



Vol. 1 Issue 2 Summer 2006



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supporting quality
home visitation programs
in Alberta

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Alberta Home Visitation Network Association

Here's to our Partners in Service

Message from the desk of the AHVNA Provincial Director – by Lavonne Roloff

This edition of Connections discusses various partnerships that home visitation programs have developed. The core of home visitation practice is centered around the premise of building relationships and staying connected to community resources.

The partnerships that home visitation programs create in their communities are key components. The Guidelines for Home Visitation Programs states, "Home visitation program staff must build networks and partnerships with other community agencies." Thus home visitors are mandated to build and develop networks of service delivery partners.

In many cases home visitation programs begin as a result of agencies coming together in their community with the common goal of providing support to children and families. Programs depend on partnerships with funders such as Alberta Children's Services, local health authorities, CAPC, FCSS foundations and other funding bodies. They also receive many in-kind contributions from community organizations.

Referrals depend upon the program's level of support in the community. Physicians, health nurses, social workers and other community workers all make referrals to the program and help the family to link up.

Once families enter the program the home visitor will provide other connections to community resources such as food banks, outreach schools and literacy programs, to name a few. The relationships are key to the work of the program.

The many layers of partnership in home visitation programs involve: funders and programs; programs and community resources; supervisor and the home visitor; home visitor and the family.

By linking to the community's resources, programs assist families in meeting their needs and accessing other services that benefit them. Sometimes the family experiences differences to their lives immediately; other times the benefits aren't recognized until years later. The goal is to assist families in developing skills so that they will be able to access the resources they need.

The success of home visitation in Alberta is strengthened in the knowledge that the community works together. We appreciate the support of the Alberta Children's Services in funding this vital program as a key partner in the province and we look forward to many more years of working together to support the children and families of Alberta.

Partnerships build a strong future for Home Visitation

by Cheryl Moskaluk

Home visitors in Alberta's 35 HV programs know they are giving young families a healthy start in the world through the partnerships they create with parents. But their early intervention work is also shoring up a bright future for home visitation in the eyes of funders in Alberta's Child and Family Services Authority (CFSA) and through close partnerships within Alberta Health.

Shirley Dawley, a CFSA contract specialist in the Central Alberta region, negotiates with three agencies funded under the HV umbrella for urban and rural home visitation service in Red Deer, Olds-Three Hills, Drayton Valley-Wetaskiwin and surrounding communities. "In the early intervention side of things, I would say that home visitation programs are the central component of the spectrum," she says. I think within CFSA globally, all the talk is about the early years, about healthy brain development. Home visitation is, bar none, the best delivery model for intervention. They believe in this work and they know what they are doing is so effective."

The challenge now in expanding programs and building a larger profile for early intervention work is to speak to the common measurable benefits of all HV programs for families. "That's one of the tasks of my job but I can't do it without them—the people I work with in these programs," Shirley says. In her CFSA role, Shirley needs to ensure best use of early intervention funding for the greatest possible numbers of families—urban and rural. She says HV agencies have been sensitive to this perspective. "What comes to mind is a situation where an agency was very closely monitoring their caseloads and was able to shift funding and workers to an area where there was a greater need." She

says HV programs help extend the reach of CFSA services to rural families.

Further north, The Parkland Home Visitation (PHV) program serves a population of about 14,000 people, roughly half of whom are spread across a large northwest chunk of the Capital Health region, all the way to Evansburg and Enoch. About 7,000 live in the town of Devon. Public health nurses visit 10 to 15 newborn babies a month. "What we find is that often, people who can't get into the city are most often in great need of services," says health nurse Lorilee Scott.

The Parkland program is unique in its tandem assessment for home visitation; a PVH office is housed in the Devon Health Centre. The screening for new families that has been developed through HV programs in Alberta is on the nurse's chart, and Devon's home visitor accompanies the nurse on assessment visits where parents are welcoming a newborn child.

"When we do an assessment the home visitor is right there. Parents have an immediate sense of collaboration. So if the assessment is positive, this helps with the transition of services," says Lorilee. In fact, 100 per cent of families in the region that are assessed positively for HV service, consent to go ahead with the program. "I like the connection with the home visitor," she says. "With consent of the parents, we are able to share information and we have great communication."

Further opportunities for collaboration are on the horizon, says Shirley Dawley. One of the pillars of the new provincial joint initiative (Health, CFSA, FCSS and Alberta Education) to create Parent Link resource centres, is Family Support. "We won't want to

duplicate services, so we will want to ensure Parent Link Centres are connected to home visitation. Families that "graduate" from HV programs and still need some support, could transition to Parent Link services, Shirley says. "I think this will be the next strong partnership for home visitation."

Parents say:

"If you had not been here we would not have known we were good parents."

"I received a lot of help that made me comfortable as a new mom. My Family support worker answered all my questions. My child loves the books from Books for Babies and still enjoys looking at these books. I was glad to have the taxi service for Books for Babies as I didn't know the city. Playing with children was good for my daughter as she was alone at home."

"We have been members of the Healthy Families Program for four years, and it has been incredibly beneficial to our family. I am so fortunate to have had the support I needed when I had crisis in my life. I am very pleased with the program and the terrific workers I've had as well. I honestly don't know how I would have coped with everything if I were not involved with Healthy Families."

The more we get together ... the happier they'll be!

The creation of good Home Visitation Practice for Families often depends on the nuts and bolts of Community Partnerships. – By *connie lemay*

Effective home visitation practices must include connections to the community and community services. Partnerships are essential to assist families with family violence, addictions, health, mental health and financial concerns, which are issues that go beyond the scope of home visitation. So how do we work best together to address a common goal?

Central characteristics of effective partnerships include the differences of each partner—differences in perspective, expectations and expertise are both a strength and challenge of partnerships. Effective partnerships fall somewhere in the middle on a continuum between strong opposition and strong agreement, and are characterized by working consensus. Members agree to a strategy, knowing that it may not be best for all partners but ultimately is best for at-risk children and families. Working consensus is achieved by focusing less on what agencies do and more on a specific goal for children and families. That's easy to say but the reality is that each partnering agency has policies and procedures that inform its work. The following steps can help move partners toward working consensus.

1. Identify the common goal or purpose of the partnership.

Begin with a shared goal. Problems arise if partners are working toward different ends. This initial stage is typically characterized by optimism and hope.

2. Identify the common ground that partners share.

Understand the shared values and vision of each partner. This will help to ensure a

viable partnership. Through this process, the group may decide to invite other partners to the table or agencies may decide not to participate.

3. Identify the benefits to children and families.

Remain focused on the ultimate goal so that partners to not singularly focus on what is best for their agency. At the same time, it is helpful for agencies and organizations to understand the benefits they will derive from achieving consensus.

4. Identify the differences that each agency or organization brings.

The storming phase occurs when partners begin to negotiate their differences. Differences may be in perspective, expectation, expertise, policies and procedures and legal issues. Understand and acknowledge differences and challenges, while remaining focused on the goal, in order to open up space to develop workable solutions. By remaining open to differences, partnerships become vehicles for creative and innovative solutions.

5. Document and communicate the common goal, benefits, strengths and challenges that each agency may experience in the partnership.

Partnering agencies and their staff must be informed about the terms of the partnership and any protocols between partners. Develop key communications that all partnering agencies will share with staff. Keep staff informed of the partnership process so they have an opportunity to share ideas or concerns and be part of the creative solutions.

6. Develop written protocols for partnership-based activities.

The development of protocols is the working phase of an effective partnership. Protocols are the agreements that agencies reach to achieve the shared goal. Protocols specify the 'who, what, where, when, why and how' of partnerships.

7. Review and evaluate the effectiveness of protocols.

If a protocol is not working, partners will need to understand why and make revisions. Revisit the original goal and be sure to give special attention to the differences and challenges that each organization and agency brings to the partnership. Effective partnerships require effective facilitation skills to move partners to a place of working consensus.

Partnerships take time and individuals may become discouraged. Remember to acknowledge accomplishments and milestones while focusing on change. Partnerships require a commitment of time, flexibility and integrity. With this commitment, partners are able to pool resources, expertise, and practice wisdom to create viable strategies for at-risk children and families.

Connie LeMay is a consultant with the Alberta Home Visitation Network Association.

Working Smart, Working Together

Home visitation programs reach families by seeking dynamic community partnerships – by Cheryl Moskaluk

Alberta communities are integrating home visitation programs into their current network of services in ways that draw on the strengths of relationships between a variety of partners.

In Grande Prairie, the spark for a HV program along the Healthy Families model began when FCSS, the city's Friendship Centre, a women's shelter, and resource centre for pregnant teens, partnered to bring this type of early intervention to young families at risk.

Bev Moylan, now a manager with Peace Country Health, and co-ordinator of the Healthy Families program, was director of the women's shelter at the time. Eventually, home visitation was included in a regional approach through Peace Country Health, employing 11 home visitors serving a large geographical area as far south as Grande Cache, and southeast to Valleyview and High Prairie. The Healthy Families office is housed in Grande Prairie's Queen Elizabeth II Hospital where the program enjoys ties to the health care system.

"This has been a great partnership for us in many ways," says Bev. Financially, we are saving about \$60,000 through having our office housed in the hospital," she says. Because of a free relationship with health care practitioners, home visitors can help spot problems like post-partum depression, and can run their questions and observations by the public health nurses. Nurses screen families for factors that would point to the need for home visitation service, and some referrals for HV service come from the hospital's social worker whose role is to make sure new mothers have support. "He's our best friend," Bev says.

She believes that the "covenant" model of partnership—one of mutual agreement to create a long-term program that is accessible—is a major strength of HV program development in Grande Prairie and elsewhere. Part of this model involves intense supervision of staff. Bev meets with them every two weeks.

As an Alberta Home Visitation Network Association board member and also someone who as worked on the front lines with women in need, Bev sees the importance of responding to rural concerns—lack of access and isolation—though expanding HV programs. She would advise anyone in a small Alberta community to contact AHVNA if they are taking steps to start up home visitation service in their area. "They have the database, they have a record of the structures that are in place. You don't have to re-invent the wheel."

"This has been a great partnership for us in many ways,"

In Camrose, southeast of Edmonton, the seeds for home visitation were planted 10 years ago when Annette Hillaby was finishing a practicum for a diploma in child and youth care. In her work, she came across a woman with disabilities who was pregnant. How could this woman and others like her, best receive support? That was the start of a partnership that has grown between the Camrose Association for Community Living and the TIPS program (Teaching Independence and Parent Support), which Annette now co-ordinates. Because of this partnership, the TIPS



program has access to transportation; the staff can help some of their clients reach group activities or keep immunization appointments.

A feather in the TIPS cap has been a successful rapport with the city's physicians, built through patiently advocating for clients' needs for support until doctors and nurses became fully aware of the program—and TIPS staff members were invited to speak at a doctors' luncheon meeting. Through the later creation of a prenatal clinic at the Camrose hospital, all expectant mothers have been able to find out about the program, and those who may need extra support can identify themselves before their babies are born.

Annette is clear on her bottom-line advice on building partnerships. "Go to inter-agency meetings in your community. Know what's going on. Tell them what you need to have happen for young families and find out who can help."

Cheryl Moskaluk is a freelance journalist in the Edmonton area.

On the Home Front

Home visitors: a friendly face and much more

- **Last year community partners such as public health, family physicians and social workers referred more than 2,400 families to a home visitation service in Alberta.**
- **"Identifying and motivating at-risk families to engage in home visitation services is key to improving outcomes for at risk children." —Alberta home visitor**
- **Half of Alberta's home visitation programs report that 95 to 100 per cent of referrals for home visitation are from Public Health. Another 30 per cent of programs report that 80 to 85 per cent of referrals for home visitation are also from Public Health.— Home Visitation Technical Assistance Needs Assessment Report 2005.**
- **"Denmark established home visiting by law in 1937 after a pilot program was successful in lowering infant mortality.**

—American Academy of Pediatrics: Council on Child and Adolescent Health: The Role of Home-Visitation Programs in Improving Health Outcomes for Children and Families. PEDIATRICS Vol. 101 No. 3 March 1998, P486

Partnering for Results: Challenges and Opportunities

by Karen Exchange, M.Ed. RSW

Working in partnership presents a broad range of challenges. The stronger our commitment to collaborate to achieve results for clients and communities, the greater the intensity of the work, the risks involved and the potential for success.

"Seeing results early is energizing and builds relationships."

What is the premise of your partnership? Is it cooperation, coordination, or collaboration? Each can be placed on a continuum of intensity and risk. Co-operation is short term, requiring minimal contribution of information and staff time. Co-ordination involves more complicated projects and resource contribution. Collaboration is most intensive. Partners pool resources or jointly access external resources to get results they cannot achieve alone. Partners share the results and the rewards. Base your premise upon your reason to partner and keep your work appropriate to that premise.

Karen Ray, author of The Nimble Collaboration, suggests that partners who want to meet challenges and achieve success, may benefit from attending to the following actions:

Focus on results

Describe your mission, vision and desired outcomes early, and write it down. Create a shorter focus statement. Use it regularly—as a poster or partnership email signature—to remind partners why they are there. Refer to it when differences arise. Have each partner describe the results they are promising, to whom, and write it down. Get your home organization's endorsement. Share with the collaboration.

Take some action toward desired results early in your work – work on a joint training event or project. Seeing results early is energizing and builds relationships. Change the system. Join the collaboration with full understanding that it will require change in how we work at our home organization. Ask, "Am I prepared to change how I work?" Share with your partners.

continued...



Prepare your home organization (frontline and leadership) for change to occur. If you anticipate resistance within your organization, inform the partners early. Evaluate the work according to your outcomes. Host a retreat to review, revise and celebrate results achieved. Find ways to help partners communicate the value of the work at their home agency. Be creative. Use your collective influence.

Resist recruiting a long-term co-ordinator for the collaboration. By changing how we work to achieve results, we shouldn't need to create another organization.

Shape Relationships

Building trust is key, and we build trust by trusting. Conflict results when there are hidden agendas. In the early stages, have partners share their self-interests (“what’s in it for me and for our organization?”) and potential contributions. Write it down. There is no good or bad self-interest—it just is. Revisit in six months to see if things are clearer or if there’s change.

Bring the right people to the table. Is every group that’s part of the solution (or problem) represented? Are service users

invited? Involve the right organizations and individuals at the right time in the right activities. Some partners are close to the core service, others less so. Participate accordingly. Clarify roles. Agency representatives, facilitators, fiscal agents (banker) all need clarity of expectations and flexibility to change over time. Keep funders informed of the collaboration’s progress and consider other roles they might play.

Hold meetings so that people with similar roles can work together. All partners do not need to attend all meetings. People bring varying powers/resources to the table

– ensure equitable participation, recognition and support, regardless of financial contribution.

Develop a communication plan, using both formal and informal processes. Agree upon a conflict resolution process. Include an option to bring in an outside facilitator. When the work and relationships get difficult, don't complain about it at your home organization. Bring issues forward at the collaboration table. Using your conflict resolution process will build trust and strengthen relationships.

Structure resilience

Collaborative work is complex. Having all partners make all decisions becomes cumbersome. Build in efficiencies

by diffusing decision-making, where appropriate. Some decisions are best made by those with similar roles. Put your decision-making protocol in writing.

As partners see results, they may choose to coordinate their budget planning cycles and streamline financial management at their own organization. Develop partnership agreements, noting the roles and resources contributed. Review and revise partnership agreements frequently. Use them to establish a governance agreement for the collaboration.

Karen Exchange is an ECD Specialist, Region 7, Child and Family Services Authority.



Cooperation: group is not significantly involved in planning or running the project, but provides services, advice, supplies, resources or space.

- Early Intervention Programs
- Literacy Programs and Councils

- Child Care Centres
- C.A.S.A.
- Women and Infants Nutrition Programs
- Health for Two
- Success by Six
- Native Counselling Services
- Family Day Home Agencies
- Food Banks

- Supports for Independence
- Child Protection Services
- Native Friendship Centres
- Elder Circles
- Regional Hospitals
- Salvation Army
- AADAC
- NNADAP
- Mental Health Services

- Health and Wellness Programs
- Toy Lending Services
- Family Physicians
- New Comer Services
- School Liaison Workers
- Parent Link Centres

Communication Partnerships: group supports the project idea and shares experiences.

- Interagency Committees
- Libraries
- Police Services
- Victims' Services
- Women's Shelters
- Education Services
- Local Church Groups

Home Visitation Partnerships

Partnerships are essential to improving the health & well-being of families with children 0-6 years of age.

Collaboration: group is an equal partner with your organization. They are equally responsible for planning the project and finances.

- Regional Health Authority
- Family and Community Support Services
- Regional Children and Family Service Authority

Coordination: group is involved in planning the project, provides financial or in-kind contributions, and actively coordinates their part of the project.

- Regional Child and Family Service Authority
- Community Health Centers/Public Health Nurses
- Regional Health Authority
- Family and Community Support Services
- Band Councils
- Public Health Agency of Canada- CAPC programs
- Public Health Agency of Canada-CPNP programs



Program managers say:

“The Family Support Workers and the Public Health Nurses in the community of Devon have been doing tandem assessment visits in the home since 1999. Originally it was said that the PHN was to do this visit by herself. However the Devon team adjusted this process to provide the family an opportunity to say “yes” not only to a very valuable program but to a support worker whom they’ve met and had a conversation with. Equally important is the idea of building trusting relationship with all three people involved as well as learning from each other. This tandem visit has produced some very impressive numbers in terms of success rate. That community has a 100 per cent success rate in assessments of families that have been assessed by PHN and FSW.

Note: Many of the programs listed under the various types of partnerships could shift from category to category depending on their community organization and the network of partners. This chart is a sample of the many partnerships that exist for home visitation programs



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Try our new links:

Developing Logic Models

FOIP

Supports for Independence

Assured Income for the Severely
Handicapped

Financial Assistance for People
Escaping Family Violence

Look for these new resources soon:

Downloadable Tip Sheets, Templates
and Facts on Home Visitor Services

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Photography: Judith Paquin

About AHVNA

Many programs, one vision

The membership of the Alberta Home Visitation Network Association is a mix of small- to medium-size programs delivering services to rural and urban populations. Program models and designs vary from program to program, enabling programs to be responsive to community and regional needs. Despite the diversity, each home visitation program shares the same organizing values and principles.

Home Visitation Values and Principles

- Home visitation programs value diversity and promote inclusion.
- Children come first – in all home visitation program services and activities.
- Home visitation programs are integrated programs. They connect parents and families with community-based resources.
- Home visitation programs are flexible. All home visitation programs funded by Alberta Children's Services follow provincial standards and guidelines.

- Home visitation programs are accountable. Families, service providers and community agencies are actively involved in program planning, development and evaluation.
- Participation in home visitation programs is voluntary.
- Home visitation is a planned intervention based on the goals of the family.
- Home visitation programs focus on young children and provide intensive, long-term early intervention.
- Home visitation programs deliver high-quality services that reflect current evidence-based research findings and best practices.

—Alberta Children's Services Home Visitation Standards and Guidelines, November 2004, p. 9 - 10.

