing necessary support and supervision is challenging because home visitors are rarely in the office. In some programs, home visitors work without much supervision and support.
- Most often support is provided through both regularly scheduled meetings and upon request by the home visitor, often via cell phone.
- The work of home visitors is intense and demanding. Home visitors need frequent

opportunities to debrief and to replenish themselves, both with their supervisors and with other home visitors.

- Home visitors themselves said they need direct access to a supervisor, someone to talk to who understands what they are dealing with, a clear job description and professionals who respond promptly to their requests.
- Provincial programs in Prince Edward Island and Newfoundland and Labrador have designed support systems for peer helpers that can serve as models for Healthy Beginnings.

VI Infrastructure

A strong but flexible infrastructure within which home visitors can do their work is seen as essential. Home visitors function best when they are part of a dynamic, supportive and integrated system. People described the systems that home visitors operate in at both local and provincial levels. One administrator of a province-wide program also saw a need for some infrastructure at the regional level, to speak for the program and represent home visitors at regional planning bodies.

Local Infrastructure

Most home visiting programs in Nova Scotia are operated from a community-based not-for-profit organization led by a board of directors. Many of these are family resource centres and home visiting is well integrated into their systems and programs. Several family resource centres said that they have a very non-hierarchical operating structure and that everyone, including both home visitors and participants, is involved in decision-making about the home visiting program and this generally occurs through regular staff and community committee meetings.

In some organizations, all staff do some home visiting as well as centre-based work. In those with a specific home visiting program, home visitors may report to a coordinator or supervisor who then reports to the executive director. Because most home visiting programs in this province are small, we could not draw any conclusion on ratios of supervisors per full-time home visitor. Prince Edward Island's Best Start has two supervisors for a dozen home visitors. Great Kids Inc recommends a ratio of one supervisor for every five home visitors.

Policies Governing Home Visiting

Several administrators mentioned that they had developed policies regarding home visiting in their programs. They stressed the importance that Healthy Beginnings develop clear policies and standards right from the start. The policies they described dealt primarily with confidentiality, but also with personal safety for home visitors and with complaint mechanisms for participants.

Some family resource centres described strict confidentiality policies. In one program home visitors keep no records about the families they work with, knowing these could be subpoenaed. People in two programs said that they do not disclose to a referring agency that a family is receiving their services and avoid case conferences for fear of betraying the trust of the families they work with. They expressed the hope that Healthy Beginnings would be able to respect this strict approach to confidentiality.

Provincial Program Coordination

Every one of the provincial programs we examined operates via independent, local not-for-profit organizations. Our sources were enthusiastic about the benefits of this approach to delivering home visiting programs.

In Prince Edward Island, the provincial government has contracted one family resource centre, C.H.A.N.C.E.S., to govern Best Start home visiting for the entire province. While C.H.A.N.C.E.S. is responsible for hiring, training, coordinating, supervising and supporting all home visitors throughout the Island, these home visitors are physically located in each of the Island's family resource centres, including one that serves the Acadian population. Supervisors or coordinators, also employed by C.H.A.N.C.E.S., are located in family resource centres in Charlottetown and Summerside. The arrangements between C.H.A.N.C.E.S. and each of the other family resource centres vary, however they have all been formalized through memoranda of agreement between boards of directors. Although at first some of the family resource centres were resistant to this set-up, apparently they now appreciate that the home visiting program is much stronger as a result.

Provincially, this collaboration with C.H.A.N.C.E.S. is seen as one of the keys to the success of Best Start. In addition to providing coordination and standardization, it creates a single entry point to both formal and community based programming. It has also reduced the administration required by Public Health Services. Together, the provincial management of the program and universal screening by public health nurses is equivalent to 2.5 full-time public health nurse positions province-wide for a total birth population of 1499 per year.

Workers are based in the different family resource centres but report to Best Start supervisors, one in Charlottetown and the other in Summerside. They are all employees of C.H.A.N.C.E.S. The concept is excellent. It allows some degree of standardization across the province and provides support to the workers. The work is very intense and challenging, so they have to be able to connect with each other. They have one-on-one supervision every week and a team meeting every week with their coworkers for additional support.
(administrator)

In Newfoundland and Labrador, 24 independent family resource programs (hubs) operate with federal and/or provincial government funding, and most of these run several family resource centres (satellites). Every family resource program operates one or more Healthy Baby Clubs. While each Healthy Baby Club has its own flavour and meets the needs of the community it serves, a degree of consistency is achieved through guidelines developed by the province and a provincial Healthy Baby Club Resource Guide.

An active Healthy Baby Club Provincial Advisory Committee supports the program. Its role is to develop guidelines and policies and address training needs. The provincial government has no governance role toward the program but does provide consultation and support and ensures financial accountability. According to one source *"it is very hands-off, and it works well."* One

provincial consultant, who is responsible for pre and postnatal programs is responsible for Healthy Baby Clubs.

Closer to home, the Nova Scotia Department of Community Services funds early intervention programs province-wide via 16 local not-for-profit organizations. As with the Healthy Baby Clubs, a certain degree of standardization is achieved via a provincial Standards and Guidelines Manual. Boards are required to comply with these standards and guidelines in order to continue to qualify for provincial funding. Once again, this decentralization has resulted in programs rooted in communities requiring minimal management at the provincial level. Although currently staff time devoted to the program is reduced, ideally, one full-time provincial person would be required to oversee the program and carry out the following provincial functions:

- develop standards and guidelines
- manage budgets and finances
- monitor and evaluate the program
- coordinate training and professional development
- integrate the program with other initiatives.

Key Findings Relating to Infrastructure

- Most home visiting programs in Nova Scotia are operated from community-based not-for-profit organizations led by a board of directors. In programs with several home visitors, they report to either a coordinator or a supervisor who then reports to an executive director.
- Several administrators stressed the importance of developing clear policies regarding home visiting programs, especially in the areas of confidentiality and safety. They recommended that Healthy Beginnings do this soon.
- Most province-wide programs we examined also operate via independent, local not-for-profit organizations. Some measure of standardization and coordination is provided through policy or standards manuals and provincial meetings. Those we spoke with from these programs recommended this approach for Healthy Beginnings.

VII Cost

The cost of home visiting depends on the frequency, intensity and duration of the home visiting, the work load of home visitors and the distances travelled. The major cost categories for home visiting programs are salaries, travel, training and materials. An important theme that arose when we asked about costs is the chronic under-funding in this sector. A few administrators said that their budgets are not at all reflective of the real costs of delivering a home visiting program.

Salaries

The largest budget item for home visiting programs is salaries – for home visitors and their supervisors. Several administrators were apologetic about the low salaries their workers are paid. They said that people in these positions work for very low wages because they believe in the value of the work, but should be paid more. An administrator of one province-wide program urged Healthy Beginnings to ensure that home visitors receive competitive salaries from the start. In her opinion, the low wages paid to home visitors in her program has meant that they are not respected or ‘listened to at the table’.

Currently, salaries for home visitors in Nova Scotia fall into the \$10 to \$15 per hour range. Early interventionists in the province begin at about \$30,000 per year. In Prince Edward Island, the starting salary for Best Start workers is \$8.50, going up to \$10 after 6 months.

Travel

Most home visitor positions require a car. In Nova Scotia the mileage rate they receive is about .35/km. Travel is a very large budget item for rural home visiting programs, where some administrators reported travel budgets close to \$10,000/year. Costs are higher in programs that provide transportation for families. In a few programs a decision was taken that home visitors would not provide transportation, in an effort to control mileage and insurance costs.

In the Early Intervention Program travel averages out across the province to about \$3000 per year for each early interventionist, but is much higher in rural areas. Travel budgets for Healthy Baby Clubs in Newfoundland are in the \$5000 - \$10,000 range. One rural program reported annual travel costs of about \$30,000 for both resource mothers and participant travel combined.

Food and Resource Materials

The goods that home visitors bring into homes, including food boxes, gifts and resource material, are another significant expense. In one pre-natal nutrition program the monthly food box is valued at \$45 - \$60, although participants are asked to contribute \$15 of this cost. A few people said that the number of people they accept into the program is based on their food budget.

Some programs provide a celebratory gift package to new mothers, which can be another significant expense. In one program this gift bag contains a digital thermometer, a personal journal for the mother, a book for the baby and for each sibling, a parenting resource kit and information about the family resource centre.

Prince Edward Island's Best Start makes regular use of toys, videos and books in their home visits, and these are another significant expense. At first, toys for parent-child interaction were left in the home for a week, but due to the high cost of replacement this is no longer the practice.

Overall Program Costs

Not surprisingly, not all administrators reported program costs and due to the wide variability among programs these are difficult to compare. A few figures were provided that may be useful for estimating overall costs of home visiting programs. In the province-wide Early Intervention Program the average total cost of home visiting (including salaries, travel, etc) comes to between \$2000 and \$3000 per child per year. One Healthy Baby Club in rural Newfoundland, which provides a weekly food bag for every participant, reported a total budget of \$100,000 for 60 families (or \$1666 per family).

In Prince Edward Island, the four-year pilot project has shown that approximately 10% of births result in Best Start visiting. Knowing this makes it easier to project future program costs and staffing requirements.

Key Findings About Costs

- The cost of home visiting depends on the frequency, intensity and duration of the home visiting, the work load of home visitors and the distances travelled. The major cost categories for home visiting programs are salaries, travel, training and materials.
- The largest budget item for home visiting programs is salaries. Currently, salaries for home visitors in Nova Scotia fall into the \$10 to \$15 per hour range. These wages are considered to be too low given the complexity of this work.
- Travel is a very large budget item for rural home visiting programs, where some administrators reported travel budgets close to \$10,000/year for their program. The decision to provide driving to families as part of the service can have a significant impact on the cost of home visiting.
- Goods such as food boxes, gifts and resource material are also a significant expense.

VII Best Practices

Two different lists of criteria for success of home visiting programs for early childhood development were identified as part of this environmental scan. While they come from different sources, both are based on the research literature and have several elements in common. Great Kids Inc has identified 12 Critical Elements for Effective Home Visitation Services⁷. Closer to home, Denham Gillespie Associates identified ten Criteria for a Successful Home Visiting Program⁸ for the CAPC-CPNP Home Visiting Tool Kit. The results of our environmental scan validate the five elements shared by both of these sets of criteria for successful home visiting programs:

- **Services focus on supporting and strengthening families.**
The program is designed to be supportive and empowering. It is holistic and addresses needs of both children and parents. Supporting parents reduces family stress and thus improves the home environment. The relationship developed with a supportive worker increases the family's willingness to access other supportive services.
- **Services are voluntary.**
Families are able to choose whether or not they want to participate in the program.
- **Staff training is a priority.**
Home visitors and their supervisors receive intensive and ongoing training.
- **Intensity and duration are flexible.**
The duration and intensity of the service varies according to the changing needs of the family. The service must be of a sufficient intensity to make a difference in families that need that level of assistance, but also available to families at a lower intensity when appropriate.
- **Services are sensitive to diversity among families.**
Unique characteristics and circumstances of the family are identified and responded to creatively and non-judgmentally. Cultural realities are given high priority in the staffing and the materials used.

The additional criteria identified by Denham Gillespie Associates include:

- realistic expectations
- community based
- partnerships
- clear goals and objectives
- ongoing evaluation.

The Great Kids Inc list includes the following additional elements:

- services initiated prenatally or at birth
- standardized assessment tools are used to systematically determine families who could most

benefit from the service

- families linked to a medical provider
- staff have limited caseloads
- service providers selected because of their personal characteristics, skills and willingness to work with culturally diverse communities
- effective and ongoing supervision.

All of these elements of effective home visiting programs should be carefully considered in the development of Healthy Beginnings.

Section three

DISCUSSION, RECOMMENDATIONS AND CONCLUSIONS

After a thorough review of the results of the environmental scan (sections one, two and four of this report) and the literature review conducted by Dalhousie University for Healthy Beginnings, the Healthy Beginnings Enhanced Home Visiting Initiative Steering Committee met for one day to interpret these results and make recommendations for the Healthy Beginnings: Enhanced Home Visiting Initiative. The group of 13 people who attended included representatives from:

- Public Health Services in every shared service area
- The Department of Health (Public Health and Health Promotion)
- The Department of Community Services (Community Outreach Services)
- The Reproductive Care Program of Nova Scotia
- Health Canada (CAPC/CPNP, Atlantic Regional Office).

The session focussed on three issues identified as priorities by the Steering Committee:

- The role of Healthy Beginnings home visitors
- Core training requirements
- Governance structures for the program.

This section of the report outlines the comments and recommendations made by the group on that day. Subsection four (*Support, Partnerships and Flexibility*) is a reflection, by the authors, on additional issues that, due to time constraints, were not the focus of discussion during that working session. This and the concluding remarks are the views of the authors and may not represent the views of the Provincial Steering Committee.

I The Role of Healthy Beginnings Home Visitors

The environmental scan identified the unique role that peer home visitors play in nurturing mothers and families. This role, of supporting and strengthening families as a whole, is supported by the best practices literature on home visiting. The Steering Committee agreed that this should be the primary role of Healthy Beginnings home visitors. The environmental scan found that currently, peer home visitors provide families with referrals, information, emotional and practical support, assistance with goal setting and role modelling of parenting behaviours. The Committee recommended that this role description be used for Healthy Beginnings home visitors. They acknowledged the value of providing practical support such as help with transportation and housework as a means to achieving Healthy Beginning outcomes and they recommended that these kinds of supports be included in the role of Healthy Beginnings home visitors. At the same time they recognized that home visitors will require guidance to set boundaries for this type of support. They recommended that the work of home visitors be

parent-directed, through goal-setting and responding to the immediate needs of the parent, and that it should be supported by a core content of information and resource material.

The Committee recognized that this role will require adequate home visitor time and support. They felt that provincial standards should limit the number of families each home visitor works with and provide adequate support/supervision for each home visitor. In addition to having one supervisor to go to for emotional support and guidance, home visitors will also require the support of a team of service providers. Newfoundland's Healthy Baby Clubs and some family resource centres in Nova Scotia can provide models for providing this support.

Participants in the discussion recognized the importance of clarity about both the role and the boundaries or limitations within which peer home visitors practice. They recommended that these be determined at the provincial level and that both home visitors and their supervisors receive initial training and ongoing support regarding these issues.

The Committee recognized the value of peer home visiting as described in the environmental scan and recommended that Healthy Beginnings adopt, protect and promote the peer home visitor model. They recognized that the program will have to guard against trying to use home visitors as substitutes for public health nurses or social workers.

The environmental scan also revealed that the role of peer home visitors is not widely understood or appreciated among helping professionals who have not been exposed to them. The Committee therefore recommended that the provincial and local Healthy Beginnings committees develop strategies to communicate and promote the role both within Public Health Services and with other service providers. They recommended that the use of the words *lay* and *para-professional* to describe the role of home visitors be discontinued.

Steering Committee Recommendations Regarding the Role of Healthy Beginnings Home Visitors

- The primary role of Healthy Beginnings home visitors is to nurture the mother and family. It should include emotional and practical support, information, referrals, assistance with goal setting and parent role modelling.
- The work of home visitors should be primarily parent-directed and should be supported by a core content of information and resource material.
- Home visitors should have ready access to a supportive supervisor and a team of service providers from a variety of disciplines.
- Home visitors and their supervisors should receive initial training and ongoing support regarding their roles and boundaries.
- Healthy Beginnings should adopt, protect and promote the peer home visitor model.
- Provincial and local Healthy Beginnings committees should implement strategies to communicate and promote the role of peer home visitors both within Public Health Services and with other service providers.
- The words *lay* and *para-professional* should no longer be used in describing Healthy Beginnings home visitors.

II Core Competencies and Training Requirements

Recruitment

The environmental scan found that peer home visitors are generally hired based on their personal attributes and life experience rather than any specific educational background. The Steering Committee agreed with this approach and recommended that home visitors be recruited based on their personality, values, people skills, life experience, connection to the community and ability to work collaboratively rather than educational accomplishments. They felt that people who meet the above qualifications should be considered for the work regardless of educational qualifications. They recognized, however, that home visitors do need a fairly high level of literacy and some stability in their own personal lives. They emphasized that the term ‘peer’ does not mean ‘currently in crisis’ and recommended that home visitors be people who have experienced similar life situations in the past.

The Committee agreed that the following lists of personal attributes and basic knowledge, identified through the environmental scan, would be desirable attributes for recruiting Healthy Beginnings home visitors:

Personal Attributes:

- Non-judgmental nature
- Ability to maintain confidentiality
- Warm, caring personality, empathetic
- Flexible
- Supportive of others
- Good communicator and listener
- Positive attitude
- Ability to set limits and boundaries
- Not easily stressed out
- Well organized, able to multi-task
- Self-directed worker
- Common sense

- Self-confident
- Not afraid to ask for help
- Willing to do the mundane
- Positive role model
- Good problem solving skills

Basic Knowledge/Understanding of:

- Community resources and service systems
- Child development
- Infant care
- Living with poverty
- Health and nutrition
- Community dynamics and informal politics
- Parenting

Training

Best practices research indicates that training, for both home visitors and their supervisors, is an essential component of peer home visiting programs. Those who were interviewed as part of the environmental scan agreed with this view but indicated that currently, obtaining this training is a challenge for home visitors outside the Halifax area. At the same time, programs in Prince Edward Island and Newfoundland and Labrador demonstrate that a coordinated system can provide substantial training, even for home visitors in rural areas.

Steering Committee members agreed that an effective peer home support program will require

substantial initial (core) and ongoing training for both home visitors and their supervisors. They recommended that the competencies and the core training programs for home visitors and their supervisors be developed provincially and standardized across the province. They also recommended that a training plan be developed and an adequate budget be protected for training Healthy Beginnings staff.

The environmental scan also identified a long list of topics that are common to home visitor training programs. The Committee felt that these topics should form the basis of a core training program for Healthy Beginnings home visitors. They suggested the following additional or more specific topics that should also be included in the training:

- role of child protection agencies
- record keeping and documentation
- liability and other legal issues
- self-care and supporting each other
- the determinants of health
- diversity and multi-cultural issues
- how to foster independence in families.

However, at the same time the Committee recognized that the training program must reflect the standards that have already been developed for Healthy Beginnings and be guided by time-tested training programs such as that developed by Great Kids Inc.

The Steering Committee agreed that the delivery of both core and continuing training for home visitors and supervisors should be done in a way that is cost-effective, using approaches such as tele-health, train-the-trainer and partnerships. Delivery of core training should take advantage of economies of scale whenever possible. Delivery could be at the level of shared service areas when numbers permit, but may sometimes be more cost-effective if done provincially. Training of trainers, of supervisors and of small numbers of replacement home visitors hired after the initial start-up of the program, for example, may be more feasible if done provincially. The Committee also recognized that one component of the core training, knowledge of resources available in their local community, can only be done at the district level. Regardless of level of delivery however, the group felt that training resources and opportunities should be shared province-wide and inclusive of other service providers to the extent possible.

The Committee also recommended that the core training program for peer home visitors use an adult education approach that recognizes and builds on the strengths each of them brings to the work. They suggested 'Nobody's Perfect' as a good example of this approach.

Steering Committee Recommendations Regarding Core Competencies and Training

- Peer home visitors should be hired based on their personality, values, people skills, life experience, connection to the community and ability to work collaboratively rather than their educational background.
- The lists of personal attributes and basic knowledge identified through the environmental scan should guide the recruitment of Healthy Beginnings home visitors.
- Initial and ongoing training for both home visitors and their supervisors must be a priority. A training plan should be developed and an adequate budget protected for initial and ongoing

training.

- The list of topics for home visitor training identified through the environmental scan should guide the development of Healthy Beginnings core training for home visitors. In addition to these, the training should reflect Healthy Beginnings' standards, be based on time-tested training programs from similar initiatives elsewhere, and include the additional topics identified by the Steering Committee.
- Training should be done in a cost-effective manner, using economies of scale and approaches such as tele-health, train-the-trainer and partnerships.
- Training resources and opportunities should be shared province-wide and inclusive of other service providers to the extent possible.
- Core training should use an adult education approach that recognizes and builds on the strengths each person brings to the program.

III Governance

The term 'governance' was used by the Steering Committee to include a wide variety of issues relating to infrastructure and decision-making for the home visitor component of Healthy Beginnings. The discussion focused on the need for province-wide standards and an organizational structure to support home visitors.

Provincial Standards

The Steering Committee agreed that Healthy Beginnings should be guided by provincial policies and standards in the following areas:

- the role of home visitors, scope of practice, and boundaries
- competencies, qualifications, and core training for both home visitors and their supervisors
- title, job description, and salaries for home visitors
- workload for home visitors (number of families) and supervisors (time required for supervision, and number of home visitors supervised)
- confidentiality, documentation, and reporting procedures.

Organizational Structure

Both the best practices literature and the environmental scan indicates that the success of a peer home visiting program rests on effective and ongoing support and supervision for home visitors. Most often, this is provided through independent, local not-for-profit organizations such as family resource centres.

After reviewing the results of the scan, the Steering Committee brain-stormed and considered a variety of models for providing this supervision and support for Healthy Beginnings' home visitors. The models considered included:

- Healthy Beginnings home visitors employed by Public Health Services working out of Public Health Services offices
- Healthy Beginnings home visitors employed by Public Health Services working out of family resource centres
- Healthy Beginnings home visitors employed by local community-based organizations, such as family resource centres, contracted to provide this service
- Healthy Beginnings home visitors employed by one family resource centre in each shared service area, contracted to provide this service to the entire area.

However, the Committee recognized that other models are possible and felt that a decision about the infrastructure within which home visitors will work should not be made without further consultation. They recommended that the local implementation teams for Healthy Beginnings, which have already been set up in several districts, should be consulted on this issue. The Committee also identified a number of criteria for local implementation teams to use, in addition to any of their own criteria, when considering organizational structures for home visitors:

- maximize economies of scale
- have a strong connection to Public Health Services
- support the stated outcomes of Healthy Beginnings
- provide optimum support and supervision for home visitors, with a clear line of accountability
- have the capacity to conduct required evaluation activities and provide data required for local and provincial decision-making
- be community based and sensitive to local needs and differences
- have sufficient infrastructure, organizational capacity and sustainability to support and be accountable for the initiative
- be able to provide service throughout the geographic area
- work best for the families that need it most.

Steering Committee Recommendations Regarding Governance

- Provincial standards should be developed regarding the title, role, job description, and salaries for home visitors; the workloads, competencies, qualifications, and core training for both home visitors and their supervisors; and the required documentation and reporting systems.
- Healthy Beginnings' local implementation teams should be consulted in the selection of an organizational structure for peer home visitors.

IV Support, Partnerships and Flexibility

The comments and recommendations in this final section are entirely those of the authors and do not necessarily reflect the opinions of the Health Beginnings Provincial Steering Committee.

Home Visitor Support and Supervision

Effective home visitor support is recognized as essential to the success of peer home visiting programs. The issues of support and supervision were not discussed directly during the Steering Committee's working session, however they did come up many times and revealed different perspectives on providing these essential ingredients. The environmental scan suggests that a strength-based approach to home visitors will likely be far more effective than a deficit one.

In a strength-based approach, professionals focus on strengthening rather than limiting the work of home visitors. They recognize that the peer home visitor develops relationships of trust with hard-to-reach families that they, the professionals, may not be able to achieve. Rather than surrounding her with boundaries and limitations, they surround the home visitor with a supportive, multi-disciplinary team who can connect to hard-to-reach families through her. The home visitor learns, grows and continually expands her capacity. While boundary issues did arise as an issue in some of these programs, more often, these were about helping home visitors establish their own boundaries relating to personal involvement with the families.

The environmental scan also highlighted the intensity and diversity of situations confronted by home visitors and their need for both guidance and emotional support. The best practices for supporting home visitors, listed on page 37, include both regularly scheduled and 'as needed' sessions with an immediately accessible supervisor, individual family case review and regular meetings of home visitors with each other. Fulfilling this demanding and on-call supportive role would be difficult for anyone who has many other responsibilities and should not be tacked onto the job description of existing personnel.

Recommendation of the Authors:

- Public Health Services should approach the support and supervision of home visitors from a strength-based perspective.
- New positions and a job description should be created for supervisors of peer home visitors.

Partnerships

The peer home visiting programs we examined in Prince Edward Island and Newfoundland and Labrador both attributed their success to a partnership between their public health departments and family resource centres. They pointed out that through this partnership the peer home visitors provide a seamless connection to a full array of both community-based and government support services. The national study cited elsewhere in this report also identified partnerships as a criterion for successful home visiting programs.

The environmental scan found several strong peer home visiting programs in the province that

can provide a firm foundation and significant expertise for Healthy Beginnings, if they are brought in as partners early in the development of the initiative. It also revealed several compelling reasons for Public Health Services to partner with these programs in the delivery of the program. The people we spoke with told us about the fear that the families most in need of support often experience when dealing with the system and they told us about the years of work their programs have put into establishing relationships with these families. They expressed interest in partnering with Healthy Beginnings in order to avoid duplication and they told us about the potential impacts on their own programs if Public Health Services offers a similar, parallel service. Unlike many professionally-trained helpers, staff of existing peer programs understand the role of peer home visitors. They are experienced in recruiting peer home visitors and have a ready pool of potential candidates to draw upon among their staff, volunteers and participants.

In some districts, existing home visiting programs have been invited to participate in Healthy Beginnings through local implementation teams. This is a positive first step, but much more can be done, both locally and provincially, to make use of existing resources and expertise. Experienced peer home visiting programs could be brought into the planning process at the provincial level, for example, on the Provincial Steering Committee and in the development of job descriptions and training programs. The Native Council of Nova Scotia's Child Help Initiative Program (CHIP), which serves off-reserve Aboriginal populations province-wide, should also be included in the planning process.

The environmental scan also confirmed that home visiting programs of child welfare agencies and early intervention programs have very distinct roles from that envisioned for Healthy Beginnings and are probably not the ideal primary partners for implementing Healthy Beginnings.

Recommendations of the Authors

- Programs currently offering peer home visiting should be invited to participate on local implementation teams.
- Representatives of peer home visiting programs should be consulted in the development of provincial standards, such as job descriptions, competencies, and core training programs.
- The home visiting component of Healthy Beginnings should be delivered in close partnership with family resource centres.

Voluntary and Flexible Programs

Both the environmental scan and the best practices identified in the literature confirmed two final essential elements of peer home visiting: its voluntary and flexible nature. Services received in fear rarely result in personal growth, so in order to be successful, home visitors must be welcomed voluntarily into the home. To overcome resistance and gain family trust, home visitors need to use positive, persistent outreach efforts rather than coercion or the force of law.

To meet the ever changing needs of very diverse families, home visiting programs also need to be very flexible. This flexibility should be reflected in the interventions used by home visitors as well as the duration and intensity of visits. Support must be of a sufficient intensity to make a difference in families that need that level of assistance, but also available to families at a lower intensity when appropriate.

Recommendations of the Authors

- Healthy Beginnings home visiting services should be offered to eligible families on a voluntary basis. Positive and persistent outreach should be used to encourage families to participate.
- Healthy Beginnings home visiting should be flexible in terms of the interventions used and the intensity and duration of the service, to meet the changing needs of diverse families.

V Concluding Remarks

As stated in the introduction of this document, the goals of Healthy Beginnings are to promote the optimal development of children, to enhance the capacity of both parents and communities to support healthy child development and to contribute to a coordinated, effective system of child development services and supports for children and families.

Our experience over the past few months has provided us with a very visceral sense of the importance and absolute ‘rightness’ of these goals and of using a peer home visitor model to achieve them. As we spoke with people about their programs, we became increasingly convinced of the strong lifeline that home visitors provide for struggling young mothers and the long-term benefits for children, parents and society as a whole.

Our work revealed that Nova Scotia already has a variety of programs offering home support for young families. These programs provide this critical support as best they can, with limited coverage, to limited populations and with very limited resources. Healthy Beginnings provides Nova Scotia with a unique opportunity to strengthen these (mostly) independent programs by weaving them into a more coordinated, interdependent and province-wide network of support for young families. Achieving this result, so clearly articulated in the goals of the initiative, will mean a certain degree of letting-go and risk-taking for both Public Health Services and family resource centres. It will require increased interdependence and new ways of working together. The approach taken by Public Health Services to date, consulting existing programs and forming local implementation teams, has put Healthy Beginnings on a solid foundation for achieving its stated goals.

Section four

DIRECTORY OF HOME VISITING PROGRAMS

Province-Wide Home Visiting Programs

Native Council of Nova Scotia, Child Help Initiative Program	D-1
Department of Community Services, Early Intervention Program	D-2

South Shore, South West Nova and Annapolis Valley

Annapolis Valley Hants Community Action Program for Children, Great Beginnings CPNP Program	D-3
Family and Children's Services of Kings County	D-4
Family and Children's Services of Yarmouth County, Family Support Program	D-5
The Family Support Centre Bridgewater, The South Shore Family Resource Association Lunenburg County	D-6
Additional early intervention programs in this region	D-7

Colchester / East Hants, Cumberland County and Pictou County

Kids First Association, Baby Talk	D-9
Maggie's Place Family Resource Centre, Babies Come First CPNP Project	D-10
Additional early intervention programs in this region	D-11

Guysborough/Antigonish/Strait and Cape Breton

Cape Breton Family Place Resource Centre, Baby Building Club (CPNP)	D-12
Cape Breton Family Place Resource Centre, Growing Together Northside Victoria	D-13
Kids First Association, Guysborough Prenatal Nutrition Program	D-14
Additional early intervention programs in this region	D-15

Capital District

Bayers Westwood Family Support Services Association, In-Home Support Program	D-16
Children's Aid Society of Halifax, Family Intervention	D-17
Dartmouth Family Resource Centre, Growing Together	D-18
Eastern Shore Family Resource Association, Extra Support for Shore Parents (ESSP)	D-19
Eastern Shore Musquodoboit Valley Early Intervention Program	D-20
Extra Support for Parents Volunteer Service (IWK)	D-21
Halifax Military Family Resource Centre, New Moms Program	D-22
Single Parent Centre, Doula Program	D-23
Single Parent Centre, New Mothers' Support Program	D-24
Veith House In-Home Parenting Program	D-25
Additional early intervention programs in this region	D-26

Out of Province Programs

Early Childhood Initiative, New Brunswick Department of Health and Community Services	D-27
Best Start, PEI Department of Health and Social Services and C.H.A.N.C.E.S.	D-28
Healthy Baby Club, Department of Health and Community Services, Newfoundland and Labrador	D-29

Province-Wide Home Visiting Programs

Agency:	Native Council of Nova Scotia
Program:	Child Help Initiative Program
Person responsible:	Tracey Legacy
Mailing address:	PO Box 1320, Truro NS B2N 2W5
Coordinates:	Tel: (902) 895-1738 Fax: (902) 893-7680 E-mail: caringconnection@tru.eastlink.ca
Coverage:	All of Nova Scotia via a bus and offices in Truro, Sydney and Milton.
Purpose:	To help parents get better access to services (ie childcare) and sometimes we listen to the parents with issues they may be having and being a support for these parents.
Priority population:	Off-reserve aboriginal parents and their children
# of visits/family:	This varies from one family to another. Some families are visited once a month and some are visited only once every two or three months.
# of home visitors:	2 full-time 1 part-time
Status:	2.5 lay/peer paid staff
Average case load:	Varies for each worker, but perhaps approximately 100
# families/year:	Varies but perhaps approximately 300
Description:	They visit with the families to see what they are looking for in terms of parenting, childcare, involvement in parent groups etc. They take the time to listen to and support the families.

Agency:	Department of Community Services, Family and Children's Services
Program:	Early Intervention Program <i>(Information for this program taken from Standards and Guidelines Manual, 2003)</i>
Person responsible:	Nancy Taylor, EIP Program Administrator (provincial)
Mailing address:	PO Box 696, Halifax NS B3J 2T7
Coordinates:	Tel: (902) 424-6286 E-mail: taylornl@gov.ns.ca
Coverage:	Province-wide coverage is provided through sixteen programs operated by incorporated non-profit societies around the province and funded by the Department of Community Services.
Purpose:	To work cooperatively with parents to promote: <ul style="list-style-type: none"> • positive outcomes for the child with special needs • family service coordination • family competence and integrity; and • community inclusion.
Priority population:	Children eligible for admission to an Early Intervention Program: <ul style="list-style-type: none"> • are between birth and school entry • have a diagnosed developmental delay of 6 months or more in two or more skill areas • are members of a family in agreement that the EIP is an appropriate service at the time of referral • are at risk for developmental delay according to defined risk categories.
# of visits/family:	Varies. One 1-2 hour home visit every two weeks is the norm.
Status:	Professionals or para-professionals with a university degree in one of the following fields: child studies, special education, psychology, physical or occupational therapy, speech language pathology or nursing.
# families/year:	Varies with location. There are waiting lists.
Description:	<ul style="list-style-type: none"> • review child's developmental progress • deliver resources, books or toys for loan • complete a developmental survey • discuss the family service plan and specific goals • demonstrate a task to support a developmentally appropriate activity • review the child's child care arrangement • discuss a recent therapy visit and its implications for the home • listen carefully to family reports of events • problem solve with the parents • accompany families to appointments for their children

South Shore, South West Nova and Annapolis Valley (DHA 1, 2 and 3)

Agency:	Annapolis Valley Hants - Community Action Program for Children
Program:	Great Beginning CPNP Program
Person responsible:	Lesley Frank, Great Beginnings Coordinator (Kings County) Kim Burns, Great Beginnings Outreach Worker (Hants County) Lois Baird, Executive Director
Mailing address:	PO Box 893 Kentville, NS B4N 4H8
Coordinates:	Tel: (902) 582-3030 / 678-1184 E-mail: lesleyfrank32@hotmail.com britarra@ns.sympatico.ca
Coverage:	Eastern Kings County Within a 50 km radius of Kennetcook in Hants County
Purpose:	The entire project is designed as an outreach program, thus home visiting is the mechanism for connecting with participants. It provides the structure of support the other aspect of the programs can operate from (ie. Monthly groups/phone support, education/informations/foodbox delivery).
Priority population:	Every participant in our program receives home visiting in some capacities.
# of visits/family:	Minimum of 3, but can be as often as 2/month and even 2/week
# of home visitors:	3 part-time, professional
Average case load:	15 families for a 20 hour/week part-time position, which includes other responsibilities such as group work and administration
# families/year:	50
Description:	Apart from the food component, which includes cooking, all other supports are individually focused and respond to the needs expressed by the participant. Every participant receives at least 3 home visits (at intake time, when baby is born, and at program exit (6 months postnatal). However these visits do not necessarily take place in the home, if the participant wishes to meet somewhere else that is fine. Almost everyone receive foodbox deliveries, and most participants invite additional home visits, which are not mandatory, but happen as an opportunity to drop off/discuss resources, communicating with families that do not have telephones, breastfeeding support, to drive them to appointments or the foodbank, deliver baby supplies. We have also done mediation, parent education, advocacy while in the home with other services or agencies, taken women to transition houses, helped families move....

Agency: Family and Children's Services of Kings County

Person responsible: Mary Beth Floyd

Mailing address: 76 River Street, Kentville NS B4N 1G9

Coordinates: Tel: (902) 678-6176 Fax: (902) 679-0522
E-mail: floydme@gov.ns.ca

Coverage: Kings County

Purpose: To maintain the family intact while fostering independence

Priority population: at-risk families

of visits/family: 1-2 per week for 6-12 weeks

of home visitors: 3 full-time

Status: professional

Average case load: 8-10 families

families/year: 100

Description: Their primary role is to foster and encourage independence. They provide parenting education support, education about community resources and how to access them.

Agency: Family and Children's Services of Yarmouth County

Program: Family Support Program

Person responsible: Tracey Shay

Mailing address: Provincial Building 10 Starr's Road Yarmouth NS B5H 2T1

Coordinates: Tel: (902) 742-0700 Fax: (902) 742-8945

Coverage: Yarmouth County

Purpose: To provide families/clients with the basic knowledge, self-esteem and skills to enrich child rearing, home management, the use of community resources and promote healthy, independent functioning.

Priority population: Families involved with Family and Children Services due to concerns about risk for their children. Some court-ordered visits.

of visits/family: 12+

of home visitors: 1 full-time

Status: professional

Average case load: 7 - 10

families/year: 15

Description: Develops a family service plan with specific goals and objectives for each family, including the following components. Parenting Skills: understanding of normal stages of child development, health, illness, hygiene, child management and appropriate discipline. Life skills: household management, self-esteem. Linking them up to community resources.

Agency: The South Shore Family Resource Association Lunenburg County/
The Family Support Centre Bridgewater

Person responsible: Lacie Greene, Program staff person
Debbie Smith, Coordinator/Manager of all CAPC Programs

Mailing address: 156 York Street, Bridgewater, NS B4V 1R3

Coordinates: Tel: (902)543-1301 Fax: (902)543-1828
E-mail: capc.bri@ns.sympatic.ca

Coverage: Lunenburg County

Purpose: To support young, low income families during the prenatal period and early parenthood.

Priority population: Top priority - young single mothers under the age of 25
Secondly - other high risk moms

of visits/family: 24

of home visitors: 1 full-time (has other duties)

Status: professional

Average case load: 14

families/year: 26

Description: Our Home Visiting begins in Prenatal as soon as we receive a referral and is carried out until the baby is 6 months old. The majority attend our prenatal education (this is a partnership with Public Health). Home visits occur according to need during prenatal and after birth. She provides rides to doctor's appointments/OBS Clinic and ensures they remember doctor's appointments. Provides support, information and referrals, works closely with Public Health, OBS Clinic, Community Services, Family & Children's Services.

Additional Early Intervention Programs in Districts 1, 2 and 3:

Agency: Bright Beginnings Early Intervention Program
Person responsible: Melissa Smith
Mailing address: RR#1, Lawrencetown NS B0S 1M0
Coordinates: Tel: (902)584-2000 Fax: (902)584-3099
E-mail: brightbegeip@netscape.net

Agency: Early Intervention Program De Clare
Person responsible: Ghislaine d'Eon
Mailing address: Box 212, Universite Sainte-Anne Church Point NS B0W 1M0
Coordinates: Tel: (902)769-3448 Fax: (902)769-3059
E-mail: gdeon@ustanne.ednet.ns.ca

Agency: Early Intervention Program De Clare - Digby Office
Person responsible: Kim Brooks
Mailing address: Digby Gen. Hosp, PO Box 820 Digby NS B0V 1A0
Coordinates: Tel: (902)245-6277 Fax: (902)245-6523 E-mail: deip@auracom.com

Agency: First Steps Early Intervention Program
Person responsible: Carol Langille
Mailing address: Fisherman's Memorial Hospital, PO Box 1180, Lunenburg NS B0J 2C0
Coordinates: Tel: (902)634-7311 Fax: (902)634-4627
E-mail: first.steps@ns.sympatico.ca

Agency: Queen's Co. Early Intervention Program
Person responsible: Donna Dexter & Maggie Fortey
Mailing address: PO Box 1689 Liverpool NS B0T 1K0
Coordinates: Tel: (902)354-5890 Fax: (902)354-2018
E-mail: qecda@ns.sympatico.ca

Agency: Shelburne Co. Early Intervention Program
Person responsible: Tracy DesChamp
Mailing address: PO Box 9, Shelburne, NS B0T 1W0
Coordinates: Tel: (902)875-4067 Fax: (902)875-4094
E-mail: scecda@ns.sympatico.ca

Agency: Southwest Early Intervention Program
Person responsible: Valerie Gullison-Surette
Mailing address: 58 Vancouver St. Office 207, Yarmouth NS B5A 2P5
Coordinates: Tel: (902)742-3366 Fax: (902)742-1984
E-mail: child@auracom.com

Agency: Valley Child Development Association
Person responsible: Jamie Parker
Mailing address: PO Box 63, Kentville NS B4N 3V9
Coordinates: Tel: (902) 678-6111 Fax: (902) 678-6112 E-mail: vcda@ns.sympatico.ca

Colchester East Hants / Cumberland County and Pictou County (DHA 4, 5 and 6)

Agency: Kids First Association

Program: Baby Talk

Person responsible: Michelle Ward

Mailing address: PO Box 788 Westville, NS B0K 2A0

Coordinates: Tel: (902) 396-1614 Fax: (902) 396-1149
E-mail: wardhale@ns.sympatico.ca

Coverage: All of Pictou County

Purpose: To provide support and services to prenatal women and postnatal moms with infants up to 6 months of age in the county of Pictou. As a Health Canada funded prenatal nutrition program, our focus is on supporting the healthy development of pregnancy and healthy birth weight of the child.

Priority population: Home visits are offered to women and families who cannot make it into our drop-in program because of distance or not being comfortable in a group setting. Most often the women receiving home visits are at higher risk of a complicated pregnancy or have issues in their lives that require one-on-one work with our coordinator. Our focus is on at-risk families who are defined at risk because of economic circumstances, social or geographical isolation.

of visits/family: 3

of home visitors: 1 part-time

Status: lay/peer paid staff

Average case load: 3

families/year: 10

Description: The focus of the visit and the number of times will depend on the needs identified by the family in consultation with the coordinator. Often one on one support in terms of prenatal education or post-natal needs, delivering additional food supplements/vitamins and information are the bulk of the home visiting program.

Agency: Maggie's Place Family Resource Centre

Program: Babies Come First CPNP Project

Person responsible: Trudy Reid

Mailing address: Box 1149, Amherst NS B4H 4L2

Coordinates: Tel: (902) 667-7250 Fax: (902) 667-0585
E-mail: tdrereid@ca.inter.net

Coverage: Cumberland County

Purpose: To provide a supportive environment and access to information for families.
Nutrition/prenatal support and education
Postnatal and family/parenting support

Priority population: Pregnant women, postnatal women and their families

of visits/family: 2 - 3

of home visitors: 1 full-time 2 part-time

Status: professional

Average case load: 30

families/year: 80 - 90

Description: Provide support as requested for various prenatal/postnatal issues and or family/parenting issues.

Additional Early Intervention Programs in District 4, 5 and 6:

Agency: Colchester-East Hants Early Intervention Program
Person responsible: Ronda Bagnell
Mailing address: IECDS, 60 Lorne St., Suite 1, Truro B2N 3K3
Coordinates: Tel: (902)893-3342 Fax: (902)895-4487
E-mail: surettec@inst-hsc.ca

Agency: Cumberland Early Intervention Program
Person responsible: Barb Boiduk
Mailing address: Box 997, Amherst B4E 4E1
Coordinates: Tel: (902)667-8244 Fax: (902)667-0661
E-mail: ceip@ns.sympatico.ca

Agency: Pictou Co. Early Intervention Program
Person responsible: Lisa Smith
Mailing address: 835 East River Road, New Glasgow, NS B2H 3S6
Coordinates: Tel: (902)752-1016 Fax: (902)755-2356
E-mail: pcei@ns.sympatico.ca

Guysborough/Antigonish/Strait and Cape Breton (DHA 7 and 8)

Agency: Cape Breton Family Place Resource Centre

Program: Baby Building Club (CPNP)

Person responsible: JoAnna LaTulippe-Rochon (902) 562-5616

Mailing address: Box 858, Inverness NS B0E 1N0

Coordinates: Tel: (902) 258-3002 Fax: (902) 258-2860
E-mail: lmunroe@familyplace.ca, Jlatulipperochon@familyplace.ca

Coverage: Inverness County

Purpose: To fulfill goals and objectives of Canada's Prenatal Nutrition Program

Priority population: As per CPNP guidelines

of visits/family: weekly

of home visitors: 1 full-time

Status: 1 CPNP staff who works in a professional manner

Average case load: Currently 5 families but the program is new and expected to grow

families/year: Have not been in operation long enough to know

Description: Bring CPNP program and support services to expectant mom's home.

Agency: Cape Breton Family Place Resource Centre

Program: Growing Together Northside Victoria

Person responsible: JoAnna LaTulippe-Rochon / Anne MacMullin

Mailing address: Box 804 Baddeck Nova Scotia B0E 1B0

Coordinates: Tel: (902) 295-2956 Fax: (902) 295-2296
E-mail: Jlatulipperochon@familyplace.ca
Growingtogether1@ns.sympatico.ca

Coverage: The north side of the Cape Breton Regional Municipality and Victoria County

Purpose: The essential components of Growing Together include: early identification and engagement of prenatal families, early screening of moms and newborns, ongoing and regular monitoring, assessment and referral when necessary, child centred programs, parent-child centred programs, family support programs and community development.

Priority population: Universal program

of visits/family: On average, weekly though more frequently depending on situation

of home visitors: 8 part-time

Status: 6 Community Home Visitors who work in a professional manner

Average case load: 10, although the program is still in its growing phase

families/year: 60

Description: Home visitors assist and work with families by providing support and accessing information on community resources, healthy child development, parenting skills and healthy lifestyle choices.

Agency: Kids First Association

Program: Guysborough Prenatal Nutrition Program

Person responsible: Michelle Ward

Mailing address: PO Box 788 Westville, NS B0K 2A0

Coordinates: Tel: (902) 396-1614 Fax: (902) 396-1149
E-mail: wardhale@ns.sympatico.ca

Coverage: All of Guysborough County

Purpose: To provide support and services to prenatal women and postnatal moms with infants up to 6 months of age in the county of Guysborough. As a Health Canada funded prenatal nutrition program, our focus is on supporting the healthy development of pregnancy and healthy birth weight of the child. Home visiting is the core of our program delivery because the large geography of Guysborough County and the sparse population prevents group activities for pregnant women and new moms.

Priority population: Our focus is on at-risk families who are defined at risk because of economic circumstances, social or geographical isolation. Every woman in our program receives home visits.

of visits/family: 8

of home visitors: 1 full-time, nutritionist

Average case load: 15

families/year: 50

Description: Home visits begin as soon as possible after entering our program. Women self-refer or are referred by Public Health nurses. During the first home visit, a nutritional assessment is completed and the staff person determines the supports required. This includes nutritional counseling, other agency supports, milk/food basket program, vitamins, breastfeeding information etc. Soon after another visit is done by the staff person to take a food basket (if required) and other information requested by the woman. Additional visits are made to educate on prenatal topics as well as to deliver additional food baskets. Postnatal visits are done to check on mom and baby, offer support, and offer education resources and breastfeeding support and use of electric pumps as required.

Additional Early Intervention Programs in Districts 7 and 8:

Agency: Allkids Early Intervention Program
Person responsible: Valerie Donovan
Mailing address: 117 West Ave., Glace Bay, B1A 5P2
Coordinates: Tel: (902) 849-3429 Fax: (902) 842-0655
E-mail: allkids@ns.sympatico.ca

Agency: Allkids Early Intervention Program
Program: Sydney Office
Coordinates: Tel: (902)567-0991 Fax: (902)567-0055
E-mail: allkids2@ns.sympatico.ca

Agency: Allkids Early Intervention Program
Program: Baddeck Office
Coordinates: Tel: (902)295-2504 Fax: (902)295-1269
E-mail: allkids3@ns.sympatico.ca

Agency: Antigonish Early Intervention Program
Person responsible: Brenda MacInnis
Mailing address: PO Box 1102, Antigonish, B2G 2S3
Coordinates: Tel: (902)863-2298 Fax: (902)863-1939
E-mail: aecip@auracom.com

Agency: Antigonish Early Intervention Program
Program: Guysborough Office
Person responsible: Karen Roberts

Agency: Inverness Richmond Early Intervention Program
Person responsible: Maria Babin
Mailing address: 400 Reeves St. Port Hawkesbury, NS B9A 2R5
Coordinates: Tel: (902) 625-0396 Fax: (902) 625-0468
E-mail: ireip@ns.sympatico.ca

Capital District (DHA 9)

Agency:	Bayers Westwood Family Support Services Association
Program:	In-Home Support Program
Person responsible:	Christa Unfried, Social Worker
Mailing address:	3499 McAlpine Avenue, Halifax NS V3L 3X8
Coordinates:	Tel: (902) 454-9444 Fax: (902) 454-0008 E-mail: bayersfam@ns.sympatico.ca
Coverage:	Primarily the Bayers-Westwood Public Housing community
Purpose:	To provide support, information, advocacy and referral services to parents with young children, promoting the B/W Family Resource Centre.
Priority population:	Primarily at-risk families, single-female-headed families experiencing poverty and isolation issues. It is a voluntary service, most parents self-refer.
# of visits/family:	4-5
# of home visitors:	1 full-time
Status:	professional
Average case load:	15 families
# families/year:	50
Description:	<ul style="list-style-type: none">• Provide support and information regarding healthy parenting, baby care• Work on family issues identified by participants (goal-setting, poverty, advocacy issues, abuse, violence, etc.)• Promote the family resource centre

Agency: Children's Aid Society of Halifax

Program: Family Intervention

Person responsible: Gayle Cromwell

Mailing address: 6009 Quinpool Road Halifax NS B3K 5J7

Coordinates: Tel: (902) 474-7356 Fax: (902) 422-9424
E-mail: cromweg@gov.ns.ca

Coverage: Former city of Halifax

Purpose: Parenting skill development and support for parents

Priority population: Clients of Children's Aid Society of Halifax

of visits/family: 8 +

of home visitors: 3 full-time

Status: professional

Average case load: 10

families/year: 100

Description: Teaching, demonstration, role modelling, advocacy, assessment

Agency: Dartmouth Family Resource Centre

Program: Growing Together

Person responsible: Natalie Downey, Coordinator
Christy Green, Executive Director

Mailing address: 96 Highfield Park Drive, Unit 126 Dartmouth NS B3A 4W4

Coordinates: Tel: (902) 464-8234 Fax: (902) 464-8232
E-mail: dfrc@accesswave.ca

Coverage: Dartmouth North

Purpose: To connect with and support families immediately after the child's birth if not before. To provide resources and information for healthy child development.

Priority population: Home visiting is offered to every family of a new baby. Continuing visits are offered when appropriate.

of visits/family: Varies considerably

of home visitors: 3 full-time

Status: professional

Average case load: 10 in home / in centre support

families/year: 150-170

Description: They make initial contact by offering a celebratory visit to the family of every new baby in Dartmouth North. They bring a gift bag of items carefully chosen by the staff to support healthy child and family development. (Continued support is provided as required either at home or at the resource centre.)

Agency: Eastern Shore Family Resource Association

Program: Extra Support for Shore Parents (ESSP)

Person responsible: Leslie Hauck

Mailing address: c/o ESFRA West Jeddore, NS, B0J 1P0

Coordinates: Tel: (902) 889-2218 Fax: (902) 889-3071
E-mail: esfamilyresource@ns.sympatico.ca

Coverage: From Ship Harbour to Lake Echo/Mineville

Purpose: To give support to parents

Priority population: Mothers of young children, new baby, single mums

of visits/family: 3 hours per week, once a week for as long as necessary, even up to two years.

of home visitors: currently none

Status: volunteers

Average case load: 1

families/year: 3

Description: Talk with mother, watch baby or children, take children for a walk, help with baby, some practical help as required or requested, discuss child care questions mom might have.

Agency: Eastern Shore Musquodoboit Valley Early Intervention Program

Person responsible: Lori Lowe, Program Coordinator

Mailing address: PO Box 245, Sheet Harbour NS B0J 2K0

Coordinates: Tel: (902)885-2946 Fax: (902) 885-2629 E-mail: esmveip@dunmac.com

Coverage: From east of Musquodoboit Harbour to Ecum Secum and the Musquodoboit Valley, Dutch Settlement

Purpose: To provide our families with the supports that are needed

Priority population: Families who have children from birth to school age with diagnosed special needs

of visits/family: Depends on needs. Sometimes once a month and sometimes once a week

of home visitors: 1 full-time professional

Average case load: 12 (being a non-supervising Program Coordinator/ Early Childhood Interventionist)

families/year: Depends on how many children leave the program each year for example to start school, leaving a spot for a new family.

Description: I am responsible for all aspects of running the program along with visiting the families. During a visit I provide them with information when needed, help them to establish goals and strategies for their child, work directly with the child and provide families with ideas to work on between visits.

Agency:	Extra Support for Parents Volunteer Service
Person responsible:	Maura Donovan, E.S.P. Coordinator
Mailing address:	IWK Health Centre, PO Box 3070, Halifax, NS B3J 3G9
Coordinates:	Tel: (902)470-7111 Fax: (902) 470-7153 E-mail: maura.donovan@iwk.nshealth.ca
Coverage:	Urban and suburban areas of Metro... and the more rural areas close to the suburbs. This is based on volunteer availability.
Purpose:	To promote the positive healthy development of each child through reducing stress and isolation, improving parenting confidence and capabilities, and enhancing community and neighbourhood relations.
Priority population:	We will work with any expectant parent or parent with an infant 6 months or younger who requests it. Priorities include: <ul style="list-style-type: none"> • no social/family, or partner support • breastfeeding and encountering problems, or likely to encounter problems • post-partum depression • social risks such as homelessness, mental health issues, abusive partner or former partner
# of visits/family:	Once a week, for 3 hours a week, for up to 6 months (often 4-6 months), sometimes longer.
# of home visitors:	45-50 part-time
Status:	volunteers
Average case load:	N/A
# families/year:	50-60
Description:	We pride ourselves on the volunteers being a reliable source of hands-on help and a non-judgmental, supportive person in the mother's / parents' lives. <ul style="list-style-type: none"> • emotional support, listening ear • practical hands-on help with children • help getting to shopping, appointments • early flagging of potential challenges/problems • help with breastfeeding • referrals to community resources

Agency: Halifax Military Family Resource Centre

Program: New Moms Program

Person responsible: Rose Dean, Child Services Coordinator

Mailing address: PO Box 99000 Station Forces, Halifax NS B3K 5X5

Coordinates: Tel: (902) 427-7784 Fax: (902) 427-7794
E-mail: dean.r@forces.gc.ca

Coverage: Halifax Regional Municipality

Purpose: To observe the mom and child interactions, to see if mom has enough support (ie family), to give a small gift to baby, to explain the MFRCs other services and programs that pertain to childcare: Playcare, Parent and Tot, etc. and to refer to other coordinators if necessary.

Priority population: Military families. This is a very slow information receiving program, for example, I don't always know when a new child is born, so sometimes the child is a few months old before I find out.

of visits/family: 1

of home visitors: self

Status: N/A

Average case load: N/A

families/year: Varies but not very many.

Description: See above

Agency: Single Parent Centre

Program: Volunteer Doula Program

Person responsible: Hilary Marentette

Mailing address: 3 Sylvia Avenue, Halifax NS B3R 1J7

Coordinates: Tel: (902) 479-0508 Fax: (902) 477-2257
E-mail: single-parent@ns.sympatico.ca

Coverage: Metro Halifax

Purpose: To provide support through pregnancy, labour, birth and up to 6 weeks post partum.

Priority population: Low income, young, challenged, mothers and families

of visits/family: Varies from 4 - 14 times

of home visitors: 30 part-time

Status: volunteers

Average case load: 1 - 2

families/year: 60 - 100

Description: Prepare women for birth and deal with other pressing needs. Accompany and provide comfort measures throughout birth. Support with breastfeeding up to 6 weeks post partum.

Agency: Single Parent Centre

Program: New Mothers' Support Program

Person responsible: Paige McFarlane

Mailing address: 3 Sylvia Avenue, Halifax NS B3R 1J7

Coordinates: Tel: (902) 479-3855 Fax: (902) 477-2257

Coverage: Metro Halifax and Dartmouth. Occasionally rural areas that connect to resources in that area.

Purpose: Provide hands-on, in-home support and phone support with referrals and advocacy. Provide emotional, practical and informational support and outreach services. Create opportunities for new mothers to network and socialize with other new moms.

Priority population: Predominantly the families are between the ages of 15-38. The majority are single parents and/or teenage parents caring for their first child.

of visits/family: 4 - This varies depending on issues/concerns. Phone contact is maintained on a weekly basis.

of home visitors: 1 part-time

Status: professional

Average case load: 9-16 families

families/year: 90

Description: Assess the needs of participants. Provide appropriate post-natal support, information, education, referral and advocacy depending on each individual situation. Education in areas of breastfeeding and infant massage.

Agency: Veith House

Program: Veith House In-Home Parenting Program

Person responsible: Jocelyn Yerxa (filling in for Cassie Lavers on leave)

Mailing address: 3115 Veith Street, Halifax NS B3K 5G9

Coordinates: Tel: (902) 453-4320 Fax: (902) 453-3633
E-mail: veithhouse@hfx.eastlink.ca

Coverage: The former city limits of Halifax and Dartmouth

Purpose: To help families to: understand how their child(ren) grows and develops; encourage their child's growth and development; ensure their child's safety and well being; gain confidence in their parenting skills; and get the support and professional assistance they may need for their child's health and development.

Priority population: There is no main target population for this program. The program is available to all families within the old Halifax/Dartmouth city bounds who feel they need support or information.

of visits/family: Once a week for 5 months or 20 times total

of home visitors: 1 full-time

Status: professional

Average case load: 5

families/year: 10

Description: Our In-Home Parenting worker provides support, information and advocacy to families in their own homes. The worker provides knowledge, ideas activities and handouts to help parents understand their child's development, growth, safety and needs.

Additional Early Intervention Programs in District 9:

Agency: Progress Centre for EI
Person responsible: Patricia Morse
Mailing address: South Tower, Suite 104, 1200 Tower Rd Halifax, B3H 4K6
Coordinates: Tel: (902) 423-2686 Fax: (902) 425-3360
E-mail: pmorse@progresscentre.com

Program: Sackville-Bedford Early Intervention Program
Person responsible: Caroline Gallop
Mailing address: PO Box 617 Lower Sackville B4C 3J1
Coordinates: Tel: (902) 864-5251 Fax: (902) 864-5251
E-mail: sbeip@ns.sympatico.ca

Out of Province Programs

Agency:	New Brunswick Department of Health and Community Services
Program:	Early Childhood Initiative
Person responsible:	Claudette Landry, Project Manager
Mailing address:	P.O. Box 5100, Fredericton, New Brunswick E3B 5G8
Coordinates:	Tel: (506) 457-4901 Fax: (902) E-mail: claudette.landry@gnb.ca
Coverage:	province-wide, since 1994
Purpose:	To give children a healthy start in life and to improve their school readiness by improving developmental outcomes for children from birth to age 5 who are at risk of developmental delays, neglect or abuse, or physical and emotional problems associated with other handicaps.
Priority population:	Program very targetted to the highest risk families, including teen mothers, those with previous LBW infants, etc. There is a list of 20 eligibility criteria.
# of visits/family:	Varies greatly, as often as weekly when required.
# of home visitors:	120 FTE nurses and approximately 18 nutritionists
Average case load:	Varies depending on other responsibilities.
# families/year:	2000+
Description:	The ECI consists of seven separate programs: prenatal screening and intervention; postnatal screening and intervention; preschool clinics at 3 to 5 years of age; home-based early intervention services; integrated day care services; and social work prevention services. Home visiting is provided from prenatal to age 5 to high risk families. In the prenatal period, nutritionists are very involved and use the Montreal Diet Dispensary Method. Universal screening occurs at birth and again at age 3½. High priority families are eligible to receive support through home visiting by a nurse, who does an assessment and sets goals and objectives with the family. This service can continue until age 5, especially in areas where there are few other services. Nurses work closely with family resource centres and referrals occur in both directions.

Agency: PEI Department of Health and Social Services and C.H.A.N.C.E.S.

Program: Best Start

Person responsible: June Tessier (for Public Health)
Marilyn Norton (for CHANCES)

Mailing address: PO Box 2000, Charlottetown, PE C1A 7N8

Coordinates: Tel: (902) 368-4530
E-mail: jatessier@ihis.org

Coverage: Initially Queens Region only now expanding to entire province

Purpose: To systematically reach out to all families to offer services, to enhance family functioning, to provide information on growth and development and to work on parent child relationships.

Priority population: Universal screening to identify families who can most benefit

of visits/family: Varies, level 1: weekly, level 2: every two weeks, level 3: monthly

of home visitors: 8 for Queens Region, hiring 5 more for rest of province

Status: lay/para-professional

Average case load: 15 families (level 1)

Description: Post partum support provided by peer home visitors from birth to age 3. (See additional description page 11.)

Agency: Department of Health and Community Services, Newfoundland and Labrador

Program: Healthy Baby Club

Person responsible: Deborah Randell

Mailing address: PO Box 8700, St. John's NF A1B 4J6

Coordinates: Tel: (709) 729-5554 Fax: (709) 729-5824
E-mail: drandell@mail.gov.nf.ca

Coverage: Much but not all of the province, via family resource programs in every Health and Community Services region

Purpose: To promote the healthiest possible outcomes for each mother and baby by providing prenatal information as well as nutritional, social, practical and other help.

Priority population: Women on social assistance or low income, teenage women, women using drugs or alcohol, women living with violence and women living in isolation.

of visits/family: Varies from once a week to once a month depending on number of families and distances.

Status: lay/peer paid staff

Average case load: Varies: 8-12 but also do group programs

Description: Healthy Baby Club is a peer support program delivered through home visiting and other activities such as regular group sessions, parenting workshops, food supplements, cooking sessions and informal support. (See additional description page 10)

ENDNOTES

1. Pennock, M. and J. Ross, 2002.
2. Government of Newfoundland and Labrador, 2001 p 31.
3. LeFort, S, 2001 p4.
4. Prairie Research Associates Inc, 2002.
5. Denham Gillespie Associates, 1999 p B-21.
6. Denham Gillespie Associates, 1999 p B-20.
7. Great Kids Inc., 2000 pp 6-9.
8. Denham Gillespie Associates, 1999 p B-28.

Appendix

LIST OF KEY INFORMANTS

All of the people listed below took the time to tell us about their programs. Those marked with an asterisk were interviewed more formally.

Antigonish District Office, Community Services

*Allison Hall Geddes, Social worker
*Brenda Rogers, Family Support Worker
325 Main Street, Antigonish, NS B2G 1C3
Tel: (902) 863-3213 Fax: (902) 863-7053
E-mail: geddesah@gov.ns.ca

Bayers Westwood Family Support Services Association

Christa Unfried, Social Worker
3499 McAlpine Ave, Halifax NS V3L 3X8
Tel: (902) 454-9444 Fax: (902) 454-0008
E-mail: bayersfam@ns.sympatico.ca

Cape Breton Family Resource Centre

*JoAnna LaTulippe Rochon, Coordinator
*Joanne MacMullen
106 Townsend Street, Sydney NS B1P 5E1
Tel: (902) 562-5616 Fax: (902) 562-8528
Email: jlatulippe-rochon@familyplace.ca

Community Action Committee for Bay St. George

*Bernice Hancock
P.O. Box 421, Stephenville, NF A2N 2Z5
Tel: (709) 643-5399 Fax: (709) 643-5490
E-Mail: bsgcacnf@nfld.net

Early Childhood Initiative

*Claudette Landry, Project Manager
NB Dept of Health and Community Services
P.O. Box 5100, Fredericton, NB E3B 5G8
Tel: (506) 457-4901
E-mail: claudette.landry@gnb.ca

Annapolis Valley Hants Community Action Program for Children Outreach and Support

*Debbie Reimer, Coordinator
*Lesley Frank, Great Beginnings Coordinator
PO Box 893, Kentville, NS B4N 4H8
Tel: (902) 582-3030 / 678-1184
E-mail: lesleyfrank32@hotmail.com

Best Start

*Sharon Lawlor, Public Health Nursing Manager
Queens Region
June Tessier, Health and Community Services PEI
PO Box 2000, Charlottetown, PEI C1A 7N8
Tel: (902) 368-4532 Fax: (902) 368-4497

Children's Aid Society of Halifax

*Gayle Cromwell, Supervisor, Family Care
6009 Quinpool Road, Halifax NS B3K 5J7
Tel: (902) 474-7356 Fax: (902) 422-9424
E-mail: cromweg@gov.ns.ca

Dartmouth Resource Centres

Christy Green, Executive Director
*Natalie Downey, Coordinator
96 Highfield Park Drive, Unit 126
Dartmouth NS B3A 4W4
Tel: (902) 464-8234 Fax: (902) 464-8232
E-mail: dfrc@accesswave.ca

Early Childhood Intervention Program

*Nancy Taylor, Program Administrator
Family and Children's Services
PO Box 696, Halifax NS B3J 2T7
Tel: (902) 424-6286
E-mail: taylorln@gov.ns.ca

**Eastern Shore Family Resource Association
(Extra Support for Shore Parents)**

Leslie Hauck, Coordinator
c/o ESFRA West Jeddore, NS, B0J 1P0
Tel: (902) 889-2218 Fax: (902) 889-3071
E-mail: esfamilyresource@ns.sympatico.ca

Extra Support for Parents (IWK)

*Maura Donovan, Coordinator
*Mora Bussey, Home Visitor
PO Box 3070, Halifax, NS B3J 3G9
Tel: (902)470-7111 Fax: (902) 470-7153
E-mail: maura.donovan@iwk.nshealth.ca

**Family and Children's Services of Yarmouth
County**

Tracey Shay
Provincial Building 10 Starr's Road
Yarmouth NS B5H 2T1
Tel: (902) 742-0700 Fax: (902) 742-8945

Healthy Baby Club

*Deborah Randell, Program Coordinator
Cathy Royle, Program Consultant
Department of Health and Community Services
PO Box 8700, St. John's NF A1B 4J6
Tel: (709) 729-5554 Fax: (709) 729-5824
E-mail: drandell@mail.gov.nf.ca

Maggie's Place

*Trudy Reid, CPNP Coordinator
Box 1149, Amherst NS B4H 4L2
Tel: (902) 667-7250 Fax: (902) 667-0585
E-mail: tdreid@ca.inter.net

North End Community Health Centre

Susan McCowan
2165 Gottingen Street, Halifax NS B3K 3B5
Tel: (902) 420-0303 Fax: (902) 422-0859
E-mail: susanm@nechc.com

Single Parent Centre

Barbara Sowinski, Executive Director
*Hilary Marentette, Program Coordinator
*Rhonda Findlay, Doula
3 Sylvia Avenue, Halifax NS B3R 1J7
Tel: (902) 479-0508 Fax: (902) 477-2257
E-mail: single-parent@ns.sympatico.ca

**Eastern Shore Musquodoboit Valley Early
Intervention Program**

Lori Lowe, Program Coordinator
PO Box 245, Sheet Harbour NS B0J 2K0
Tel: (902)885-2946 Fax: (902) 885-2629
E-mail: esmveip@dunmac.com

Family & Children's Services of Kings County

*Mary Beth Floyd, Casework Supervisor
*Bette Saltsman, Family Support Worker
76 River Street, Kentville NS B4N 1G9
Tel: (902) 678-6176 Fax: (902) 679-0522
E-mail: floydme@gov.ns.ca

Halifax Military Family Resource Centre

Rose Dean
PO Box 99000
Station Forces, Halifax NS B3K 5X5
Tel: (902) 427-7784 Fax: (902) 427-7794
E-mail: dean.r@forces.gc.ca

Kid's First Association

*Michelle Ward, Executive Director
*Leslie Ehler, Home Visitor
PO Box 788 Westville, NS B0K 2A0
Tel: (902) 396-1614 Fax: (902) 396-1149
E-mail: wardhale@ns.sympatico.ca

Native Council of Nova Scotia

Child Help Initiative Program
Tracey Legacy
PO Box 1320, Truro NS B2N 2W5
Tel: (902) 895-1738 Fax: (902) 893-7680
E-mail: caringconnection@tru.eastlink.ca

Nova Scotia Council of the Family

Yvonne Blanchard, Executive Director
5121 Sackville St, Suite 602, Halifax, NS B3J 1K1
Tel: (902) 422-1316 Fax: (902) 422-4012

South Shore Family Resource Association

*Debbie Smith, Coordinator
*Lacie Green, Home visitor
156 York Street, Bridgewater, NS B4V 1R3
Tel: (902)543-1301 Fax: (902)543-1828
E-mail: capc.bri@ns.sympatico.ca

Veith House In-Home Parenting Program

Jocelyn Yerxa

3115 Veith Street, Halifax NS B3K 5G9

Tel: (902) 453-4320 Fax: (902) 453-3633

E-mail: veithhouse@hfx.eastlink.ca

Appendix

DOCUMENTS REVIEWED

Annapolis Valley-Hants Community Action Program for Children and Great Beginnings.
Policies and Procedures Manual. Adopted in 1995 and revised as required.

Best Start Program:

- *Best Start Program Description*
- *Evaluation framework* (author, date and title unknown)
- *Program Screen*

C.H.A.N.C.E.S. Inc. Family Resource Centre. *Job Description, Best Start Project Coordinator*.

C.H.A.N.C.E.S. Inc. Family Resource Centre. *Job Description, Best Start Worker*.

Civil Service Commission, Province of Nova Scotia. *Position Description, Counsellor I to II*.

Civil Service Commission, Province of Nova Scotia. *Position Description, Family Skills Worker*.

Dartmouth Family Resource Centre. *Position Description, Community Home Visitor*.

Denham Gillespie Associates Inc. 1999. *CAPC/CPNP Home Visiting Tool Box*, produced for the Algoma Cooperative Children's Services.

Department of Community Services. 2003. *Early Intervention Programs in Nova Scotia: Standards and Guidelines*.

The Doula Program:

- *The Volunteer Doula Program*
- *Characteristics of Doulas*
- *Volunteer Doula Position Description*
- *Training of Doulas*
- *Volunteer Doula Application Form*
- *Agreement Between Doula and the Mother*
- *Request for Doula Service*
- *Pain Medications Preference Scale* (by Simpkin, P.)
- *Birth Plan*
- *Newborn and Postpartum care Plan*
- *Strategies for Specific "Triggers" of Anxiety During Childbirth*
- *Doula Support Record*
- *Evaluation of Doula Services*
- *Postpartum Doula Training Project*

- *Outline of Postpartum Doula Training*
- *Postpartum Doula Job Description*
- *Characteristics of Postpartum Doulas*

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- *ESP End-Of-Match Interview*
- *ESP End-Of-Match Volunteer Questionnaire*
- *Description of Volunteer Responsibilities*
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