

# **Nursing interventions to support homeless pregnant women: Lessons from the Homeless At-Risk Prenatal Program**

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# Objectives

- Describe the Homeless At-Risk Prenatal Program (HARP)
- Describe the formative evaluation approach
- Share preliminary findings and identify implications for community health nursing

# Homelessness in Toronto

- 50% of homeless women will become pregnant, often within the first year (Little et. al., 2007)
- Approximately 300 babies born annually to women in shelters or maternity homes (Basrur, 1998)

- City-wide program since January 2007
- Provincially funded
- Part of Toronto Public Health (TPH) prenatal service
- Specialized team of public health nurses (PHN) and dietitians
- Provide interventions to homeless pregnant women across Toronto to promote healthy birth outcomes

1. Client Service Delivery
  - PHN
  - Dietitian
2. External Outreach and Collaboration
3. Staff Development and Support

- Wanted to learn more about the characteristics and needs of HARP clients and how this translates into service delivery
- **Purpose:** inform nursing practice and guide service delivery to the population
- Focus on nursing component

# Evaluation Questions

Evaluation focuses on three broad areas:

- **Program Reach** – Who is being reached?
- **Understanding Service** – How and what services are provided to clients?
- **Evidence** - What is the best approach?

- Mixed methods
- Retrospective design
- Client eligibility criteria:
  - Received service between September 2007 and December 2008
  - Brief Assessment completed

# Approach (con't.)

## Data collection strategies:

- **Provincial Service Delivery Database Data** – identify characteristics of all clients reached by HARP and interventions provided (N = 126)
- **Client Record Review** - provide in-depth understanding of sample of HARP clients and interventions provided (N = 24)
- **Interviews with PHNs** – validate and expand on record review findings and explore in-depth client service delivery (N = 4)
- **Focus Group with PHNs** - explore PHN experience with HARP service delivery and other service providers and contextualise evaluation findings (N = 1)

- Retrospective design
- Nursing records
- Client voice

- Client profile generated using three data sources
- Organized into key categories
- Heterogeneous sample
- Interplay between health issues, increases complexity

# Client Profile – Demographics and Health History

(Record Review N= 24)

**Maternal age:** M = 24.4 years, R17-37 years;

**Education level completed<sup>1</sup>:** Less than high school = 8; High school = 7; Some college = 2; College degree or more = 1

**Parity:** Primips = 15; Multips = 8

**Gestational age at entry<sup>2</sup>:** First trimester = 5; Second trimester = 10; Third trimester = 6

**Primary care at entry<sup>3</sup>:** 14 had provider; 6 had no provider

1 – Missing education data for 6 clients

2 – Missing data for 3 clients

3 – Missing data for 4 clients. Unsure whether accessing provider

**Housing:** Homeless and transient = 14; Living in shelter = 10

**Receptivity to service:** Initially reluctant and unreceptive = 10

**Involvement of other service providers:** M = 2;  
R 1 – 8

# Client Profile - Summary

- Profile shows client population with multiple risk factors and complex-wide ranging needs
- Two groups of clients emerge:
  1. **Acute** – more recently homeless, exclusively primips, generally younger, fewer risk factors
  2. **Chronic** – range of ages, generally multips, more risk factors, none actively parenting at entry
- Needs, goals and interventions differ

## Interventions Delivered

- Iterative analysis of interview, focus group and record review data
- Range of frequency and type of contact
- Range of interventions used by PHNs:
  - Service coordination, outreach, referrals, supportive accompaniment, instrumental supports, health teaching, supportive listening, counselling, advocacy
- Interventions delivered according to ongoing assessment and tailored to client needs and characteristics

## Nurse-Client Relationships

- PHNs view relationship as a key intervention
- Analysis revealed relationship was an *essential underpinning* for service delivery
- No quantitative data gathered on amount of time spent developing or maintaining relationship
- Relationships take time to develop
- Persistence and flexibility are critical

## Service Coordination

- Service coordination most commonly documented intervention
- Amount of time spent in service coordination increased with type and complexity of client risk factors
- Coordination process often informal, without client present
- Service coordination facilitates referral to community programs and services

## Supportive Accompaniment

- Emphasized as important by PHNs, particularly for clients with cognitive impairments or who are unreceptive to service
- Helps to increase client follow-up on referral
- Accompaniment to medical appointments most frequent (57%, N=27)

## Instrumental Supports

- Seen as important and unique intervention
- Helps to meet basic needs
- Also supports relationship development and maintaining client contact

- CHNs are in a unique position to meet needs of population
- Relationships with clients are foundational to HARP program and delivery of other nursing interventions
- Interventions with homeless pregnant women require:
  - Time and resources to develop and maintain therapeutic relationships
  - Flexibility regarding what, how and when intervention occurs
  - Tools and resources for PHN training and professional development

- Addressing multiple and complex needs of homeless pregnant women requires a community response
- Collaboration is an essential component of this response
- There is a need and an opportunity to work in partnership to address the long-term needs of the population

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