

SUMMARY

Early Child Development Home Visiting in Manitoba

Families First is a community based home visiting program offering information and support to families from conception to kindergarten. Delivered across Manitoba through the public health program of regional health authorities, Families First is designed to link and integrate with related services and to build on the strengths of other early childhood programs and services in the community.

Program Goals

The overarching goals of Healthy Child Manitoba's Families First Program are to:

- * ensure physical health and safety
- * support the secure attachment and development of positive parent-child relationships
- * promote healthy growth, development and learning
- * build community connections

Services Provided

The early child home visiting program begins with a visit from a public health nurse. If parents agree to take part in the program, home visits take place on a regular basis, usually weekly.

Families First home visitors work with families to enhance parents' capacity to provide a nurturing and supportive environment for their children. The focus of their work together is to:

- * Support strong family relationships
- * Provide information about pregnancy, health, safety and nutrition
- * Promote healthy childhood growth, development and learning
- * Explore solutions to challenging situations
- * Connect families to community resources

Service Providers

Services to the families are delivered by paraprofessionals and public health nurses. The public health nurse provides the support, training and oversight for home visitors, who are designated as paraprofessionals. As needed, the public health nurse also visits the family and conducts shadow visits to supervise the home visitors. The public health nurse spends two hours per week discussing family issues with the home visitor.

Paraprofessional home visitors need a minimum of a Grade 12 education, with experience in parenting or healthy child development. Some home visitors have a post secondary education.

Professional Development

Home visitors receive initial orientation and ongoing education. The main curriculum used for the Families First Home Visiting Program is Growing Great Kids Inc. To supplement this curriculum, home visitors utilize other resources from other sources such as Invest in Kids, Literacy Training, Nobody's Perfect, and the Abecedarian project.

Core training covers:

- * Introduction to the program (including administrative, policy and background information, and the philosophy of the program)
- * Role orientation
- * Shadowing a public health nurse on postnatal visits
- * Shadowing other home visitors
- * Learning to use the curricula
- * Learning how to use the communication strategies in their work with families

Ongoing training of approximately one day per month covers topics such as domestic violence, breast feeding, etc.

Client Groups

Families First Home Visiting services are provided to families from prenatal stages until children are five years of age. Public health nurses visit all new families immediately after the birth of a baby to discuss their strengths, needs and challenges. This universal screening identifies families who may benefit from additional support through home visiting. Most families enter the program through this screening process.

Families identified through the screening process are offered a standardized, in-home parent survey focusing on parent-child attachment, challenges facing the family, current connection to community resources, and personal and professional support. The completion of the parent survey assists public health staff in determining the level of support most complementary to each family's situation, including Families First Home Visiting. Other community partners, such as child care facilities, family resource programs, or Child and Family Services, may make referrals of families with pre-school children to the Families First program.

Screening and Assessment Tools

Screening is done using the Families First Screening Form, which is based on the Parkyn tool.

Assessment is done through a parent survey, which is based on the Kempe Family Stress Checklist.

Theory and Evidence Base

Families First was designed based on the Hawaii Healthy Start program. Families First uses a strengths-based philosophy.

Data and Information Collection

Data is collected via the Families First Home Visitor Log. After each visit, the home visitor fills out the log. The public health nurse will go over the log with the home visitor at least once a month. A provincial electronic database contains all of the Families First screening data.

Evaluation

The Families First program was evaluated using a quasi-experimental technique, which compared high risk groups to low risk groups. In 2005, the evaluation analysis revealed that for families participating in the program:

- * Parenting skills improved
- * Parent psychological wellbeing increased
- * Families were more involved in their communities
- * Families were better connected to community resources

The Families First program, including the screening tool, was evaluated in 2007. Results are contained in the report *Manitoba's BabyFirst Program: A Way to Reduce Child Maltreatment?*

In 2008, the program was found to have had a positive effect on a mother's sense of purpose in life, environmental mastery and self-acceptance. It had improved social support and neighbourhood cohesion for families. The 2008 evaluation did not reveal whether there had been improvements in neighbourhood safety, maternal depression, community service utilization (health, social and spiritual/religious) or in families' participation in voluntary organizations.

Poverty and Equity

Healthy Child Manitoba recognizes that children who live in less nurturant homes, and are not exposed to a supportive learning environment, may be behind developmentally. The program places a strong focus on causes and circumstances that put children at risk for less than optimal development. The assessment form is an important method of identifying those at risk, and ensuring they can then work with the home visitor to set goals that will support them in developing a nurturant environments for their children.