

Caring for a Healthy Canada: Can the Use of Champions and Coordinators Improve Outcomes in Home Visiting Programs?

Berni Candeloro, RN, BScN
Public Health Nurse
Master Trainer Coordinator

Objectives

- Understand how the use of a multi-modal process has supported the implementation of evidence based practice innovations in the home visiting context
- Discuss the factors of leadership and relationship building to support professional development

The Healthy Babies Healthy Children program provides prevention, early identification and intervention services to families identified with risk from the prenatal period through to their child's transition to school. Screening is focused on risk identification, and families found to be with risk are offered home visiting services to support the development of parenting skills and healthy child development. HBHC supports access and referral/recommendations to community programs and resources that address key issues in the early years.

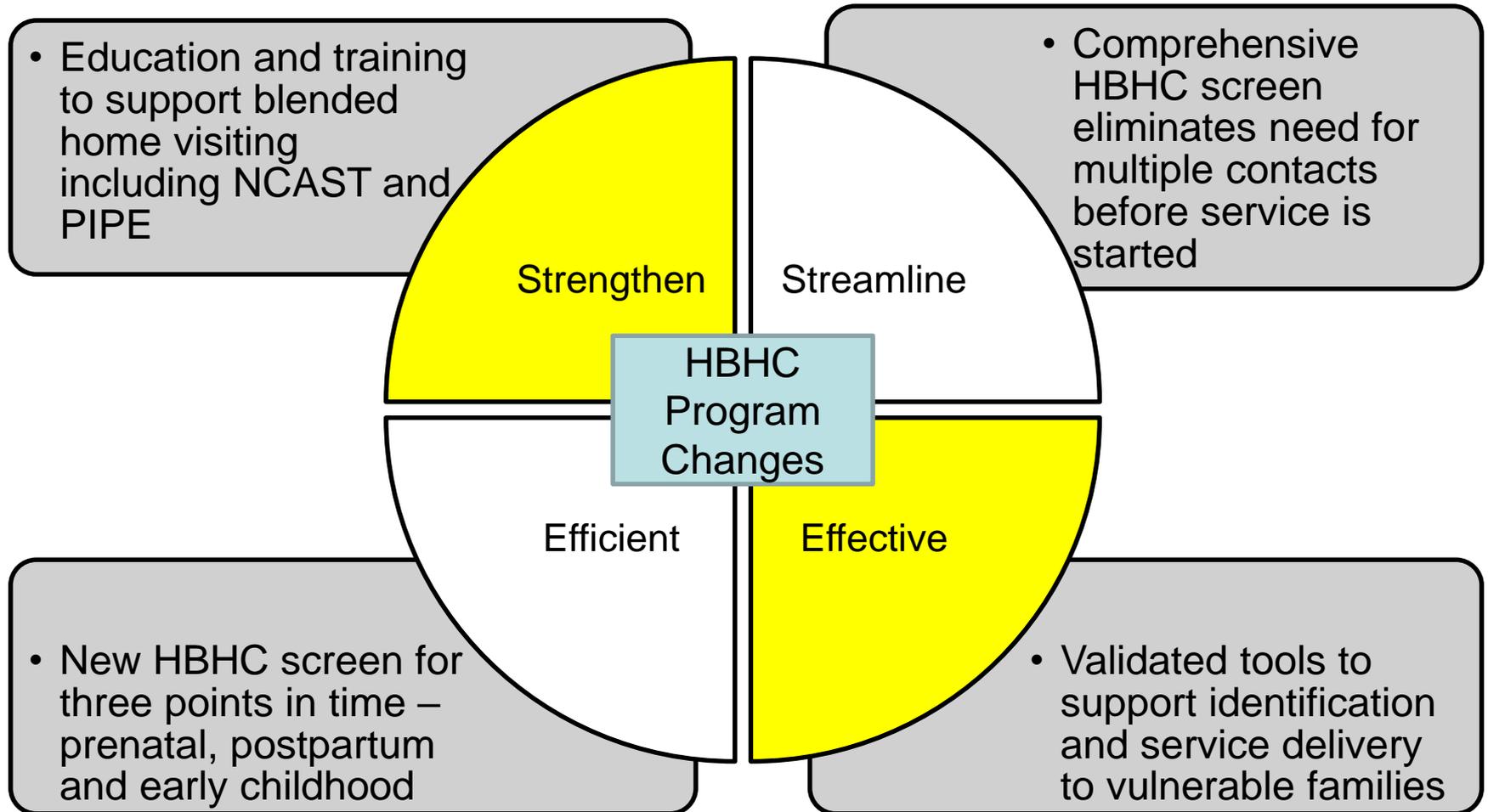


Overview

- Healthy Babies Healthy Children (HBHC) was implemented in 1998.
- 2008 - HBHC Protocol revision
- To improve effectiveness we need
 - early initiation with vulnerable families
 - long term and frequent home visiting
 - staff who are skilled in supporting the parent-child relationship
 - clearly defined program framework

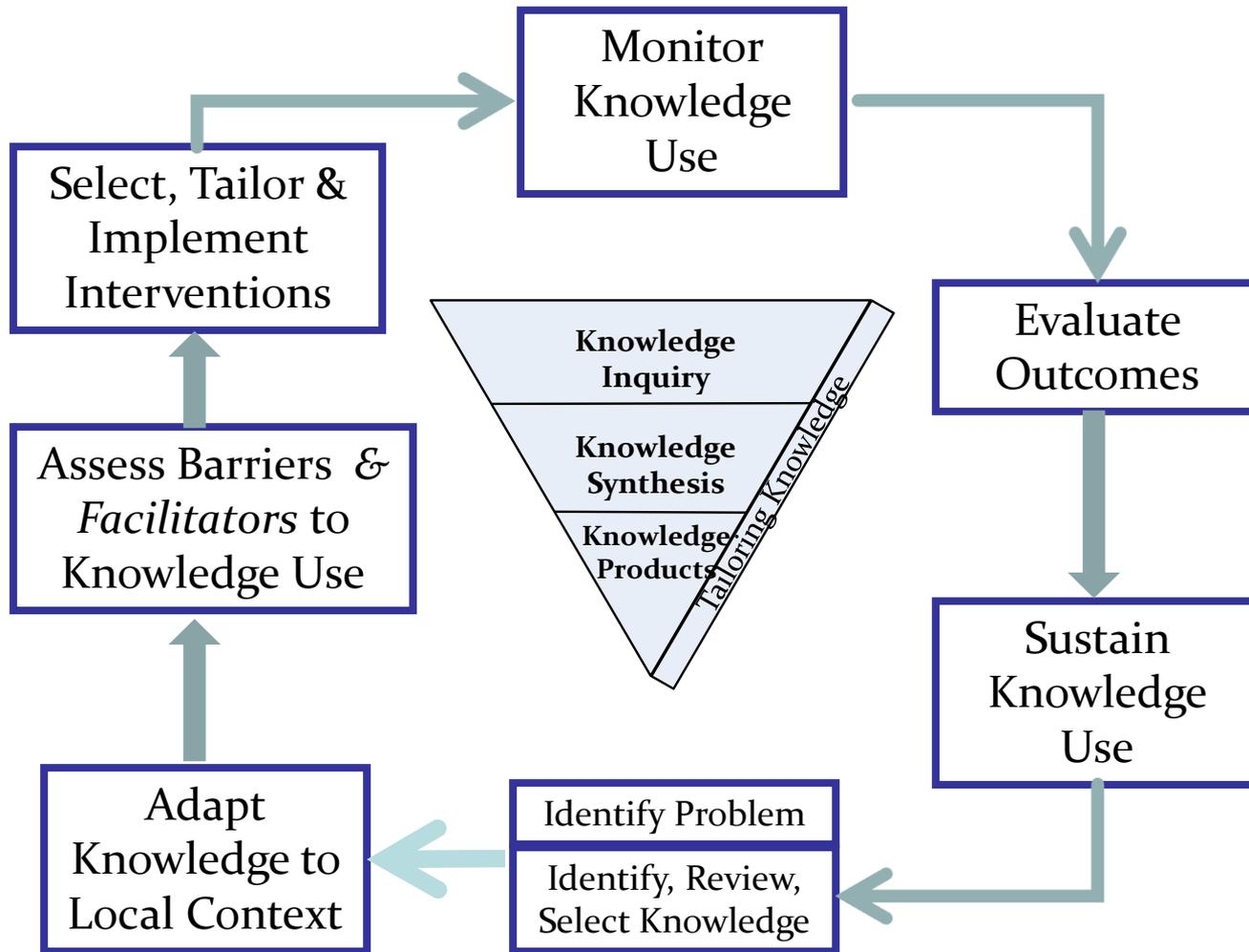
(Zero to Three, 2010; National Collaborating Centre for the Determinants of Health, 2008)

Goals of HBHC Changes



Knowledge to Action Cycle

(Graham et al., 2006; Straus, Graham & Tetroe, 2009)



HBHC Education Update

- Home visiting programs for vulnerable families are more effective when standardized guidelines and curriculum are used
- Decisions to use the NCAST material have been supported by the HBHC Advisory Committee which includes
 - key researchers in the field of child development
 - leadership from other jurisdictions
 - management from the public health field

HBHC Education Update

- Aligns with the MCYS operational
- NCAST programs materials support the development of the parent-child relationship and positive parenting
- Using NCAST materials is based on extensive literature and evidence that demonstrates the tool's effectiveness

NCAST

- Leader in the development and dissemination of research based workshops, assessments and intervention programs
- Used internationally across many disciplines.
- Target audience is service providers working with families with young children (0-3)
- The PCI scales provide excellent pre and post measures

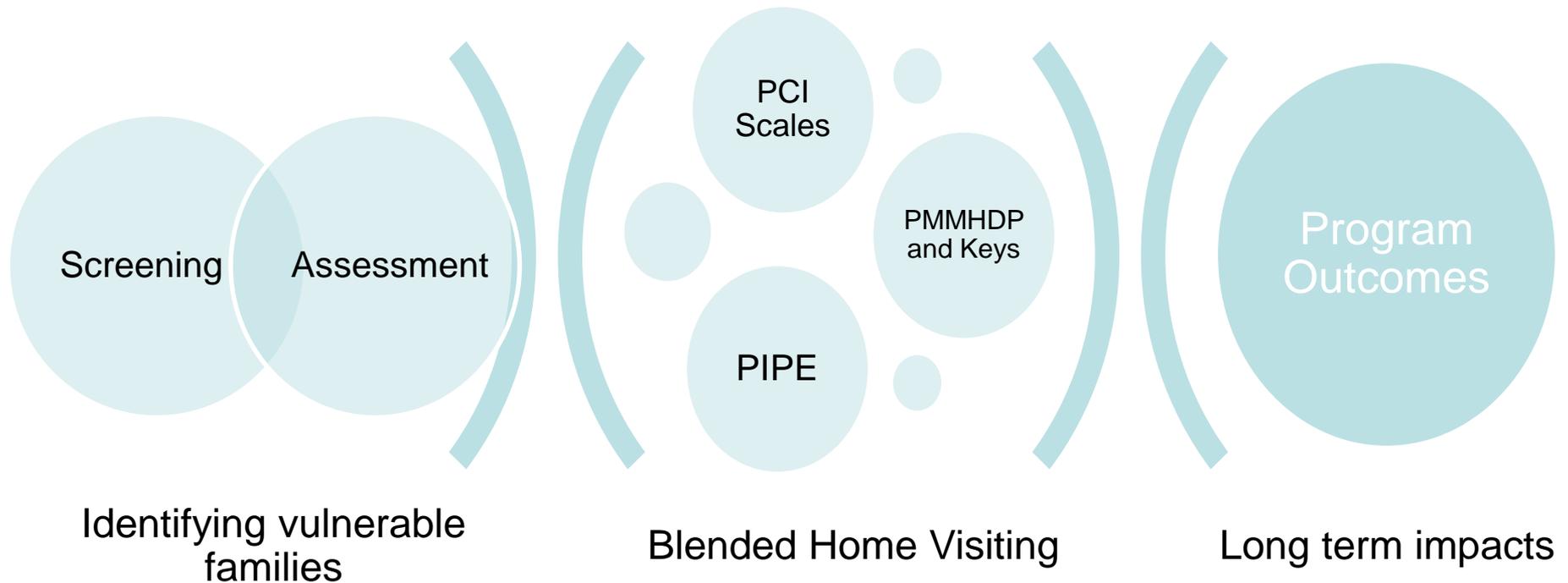
NCAST

- The scales have been used in hundreds of studies and published in peer reviewed scholarly journals
- No technology requirements associated with the provision of this instructor level training
- NCAST has worked cooperatively with MCYS to develop content specific to the HBHC program and to work within the realms of the geographical constraints and diverse population of Ontario

NCAST

- Used with vulnerable families
- Supports the development of the parent-child relationship and positive parenting
- Assists with identification of the subsequent intervention methods
- The use of the NCAST provides:
 - Support to service providers to
 - focus on the parent child relationship
 - tailor parent teaching interventions to the specific needs and strengths the families
 - Measurement of the progress of individual
 - Measurement of the overall progress of the program by linking outcomes to pre and post programs intervention scores

HBHC Blended Home Visiting Service Pathway



Guidance Document

The board of health shall support public health nurses, family home visitors and other professionals with evidence-informed home visiting guidelines as required by the ministry.

- Training and orientation of HBHC staff will incorporate education directives provided by the ministry (e.g., *NCAST Promoting Maternal Mental Health during Pregnancy, Keys to Caregiving and Parent-Child Interaction (PCI)*); *Feeding and Teaching Scales, Partners in Parenting Education* etc.). (91, 92, 94) These materials and tools will be a foundational support to the HBHC Program.

These resources, as appropriate to the context of the family receiving service (e.g., prenatal, postpartum and early childhood), should be provided or used:

- Prenatally, where applicable.
- Within the first two visits after the in-depth assessment is completed.
- In-line with developmental milestones.
- Prior to an update of the Family Service Plan, as appropriate.
- In conjunction with complementary specialized programming delivered to HBHC Program families (e.g., interactional guidance).
- When preparing a family for transition or discharge from HBHC services.

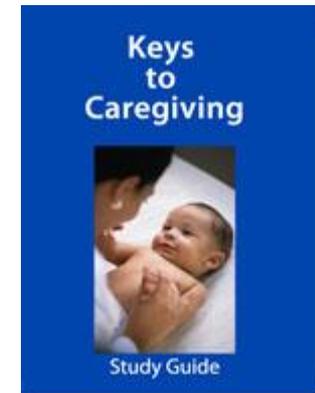
Promoting Maternal Mental Health During Pregnancy

- Assists pregnant women in moving beyond the physical dimensions of pregnancy to the emotional and psychological challenges they face
- Theory, practice and interventions with reproducible handouts to use with the pregnant woman
- Research has shown that a mother's mental health and emotional state during pregnancy has an immediate and direct impact on her lifelong relationship with her infant.
- In turn, the health of the mother-child relationship directly impacts the child's quality of life, possibly throughout the lifespan.
- By helping the pregnant woman improve her mental and emotional state during pregnancy, we are able to increase the chances that she and her child will experience a healthier relationship



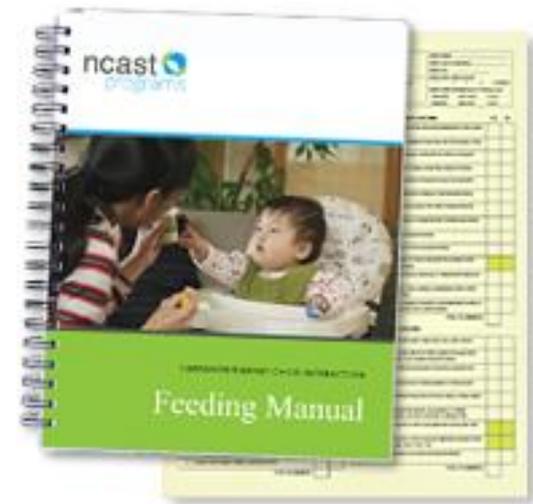
Keys to Caregiving

- Research based program that provides important information on newborn and infant behavior
- Includes information on
 - infant cues
 - infant behavior
 - infant states and sleep-wake organization
 - state modulation
 - importance of the feeding interaction
- Increases both provider and caregiver's knowledge of the infant's amazing abilities
- Builds confidence and competence in parent/caregiver's care of their infants
- Assists providers in effectively sharing this knowledge with parents



Parent Child Feeding and Teaching Interaction Scales

- The scales observe and create caregiver interaction for the purpose of assessing strengths and areas for ongoing development to support the parent-child relationship
- Comprised of a Feeding and a Teaching scale
- Parent Observational Lens
 - Sensitivity to cues
 - Responsiveness to distress
 - Social-emotional growth fostering
 - Cognitive growth fostering
- Child Observational Lens
 - Clarity of cues
 - Responsiveness to caregiver



Implementation

Two phases

- **Phase I** implementation of NCAST education (Spring 2011)
 - PMMHDP
 - “education champions” were identified to support a train the trainer model for ongoing professional education and training
 - Keys to Caregiving
 - Suggested to have education champion attend
 - NCAST Parent-child Interaction Scales
 - Regional education trainer
- **Phase II** ongoing program education and development (Winter 2012)
 - Introduced Partners in Parenting Education (PIPE) curricula

And...is ongoing...

Well, ma'am, you can't drive around
in 1st gear. You have to shift your
paradigm sometimes.



Master Trainers Criteria

- Experience with HBHC and home visiting
- Commitment to the HBHC Program
- Effective leadership and facilitation skills
- High level of organization
- Available for consultation in-person or over the phone for HBHC staff
- Participation in monthly Community of Practice
- May require travel/stay overnight to neighbouring health units

Ongoing Role of Master Trainer

- Maintain a high level of expertise in programs
- Annual reliability at 90%
- Arrange training for staff
 - Keys to Caregiving program
 - PCI Feeding & Teaching scales
- Schedule consultation time for your learners
- Following training
 - Maintain the reliability levels of your staff
 - Support interpretation of PCI scales
 - Support implementation



Free-form Snip



PIPE

- 2012 Phase 2 Implementation
- Partners in Parenting Education
- “Nurture the parent and the child will grow”
- Focussing on the parent-child relationship effects better outcomes
- Early parent education results in the most long-term impacts
- It is important to respect the cultural differences and traditions that express themselves in the different ways families respond to their babies’ biological needs
- PIPE uses foundational theories from child development, attachment, cognitive and emotional development
- Blended home visiting program

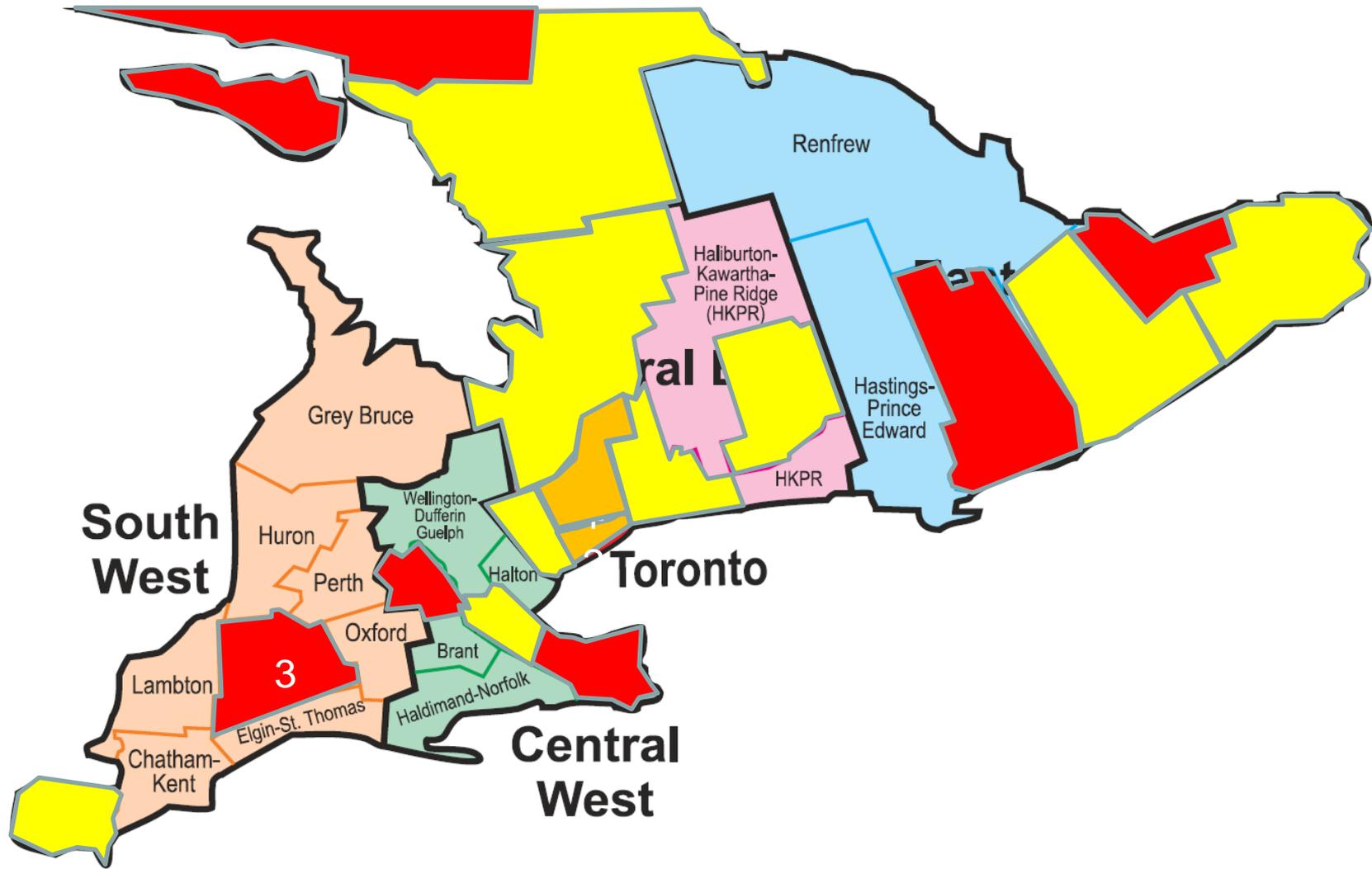
NCAST Uptake Evaluation

- Conducted in 2012/13 (supported by Middlesex-London Health Unit)
- Focus was identifying facilitators and barriers to the integration in practice of NCAST materials (*Parent-Child Interaction Scales for Feeding and Teaching, Promoting Maternal Mental Health During Pregnancy, Keys to Caregiving*)

Facilitators:	Barriers:
Training	Client issues taking priority
Support from Colleagues and Management	Difficulty introducing materials to clients – need for simplicity
Additional Resources (e.g. handouts to take to families)	Tools and materials are time consuming
Practice	Heavy caseload
Seeing a positive impact to families	Scheduling issues
Clear expectations and Guidelines	Lack of training/guidance on interventions that result from assessment
	Lack of confidence in using the materials
	Cultural and literacy barriers

Master Trainer Co-Ordinator

- 2013
- Relationship building
- Support role of Master Trainers
- Address work plan
- Support ongoing certification and recertification
- Master Trainer Community of Practice



Work Plan

- Assimilate feedback
- Survey use of materials in health units
- BFI
- NCAST and PIPE videos
- PIPE User Guide
- Coordination of materials
- Increase uptake of NCAST materials in health units

NCAST PCI Scales Recertification

- All PHNs delivering the NCAST PCI Scales to their families must be recertified on a yearly basis
- Feeding and Teaching scales will alternate
- Recertification power points
- Multi modal
 - in person (PowerPoint)
 - at a distance (Adobe)

Why Do We Go Through Reliability?

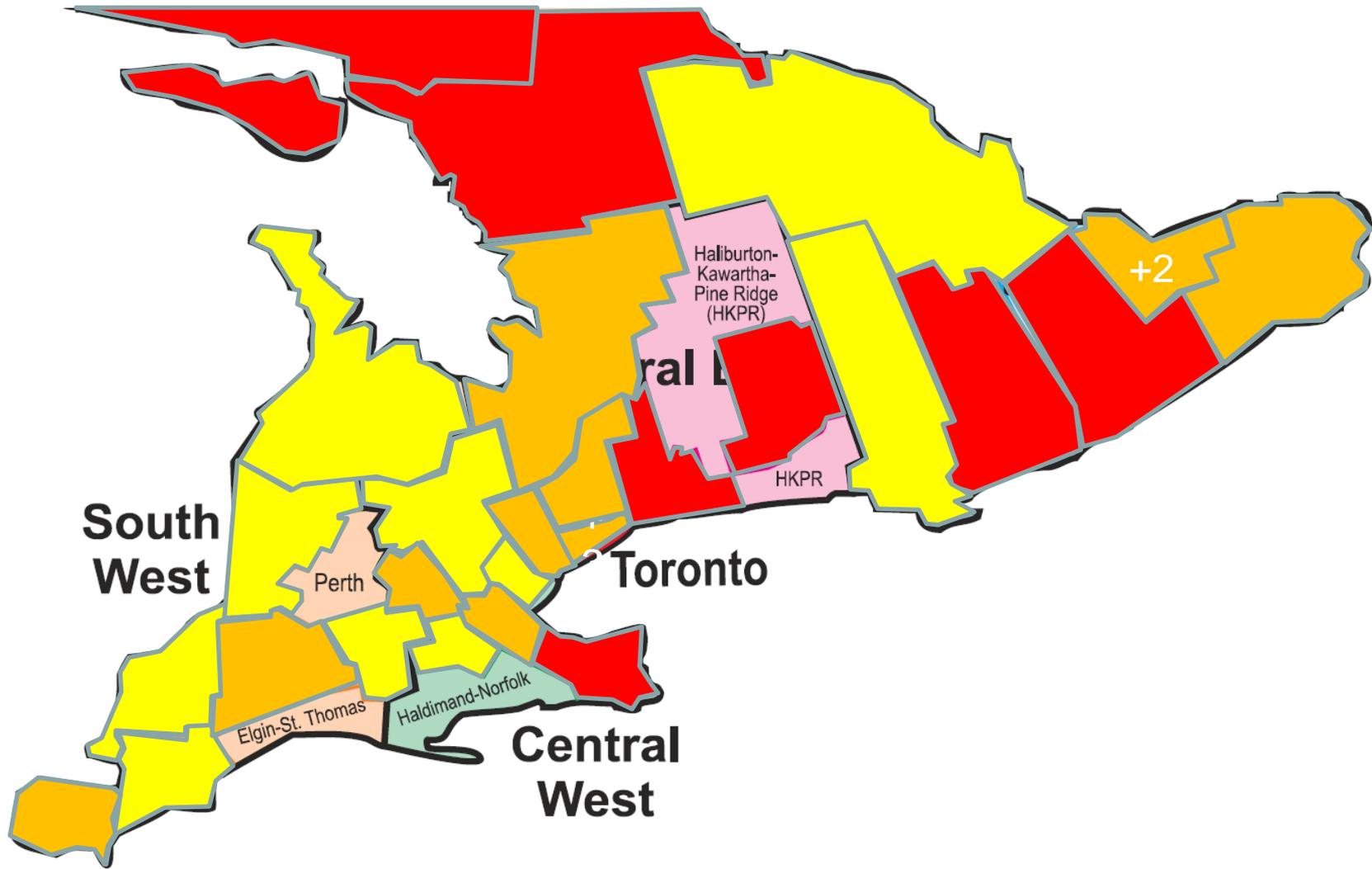
- Reliability begins to drift by 6 months following initial training
- Re-establish reliability on a yearly basis to provide
 - A high standard of quality
 - Qualified staff
 - Protection if records are subpoenaed by court
 - Accurate data
 - More frequent use of scales in practice
 - Increased confidence in using the scales
 - Assurance that families are getting the best service
 - **Renewing Reliability assures that the families in your community receive the best evaluations possible**
 - Renewing reliability once a year assures you will be the best possible instructor a learner can expect

Additional Education Materials 2014/2015

- Revised PIPE handouts **BFI, safety, nutrition, sleep
- **French** revised PIPE handouts
- Baby Cue Cards (updated)
- Keys to Caregiving **French** Parent handouts
- AHBHC kits to support partnership development
- Revised NCAST Teaching and Feeding Manuals
- Teaching Card Activity Kit for all PHNs (updated)
- Revised PMMHDP books

2015

- 30 additional Master Trainers (Sept. 2015)
- 47 Master Trainers in Ontario
- 32 health units have Master Trainers
- Master Trainer Community of Practice active
- Master Trainer Checklists for certification/recertification
- Master Trainer Roles and Responsibilities

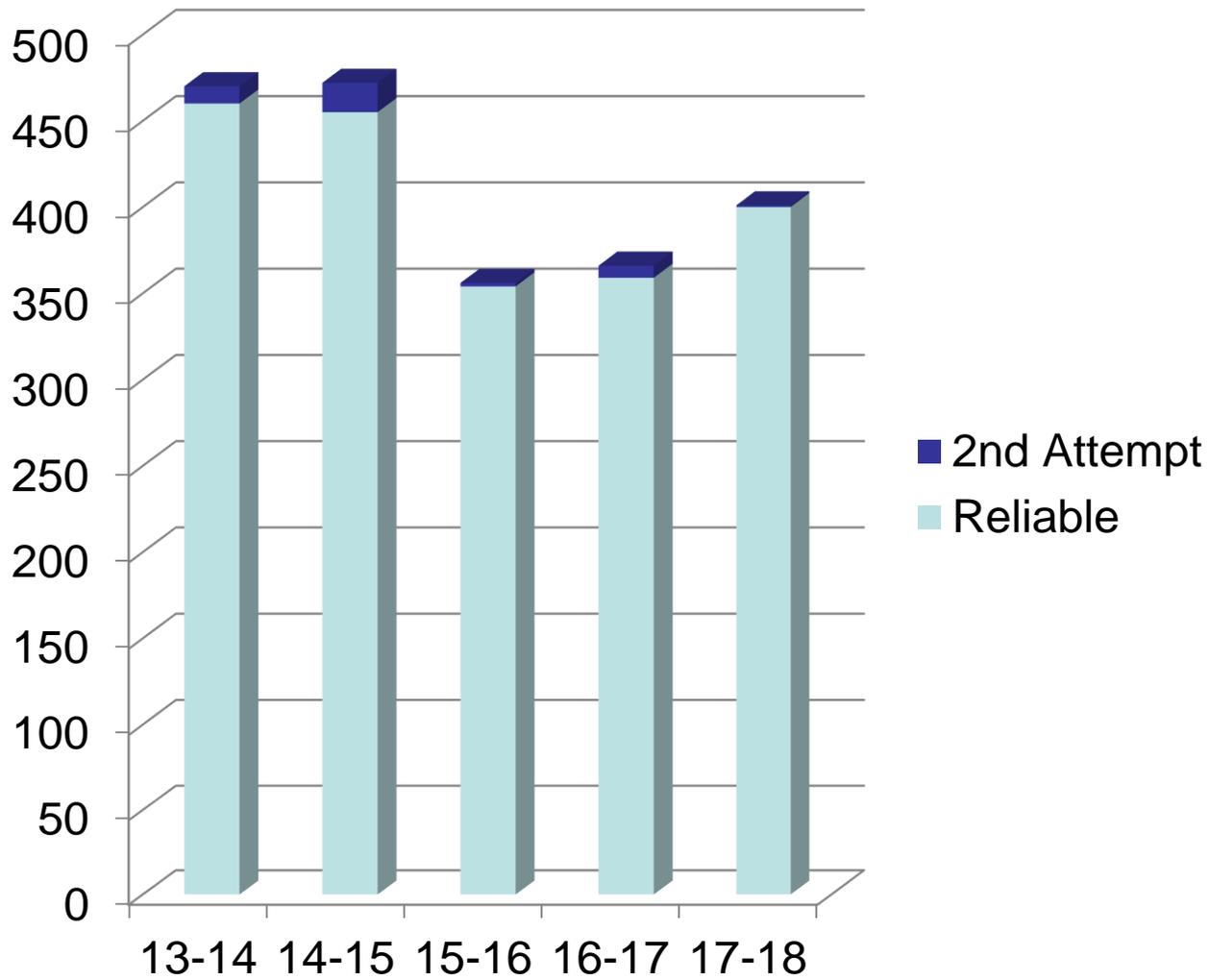


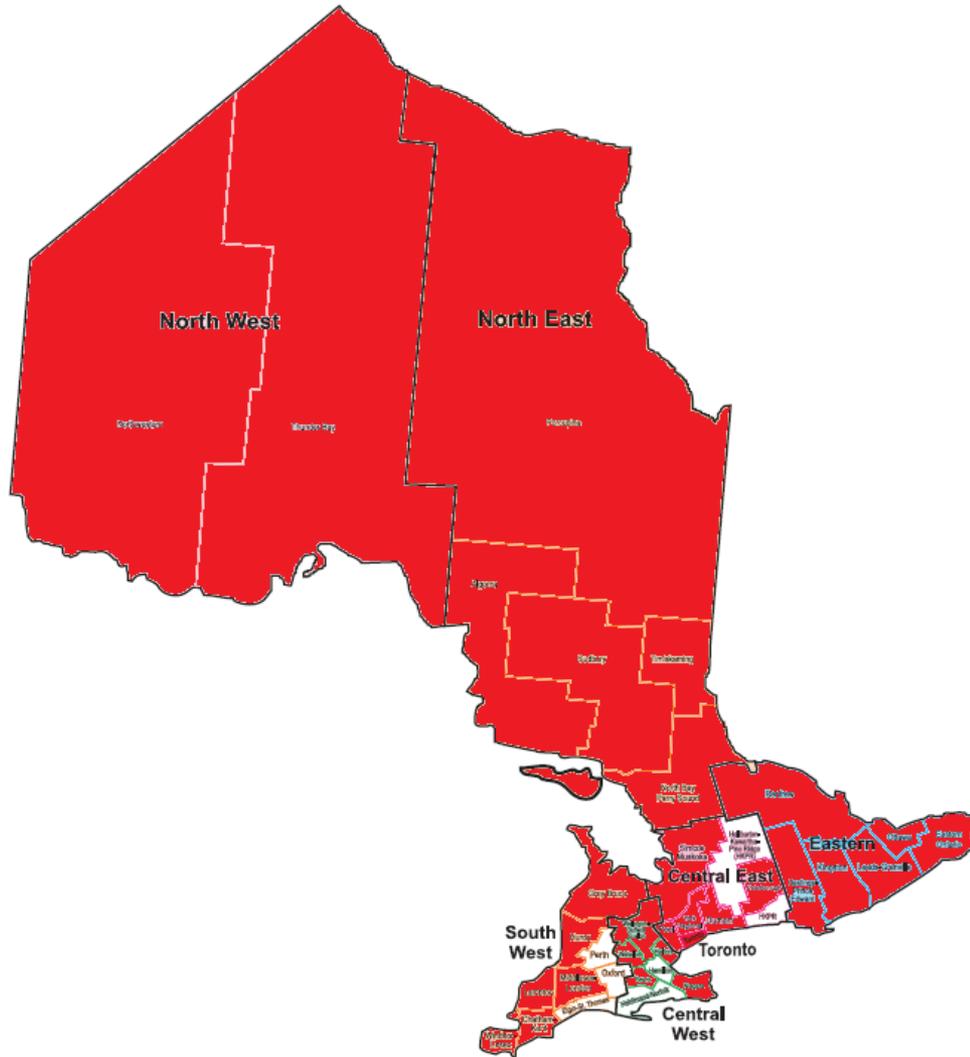
Outcomes

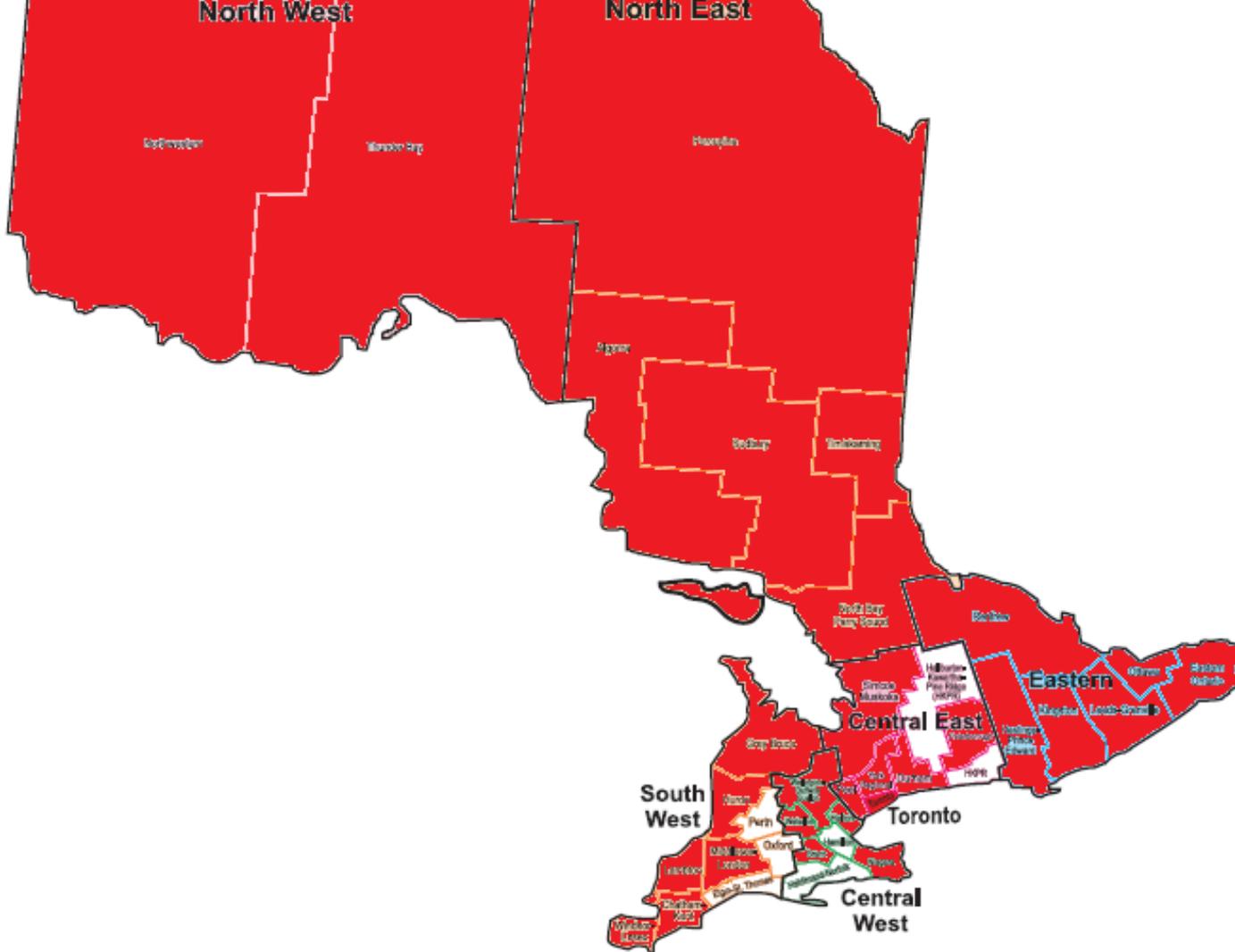
- Numbers of PHNs trained
- Reliability rates
- Measurement of the overall progress of the program by linking outcomes to pre and post programs intervention scores
- Data
- Feedback

NCAST Results

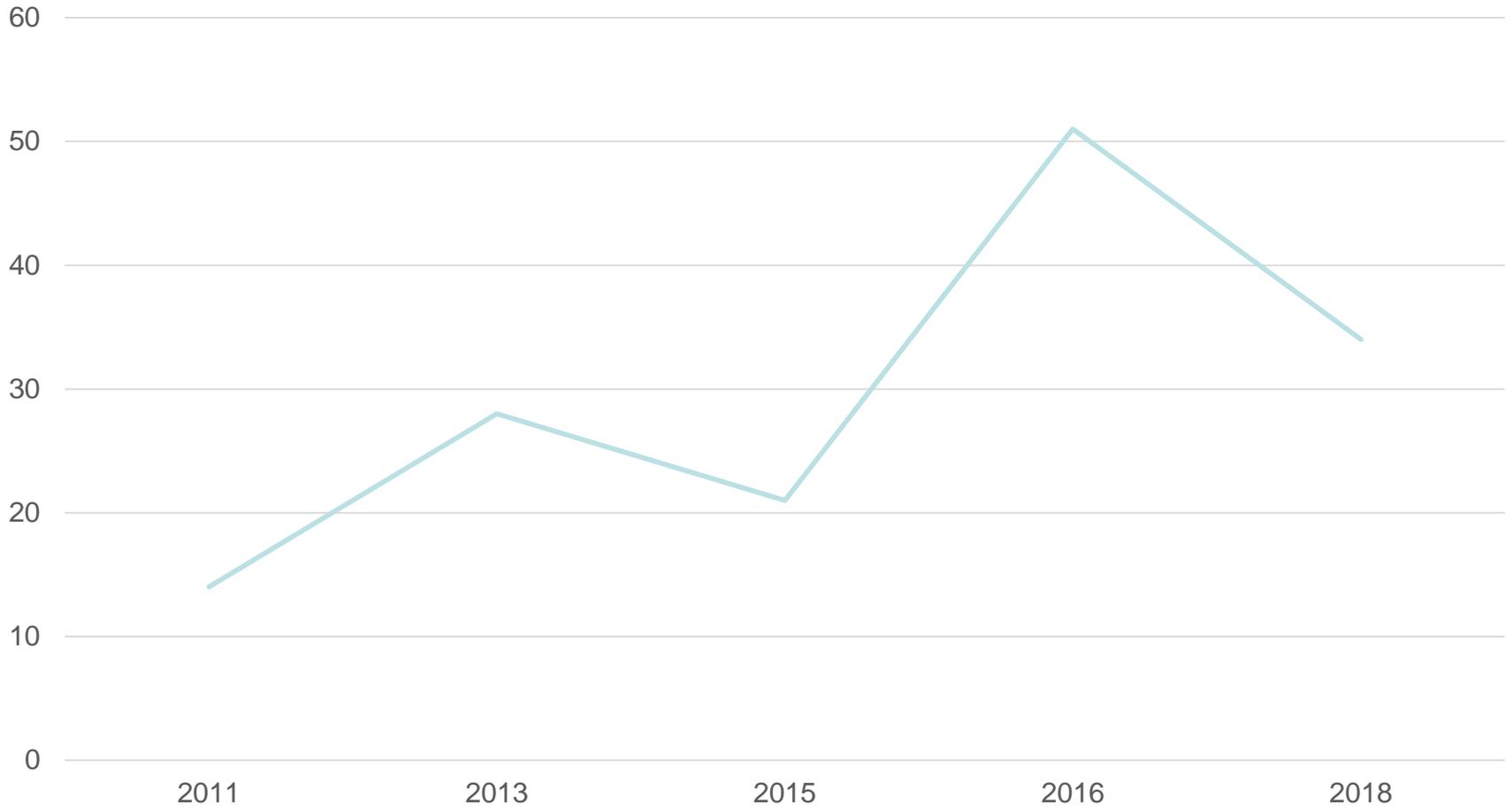
13-14	14-15	15-16	16-17	17-18
Teaching Scale	Feeding Scale	Teaching Scale	Feeding Scale	Teaching Scale
460 PHNs recertified	455 PHNs recertified	350 PHNs recertified	366 PHNs recertified	400 PHNs recertified
98% attained reliability	97% attained reliability	99% attained reliability	98% attained reliability	99.9% attained reliability







Master Trainers

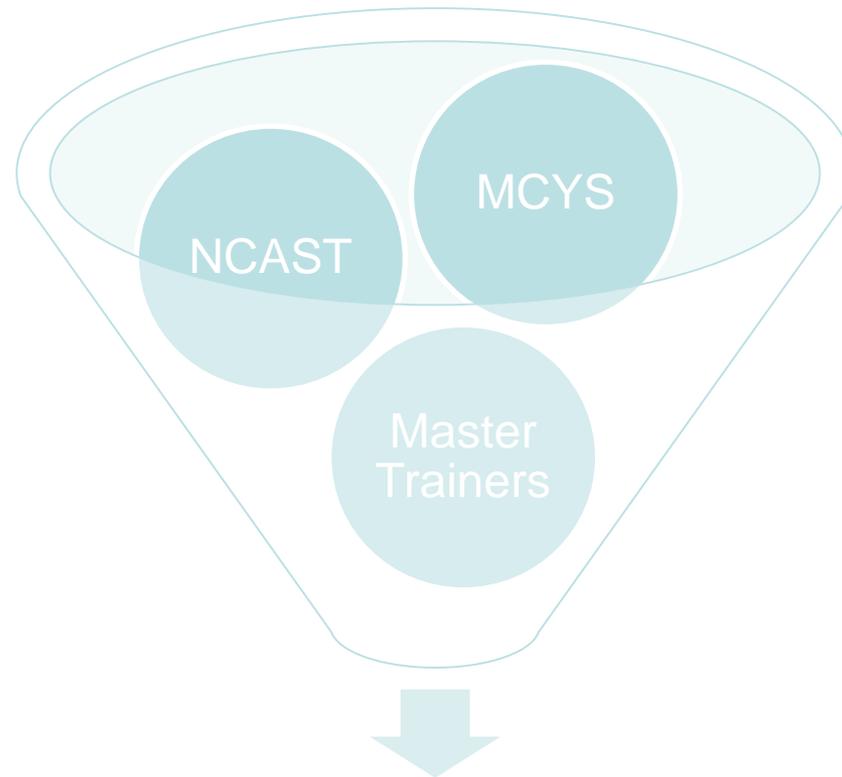


Community of Practice

- Monthly
- Chaired by Master Trainer Coordinator
- Agenda based on queries
- MCYS attends
- Yearly conference call with NCAST
- Share
- Research
- Attendance

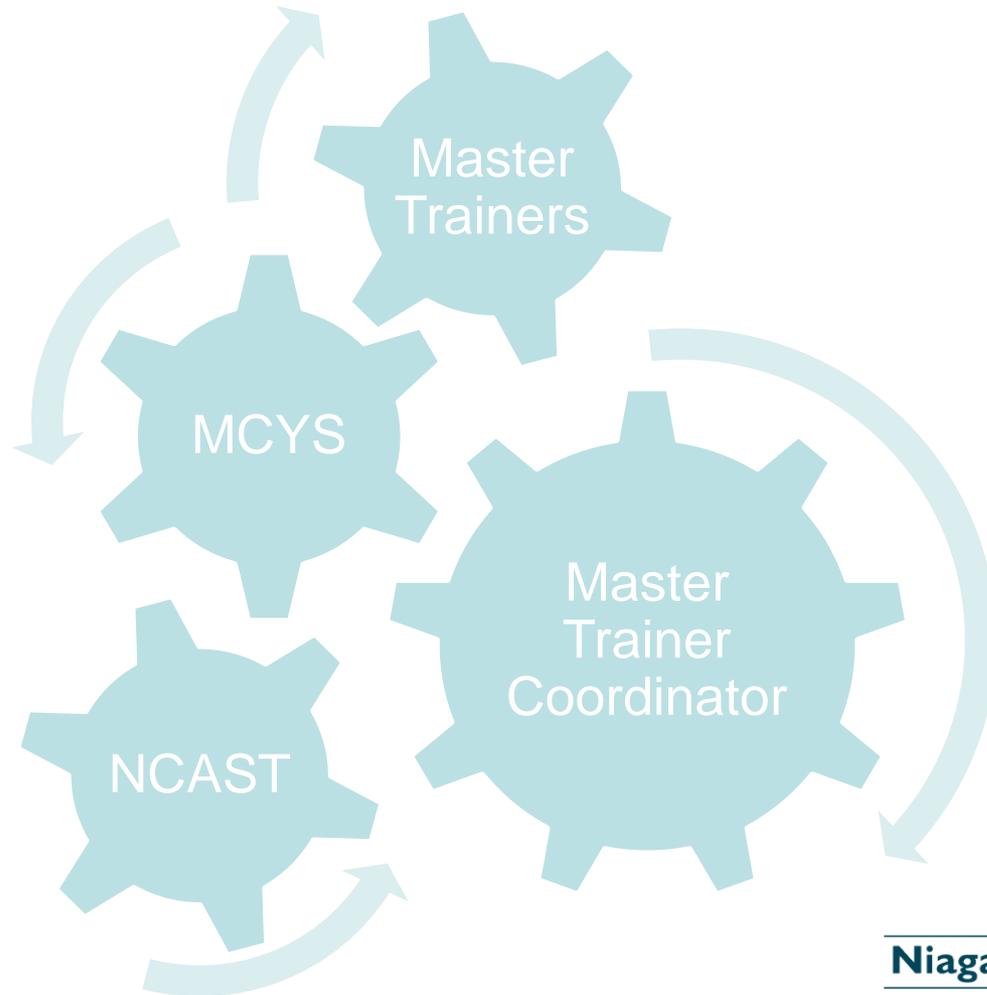


Communication



Master Trainer Coordinator

Communication



Future

- Updated platform
- Continue to sustain knowledge use
- Additional training of Master Trainers
- Training on updated materials
- Province wide education campaign to incorporate new videos
- Continue to monitor and evaluate
- Measurement of the overall progress of the program by linking outcomes to pre and post programs intervention scores
- MCYS staff will continue to work with the NCAST organization to provide high quality supports to the HBHC program which aligns with all government initiatives (e.g., BFI)

Questions?

Berni Candeloro, RN, BScN

Niagara Region Public Health

Berni.Candeloro@niagararegion.ca

905-688-8248