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**AHVNA**

supporting quality  
home visitation programs  
in Alberta

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# connections connections connections

Alberta Home Visitation Network Association

## How do we reach them?

By Lavonne Roloff



Engaging hard to reach families is one of the most challenging and also rewarding parts of being a home visitor. If we take the time to listen to their stories we often find there are other issues affecting their involvement with home visitation. It is the responsibility of the home visitor to reframe or reflect on how we are interacting with the family. A home visitor must examine their beliefs about the family—do they believe that the family is able to change? How would they convey this to the family? Does the home visitor really believe that the family is doing the best they can with the skills they have?

One of the foundations of motivational interviewing is the ability to match strategies to a particular stage of behavioral change. Can we recognize where families are at in their readiness for change? Take a look inside at the page 7 article on the stages of change. We've put together a whole package of articles in this issue to assist the home visitor in working with families that may be hard to reach.

The benefits of taking time and persistent effort to build relationships with families are many. When families feel that someone believes in them they are able to build confidence in their parenting roles. They will build connections that can assist them reaching out to utilize the resources in their community. Through the development of problem-solving skills they will be able to meet their family's needs. When professionals take the time to assess their own perceptions and reflect on how they are interacting with the family, they may find that the

most effective tool is changing their own perspective. After all we know that in all helping relationships, people have only the power to change themselves.

The **Connections** publication is a tool for those who provide home visits as an integral part of their professional practice. It also serves as a vehicle to increase awareness of home visitation in the province. If you would like to contribute to the publication please contact us at the AHVNA office. We appreciate the many contributions that have been made to this edition. The wisdom of home visitors, the programs and other professionals who have provided articles is invaluable. Enjoy sharing in it.

*Lavonne Roloff, Provincial Director*

# Hope in a stairwell

By Dawn Angus

The nurse had returned to the office with a new referral for us. The mom seemed to open up easily with the nurse, so I didn't expect any difficulty in building a relationship with this new mother.

I called her and set up our first home visit. It went well. The mother invited me in and we discussed our program and whether she was interested in participating. She appeared eager to come to groups, meet other new moms and have her child at playgroups. She came to one playgroup the following week and commented on how much she enjoyed it. I went to do my next home visit and again things went very well. Mom said she loved the play and parent groups. Things were off to a great start!

The next week when I rang the apartment door buzzer, she said she would be right down. I waited and wondered what did she mean, "be right down?" She finally arrived at the door—not her apartment door, but the security doors—where she greeted me without her usual enthusiasm. She said she did not want me to come into her apartment, as she feared I was there to take away her baby. She said she thought I was working with Child Welfare because they had started coming to her home again. I tried to reassure her that I was not working for Child Welfare and that I was not even aware that they were involved. She seemed reluctant to believe me but continued to talk to me for 45 minutes on the staircase in the building's main hallway.

For the following few visits, we visited at the same location, on the stairs in the lobby of her apartment building. Each visit we had the same discussion, with me convincing her that I was not a Child Welfare worker. This was never going to work. What was the use of continuously coming to the visit to only sit

on the stairs, explaining I was not from Child Welfare? What was the purpose of wasting my time on someone who did not appear to want me to work with her? Finally, something clicked. I asked her if she wanted my support in finding out why Child Welfare was calling her.

"Yes," she replied, and asked for help in getting them to "back off". She then finally started to open up and admitted she was out of diapers and needed to take the bus that afternoon to go to the food bank to get some.

"We have an emergency supply," I said. "I could bring you some this afternoon." Wow! Was this a turning point? She actually reached out, agreed to allow me to help and even asked for support. I returned to the office and immediately called Child Welfare. After a lengthy discussion, the child welfare worker stated that as long as this mother was involved in our program, they would not become involved unless necessary. I rushed to get back to visit Mom and give her the news!

I returned to her apartment and rang the buzzer. Taking a deep breath, I was prepared to sit on the hard staircase again, halting our conversations every time someone passed through the hallway. Mom came down and I handed her the diapers and explained my conversation with her Child Welfare worker. She smiled and said, "We'll see!"

This felt like progress. Was this progress?

The following week I once again dreaded going back to the apartment staircase for another debate about my 'real' employer. I rung the buzzer and this time she buzzed me in. I walked hesitantly to the apartment door and she greeted me with a smile and an invitation to "come on in". I tried to act as

though this was no big deal, but felt nervous and excited as I took off my shoes and walked in and sat on the couch.

She never did return to groups as she moved out of our boundaries and disappeared. Over the next three years she would call every other month out of the blue asking for support through a crisis. This mother gave me a reason to never give up on families that were resistant, to never give up hope and to just keep trying and allow trust to build at their pace. Then we would feel we made a difference in someone's life, even if we may never see the outcome. Even if that is done on a staircase—one step at a time.

*Dawn Angus is currently on maternity leave from her four-year position as home visitor with Early Head Start.*



## Try, try again



Useful actions that home visitors can take to develop trusting relationships with families and to influence successful engagement include the following:

- Allow several visits for relationship development
- Establish credibility by initially providing practical assistance or information that has an immediate impact on family life (food, housing, clothing, transportation)
- Initially focus on working with the child(ren) rather than the caregiver (while the caregiver observes the style of interaction)
- Engage in appropriate self-disclosure to help build sense of connection and mutuality in the relationship (share a relevant personal story around a parenting issue or some other issue the client is experiencing)
- Allow the visit to be centered on the client's perspective and be directed by the client.
- Take a non-judgmental stance and be empathic.
- Be available to respond to crises.

# Becoming a Secure Base for Hard to Reach Families

By Berna J. Skrypnek and Sanchia S.S. Lo



The nature of the relationship between the home visitor and the family is key to successful engagement in home visitation programs. When home visitors can establish supportive, empathic and trusting relationships, families more fully invest in the program and experience better outcomes. Although establishing a special working alliance with families is the most important part of a home visitor's job, it is also the most challenging. This is especially true when working with hard to reach families.

People with histories of loving, unconditionally supportive relationships enter new relationships with positive expectations. They generally believe that they are lovable and worthy of others' respect, attention and care. When someone is nice to them, they perceive it to be genuine. When someone says "I will help you", they expect the help to

be forthcoming. When someone sets up an appointment, they expect the person to be at the appointment. It is relatively easy to build supportive and trusting relationships with individuals who have positive relationship histories. However, it can be very challenging to build such relationships with people who lack those positive experiences.

Many recipients of home visitation programs have never experienced a loving, unconditionally supportive relationship with someone they could trust to be there for them. They enter new relationships with negative expectations. When someone is nice to them, they wonder what the ulterior motive is. When someone offers help, they are unsure whether they will receive it. When someone sets up an appointment, they do not know whether the other person will show up. They have learned that they can not rely on people and are afraid to count on the home visitor for fear of being disappointed again. It's difficult for them to learn to trust the home visitor. Hard to reach families often feel extremely vulnerable and have many fears associated with home visitation. They often fear that the home visitor will judge them to be an inadequate parent, or will find out something negative about them that could affect custody. Home visitors must work especially hard to develop trust with these clients—to become a secure base for them.

It can be frustrating for home visitors when clients repeatedly cancel appointments, are late or simply do not show up. It is also frustrating when clients appear to intentionally thwart the efforts of the home visitor. Yet, this is often the norm rather than the exception with hard to reach families. A natural response for a home visitor is to focus

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more attention on those families who are engaged and “working hard”, and to withdraw (at least emotionally) from those families who are difficult to reach. However, such a reaction just confirms the hard-to-reach family’s “world view”—that you can’t count on others, they are not reliable, they really don’t care and they abandon you when it gets tough.

Through reflective supervision and with realistic expectations about the length of time and effort required to develop a “connected” working relationship with these families, home visitors can contain frustration and maintain the patience and energy needed to foster these important relationships. But home visitors need flexibility in program delivery so that they can take the time required to develop a good working alliance. It may take numerous visits (or attempted visits) before the client begins to trust the home visitor. Just as sensitive, responsive caregivers serve as a secure base from which their infants and children can explore their worlds and gain confidence in their abilities, home visitors serve as a secure base for their clients. Once clients come to see the home visitor as reliable, accepting and supportive, the home visitor can provide a secure base. Then the client can learn to value herself, recognize and build on her own strengths, and to acknowledge and accept problems. It takes courage to face difficulties and make changes. A supportive and trusting relationship with a home visitor enables a client to take steps toward making changes.

*Berna Skrypnek is an Associate Professor in the Department of Human Ecology at the University of Alberta. Sanchia Lo is a Project Coordinator for Families First Edmonton, a research project investigating the impact of different service delivery models on the health and wellbeing of families living in poverty. See the back page of this issue of **Connections** for the authors’ suggested resources.*

## Family attrition as a challenge

A 1999 review of several journal articles found that on average, families received 40 per cent to 60 per cent of the number of home visits intended by the home visitation program model. (Gomby, D.S., 1999, Los Altos)

### Home visitors in Alberta tell AHVNA

“If programs are losing families due to unplanned exits, I believe that it is not the nature of home visitation, but it is about not developing or losing a connection with that family. As home visitation programs, we must begin to understand why families drop out of home visitation and look at developing effective practices in this area. Factors that may contribute to not developing a connection include:

- A lack of understanding about home visitation at screening.
- A lack of strength-based focus during assessment.
- A lack of building trust with family.
- A lack of understanding of cultural issues.”

“As we have gotten better at explaining the program to families and setting boundaries, the number of unplanned exits to the program has declined.”

—Submitted by **Connie LeMay**,  
consultant to AHVNA



# Walking the journey with teen parents

By Shauna Vanderhyde

Working with parenting teens can be a huge challenge and reward at the same time. Professionals must acknowledge that parenting or pregnant teens are still developing cognitively, emotionally and physically. They need to be addressed as youths who are parenting, not as just any parents. A good understanding of adolescent development and behaviors can help workers understand how to impact these young parents, influence positive change—and overcome barriers in communication and behavioral expectations.

Teens sometimes need the professional to be in a nurturing role as an adult in a youth's life. As that adult in their lives, it is important for a home visitor to realize that young parents often need strong advocates, as a stigma is often attached to their age. Your advocacy will teach teen parents how to advocate for their children. If you are non-judgmental, nurturing and reliable, parenting teens soon learn they can count on you.

In their stage of development, teen parents often are not future orientated but live "in the moment" and are sometimes impulsive. In some cases, the teen may have under-developed problem solving abilities. They may not have any expectations or structure for their infant's development. It is our experience however, that teen parents often seek knowledge and support and are willing participants in parenting classes, play groups, literacy programs or support groups.

Teen parents are sometimes difficult to engage, as they are developmentally in the stage where peers are the most important influences in their lives and adults are less important. Most adolescents typically make their decisions about adults quickly. They assess whether they can trust you and rely

on your support by judging the adults' genuineness and ability to engage in honest and straightforward conversation. Adults who are easily shocked by what teens wear, say or do and who do not treat them with genuine respect will not get their attention.

Teen parents, like adult clients need to build working relationships over time to develop a feeling of safety and trust. They need to be treated with respect, listened to, and viewed as having knowledge about parenting. They may, however, need a slightly different approach to service delivery to accommodate their developmental stage.

## Tips for engaging teen parents

Start with relationship building: show genuine interest in their lives and experiences; use humor and listen to what they have to say. Providing teens with a bit of extra support goes a long way in assisting with relationship development. This might mean a ride to an appointment, a coffee, or some help with doing the dishes.

Engage in fun activities: professionals can provide parenting information and guidance to teens who are engaged in something they enjoy and/or make parenting a part of the activity (ie: mom and tots swim).

Let the teen parent initiate discussions. If the teen is interested, the professional can slip parenting information into the conversations. Be upfront. Do not try to sugar coat the message or tell the teen parent only part of the story because they will pick up on what is unsaid. Confront or inform the teen immediately when they have said or done something inappropriate, but take the opportunity to teach them other ways of behaving or speaking, leaving their integrity intact.

Positive reinforcement can be your best tool: "tell a client they are doing something right and they are more likely to do it again." (Gail Clarke, Healthy Families) On the other hand, don't assume that the teen "should know how to do this". Understand that no task is too small to be difficult for a teen parent to do: ask if they need help and provide it in the moment (ie: "Can I help you call the doctor? Let's do it right now.").

Deal with a non-engaged teen parent by reaching out to them more than once and in more than one way. Call them more than once, give options for meeting times and places, mail or drop off a note of encouragement, let them bring someone with them to a meeting, drop in at school, start with an invitation to an agency or community activity, or help them meet some basic needs. When you've tried enough, try once more and give them the option to re-engage when they are ready. Some do come back.

Working with teen parents is not something that every professional can do. Examining your belief system regarding adolescents is the first step to working effectively. If they can see beyond adolescent behavior and be open, positive, supportive and knowledgeable about teen development, professionals can enter some of the most inspirational and rewarding relationships.

*Shauna Vanderhyde is manager of Education and Early Learning for Terra Centre for Pregnant and Parenting Teens in Edmonton. Feedback on this article can be directed to: karen.caine@terraassociation.com*

## The doctors will see you now

At TIPS in Camrose, one of our goals was to reach more families at the prenatal stage with our home visitation program. Initially, we tried to set up a program information session with doctors in the area. Their response was that if we were to take them out to lunch, then we would have a chance to meet with them. But as we did not have the funds to buy lunch for doctors, we worked instead with our clients who were expectant mothers. With their permission, we developed a letter informing their doctors that these patients of theirs were part of the home visitation program, and enclosed pamphlets and business cards. It was our hope that with enough of this information going to doctors and their nurses, that they would have a much greater understanding about our program and what we do. Eventually, we had a client mention to her doctor that she was involved in the program. This doctor took the initiative to set up a program information meeting—and the doctors paid for lunch! We now have a good working relationship with doctors, a better understanding of home visitation among health professionals in our community, and we are able to reach more clients prenatally.

—Annette Hillaby  
TIPS, Camrose

# Agencies can take steps to keep families involved

By Connie LeMay

## Build strong relationships with referral agencies

Home visitation programs in Alberta told AHVNA that one of the most effective strategies for engaging families, particularly those that score high on the initial screening tools, is to develop strong working relationships with other agencies in the community. Family doctors, health care nurses, family violence workers, addictions counselors and other social agencies often are in contact with families that would benefit from home visitation services. Developing a strong working relationship with other agencies increases the likelihood that other service providers reinforce and support a family's engagement in home visitation services.

## Case conference with other agencies

Families that score high on the screening tools often present with complex life situations that require a number of services and strategies. It is important to have case conferences with the family and their other service providers, to share the focus of each service, their ideas and knowledge related to strengthening the family.

## Consultation with mental health providers

Many families that would benefit from home visitation also experience a range of mental health challenges. Providing home visitors with consultations enables them to make important referrals to mental health services. As a parent's mental health concerns are addressed, their ability to focus and engage in home visitation services increases.



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## Strengthen culturally responsive services

Families in Alberta are increasingly more diverse culturally, financially and in the languages spoken at home. As a result, families referred to home visitation services are increasingly diverse. The differences in culture, economics and language are factors that can impact the engagement of families. A central strategy for engaging and retaining families is to develop services that are meaningful to them. This will require both individual home visitor and agency commitments to becoming culturally responsive.

## Respond to family concerns

"The ability to respond to parental concerns immediately and with sensitivity is one of the hallmarks of home visitation programs, and is widely seen as one of their strengths." (Gomby, D.S., 1999, Los Altos) During the initial engagement phase of home visitation, the ability to respond to parental concerns goes a long way toward engaging and retaining the family.

## Increase home visitation intensity

Families that experience chronic or acute crisis often are difficult to engage in home visitation. This same state of crisis increases the degree and intensity of risk for children in these families. Unfortunately, families that are in this state often have the greatest difficulty engaging in long-term home visitation services. To address this dilemma the Kwanlin Dun First Nation Healthy Families Program in Whitehorse, Yukon has devoted extra hours to cases for families that experience chronic or acute crisis. <http://www.psepc.gc.ca/res/cp/ev/hf-en.asp>

## Effective marketing

"The Esperanza Para Los Ninos program has developed a successful outreach strategy to recruit young immigrant Latina first-time mothers. Manual Perez, Project Director, said "effective marketing does not just reach its audience—it needs to connect with them. It's usually a small nuance that makes this emotional connection." The project created an advertisement using a photograph of a

group of smiling Hispanic women, several of whom are visibly pregnant, giving the "thumbs-up" sign under the slogan "Is this your first pregnancy? Congratulations! This ad also explains "we are here to listen and to help." These advertisements were placed in the Hispanic News, restaurants, laundromats and health clinics.

*Connie LeMay is a consultant to AVHNA.*

## Knowing how to help The first question is, "How ready is this family for change?"

Motivational interviewing theory stresses that effectively engaging families requires the identification of the family's stage of readiness for change and then matching the appropriate strategies with each stage. Prochaskas, DiClemente, & Norcross, 1992 developed the Transtheoretical Model of Behavior Change. The model outlines that behavior change evolves through different stages. Author Karen T. Sullivan cites these stages in an article for the Education Resources Information Centre's Clearinghouse on Teaching and Teacher Education in Washington, DC (<http://www.ericdigests.org/1999-4/health.htm>)



**Stage I** – Precontemplation: Parents in this stage do not understand they have a problem and have often constructed defences that aid in not recognizing an issue or problem.

**Stage II** – Contemplation: Parents acknowledge having a problem and begin to deliberately increase awareness and knowledge related to the problem.

**Stage III** – Preparation: Parents develop a commitment to change and are willing to construct a plan for change. This is the point where goal setting is most effective. At this stage, parents have begun to perceive greater benefits than barriers to change.

**Stage IV** – Action: Parents are ready to try new behaviors. Others are likely to recognize a parent's progress toward change. After at least six months in the action stage, the parent may move into the fifth stage.

**Stage V** – Maintenance: At the maintenance stage, change is maintained more easily. Attention to the issue and behavior change is important to avoid slips or setbacks.

## Strategies for reaching out



The following strategies are a few suggestions that a home visitor may want to try with their hard to reach clients, keeping in mind that a home visitor must follow policy and procedures set out by their own organizations and adhere to their code of ethics.

- Place a kind little note in their mailbox along with your business card.
- Mail a letter stating you have been trying to reach them and if they would like to meet you, to please call.
- Call them up and state that you have a free donation of sorts and thought of them.
- Call them up and state you just had a cancellation in the neighborhood and were wondering if you could just pop in for a minute as you have some information on free parenting groups.
- Be genuine. Let parents know you may not have all the answers!
- Be reliable.
- Be patient.
- Be respectful.
- Don't ever enter a home with an agenda to make change.
- Ask the parent what they would like to see happen during the visits.
- Start with your client's strengths as a parent.
- Be respectful of cultural differences.
- Have an understanding of cultural traditions in child rearing.
- Listen intently to what the parent is saying.
- Beware of body language—yours and your client's.

*Submitted by Dawn Boustead. Dawn is Program Manager with Children's Cottage Society, Calgary.*

## Patience and persistence: two of the best tools

By Sandra Logan

Whether home visitors work in rural or urban settings, their first concern is the development of their relationships with the families they see. Because the program is voluntary, we know each family must have had some reason for its request. If they become hard to reach, we need to ask ourselves why. Sometimes we can eliminate the reasons and other times we cannot.

I recommend setting the stage for visits at the very beginning. On the very first visit, ask the family about what they hope to gain. Ask what attracted them to the service. If this is within the program's goals, then the family's aspirations should be the basis for the service plan. If not, then perhaps the family is looking for a different type of service. I would also want to know if they are excited about being in the program, or if they feel apprehensive, scared or worried. An apprehensive family may need more time to learn about the program, more time to trust and feel comfortable. It's important to know the family's expectations. If they are mistakenly thinking the home visitor will come and play with the children while the parent has a break—then the home visitor has the opportunity to clear this up before it becomes a reason for the family to disengage.

From the family's point of view, it is not easy to let someone into their home and to share a very personal part of themselves if they do not feel trust, support and empathy. Sometimes families are hard to reach because of events and circumstances in their lives. Homelessness can make it difficult to find a family; they may be staying with relatives or friends who are not

*continued...*



comfortable with the home visitor. Perhaps family violence prevents the HV from going to the home, or previous history of using services without success makes the family scared or distrustful.

In our rural program, it's effective to use the phone to start building the relationship, address concerns and give information to families who are not ready for the home visitor to come to them. Some families want us to mail resources; others want resources e-mailed. Doing these things helps build trust. We have also found this year that many families want us to text message when we are booking or confirming appointments. Many cell phone plans include text messaging and it is more economical than a phone call. It also helps us connect to teen moms who are very skilled at this method of communicating. Text messaging seems to make us more acceptable in their world. Yes, we can learn! We have also noticed an increase in families connecting to us initially through e-mail. They may want to learn more about us in this way before they feel comfortable letting us visit.

In situations where the family does not want us at the home, but does want visits, we have had to develop connections in our

communities so that we can reach people. Our rural program does not have an office that is accessible for families—we have very few employees and a very large geographic area. We have cultivated relationships with community centres, libraries, health units, churches, rec centres, town offices, schools and government offices so we can offer options to families who are not ready or simply cannot have us come to their home. But no matter where we visit or how we communicate, the home visitor can best allow the relationship to continue by listening, encouraging the positives, being patient, being persistent—but not overwhelming—and above all, acting with respect.

*Sandra Logan is the Healthy Families Program Coordinator, Accredited Supports to the Community, in Three Hills, Drumheller, Hanna, Strathmore, Carstairs, Didsbury and surrounding areas.*

## Why is it so hard to connect?



Engaging hard to reach families is a challenge for any home visitor but it also can be very rewarding once a home visitor is able to connect with the parent. Research has shown that families who are highly resistant initially may make the greatest gain in parenting their children over time. (source: Invest In Kids) There can be several reasons why a family may be reluctant to receive service, especially services mandated by child protection or ordered by the courts. A family may be reluctant because:

- Past experiences with other home visitation programs were negative
- Cultural reasons and expectations
- Personal background
- Belief that the home visitor may take their children

—Submitted by Dawn Boustead



# Keeping families engaged

**What works when families are hard to reach? The AHVNA network shares a wealth of experience.**

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## Parent groups encourage trust

We have regular groups for parents in most of the ethnic communities that we serve. Parents enjoy a variety of activities including information sessions of their own choosing, celebrations, group sharing and an occasional field trip. Mostly we have mothers coming to the groups but on occasion we have had the community leaders request information sessions for the fathers, which we facilitate. I believe these groups are successful because they decrease isolation, provide the women the opportunity to bring forward issues that they are struggling with and lastly, they learn something new. Trust is established with the home visitors through this regular contact and the family is more receptive toward new

programs such as home visitation when they become pregnant.

Our book and toy exchange has been very successful. Most refugee and immigrant families that we serve have few or no toys and books in their homes for the children.

When the home visitor brings toys and books into the home she has an opportunity to engage the child and the parent in interaction, which stimulates discussion about child development and positive parenting. As the parents observe the home visitor telling stories to their children using the picture books and they see their child's very delightful response, the parents quickly become aware of the importance of these activities for their child's future. A toy is left in the home each visit and exchanged at the next visit.

*—LeeAnn Currie  
Multicultural Health Brokers, Edmonton*

## Be curious about culture

When I visit my new immigrant clients I make a point of asking questions about where they came from, cultural traditions and how they feel about living in Canada. I may spend two or more visits on this while I add some of my own information about how I can help them and what our program is about. Sometimes they need trust! I also share little trivia tidbits such as how long it is before babies actually see all the colors or how to imitate in-utero experience for the baby. Moms seem to like interesting trivia that they didn't know about baby development. I bring a lot of stories about other moms' experiences I have learned about in my work. People appreciate that I am trying to see their perspective. They have a chance to dispute with me about whether or not the stories and experiences I share, are from the same perspective—because we aren't talking about "them" all of a sudden.

*—Brandi Cockerton, home visitor,  
Families Matter, Calgary*

*continued...*

## Be yourself!

Humor! Honesty! Compassion! Understanding! Be yourself and the agency as one. Bring from within yourself what you have to offer on behalf of your agency. Be personal. Tell them, "I am here for you and your family." Remind them of all the positive things they do when you aren't around. Someone once said to me, if worse comes to worse, remind them the program is completely voluntary. If they would like you to go and not come back, the program is theirs to run. They are the drivers!

—Jennifer Wolf

*Grande Prairie Family Education Society-  
Healthy Families Program*

## Reinforce supportive role

Because we are one of many agencies in the family's life, we acknowledge that it can be difficult for them to trust home visitors, as they may feel they are being "watched". We reinforce the friendly, supportive role of the program as often as possible. We try to find some common ground early on, a place to connect with the parent, whether it is a parenting experience or a common interest. We talk about the baby and how precious he or she is. We might try to talk about the parent through the baby—"Is that your wonderful mom there"—while being genuine in our words and actions.

—Liz Wolfram

*Grande Prairie Family Education Society-  
Healthy Families Program*

## Share intriguing knowledge

I use child development/brain development information to engage families. In the beginning stages of the home visitation we discuss the pathways in baby's brain, distance of vision, hand control and how much baby will grow in the next year. We review baby's accomplishments all of the time and discuss the importance of stimulation. We also praise the mom for giving her baby the best possible start that she can!

—Lorral Olito

*Grande Prairie Family Education Society-  
Healthy Families Program*

## Toys and music a big help

In our more remote area I have been taking toys and children's music CDs on my visits. If the children enjoy them, I often loan them until they are outgrown. Of course I also take books and loan them or give them as well.

—Terry Weber

*Grande Prairie Family Education Society*

## Transportation—and transitional support

Being able to transport the families we serve to things like doctors appointments, the LAPS Program or the indoor playgroup, helps them stay engaged. But it's even better to stay with them until they feel comfortable enough with the other people there, to want to go on their own. Also, the developmental activities that I do at each visit seem to be a big part of what clients look forward to—as well as having someone to confide in.

—Joan Jensen

*Family Health Home Visitation with Chinook  
Health Region (Lethbridge)*

## Looking for help in reaching resistant families?

Authors Berna Skrypnek and Sanchia Lo (see their article on page 3 of this issue) recommend the following resources and references:

Jack, S., DiCenso, A., & Lohfeld, L. (2002). Opening doors: Factors influencing the establishment of a working relationship between paraprofessional home visitors and at-risk families. *Canadian Journal of Nursing Research*, 34(4), 59-69; as well as (2005), A theory of maternal engagement with public health nurses and family visitors. (2005) *Journal of Advanced Nursing*, 49(2), 182-190.

Sheppard, V.B., Williams, K.P., & Richardson, J.T. (2004). Women's priorities for lay health home visitors: Implications for eliminating health disparities among under served women. *Journal of Health & Social Policy*, 18(3), 19-35.

## Resources for parents on the first years of life, and for fathers and for home visitors working with fathers:

<http://www.zerotothree.org>  
<http://www.fatherhood.org>



## Coming Up

The next issue of Connections will focus on goal setting.

## Hearing From You

**Connections** is published quarterly by the Alberta Home Visitation Network Association. We welcome comments, questions and feedback on this newsletter. Please direct any correspondence to: Lavonne Roloff, AHVNA Provincial Director, at 780-429-4787 or email: [info@ahvna.org](mailto:info@ahvna.org)

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# Meet our Board!

We continue to introduce you to some of the dedicated people who make up the AHVNA board. Watch for more profiles of board members in upcoming issues of Connections.



**Linda West** brings much experience to AHVNA, as Executive Director of Healthy Families Healthy Futures. She is the AHVNA treasurer as well as a member of the Communication and Membership committee. Linda is married and has three children and lives in Westlock, where she has taken an active interest in a number of community organizations including the Westlock & District Adult Learning Society, Credit Counselling Services of Alberta, Canadian Coalition for Agricultural Safety and Rural Health, the Health Canada Rural Health Advisory Committee, and Heart and Stroke Foundation of Alberta.

**Laurie Lafortune** works as the program coordinator of the Healthy Families program for Family Services of Central Alberta. Laurie was born in Edmonton, and graduated from the U of A with a B Ed. She later completed training in Adult and Continuing Education. Laurie has worked as a special needs teacher, a childcare quality consultant, an ECD instructor and as the pre-kindergarten coordinator for nine programs in Saskatoon public schools. She has presented workshops on a range of topics to many diverse groups. Laurie joined the AHVNA Board in 2003 and is currently the chairperson of the Communication and Membership committee. Laurie is married and has three grown children currently enrolled in post-secondary studies.

