

“CELEBRATE, SUPPORT AND REJUVENATE”

A HBHC WORKSHOP REPORT

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After traveling to six disparate communities around the province and listening to several hundred front-line workers-- and community movers and shakers-- the workshop facilitators understood that they'd gained more wisdom than they'd dispensed. Every community demonstrated an ability to adapt programs to meet the particular needs of their neck of the woods. Thinking and action often took place outside of official boxes. Much of the support and problem solving occurred through unofficial networks. Early childhood development was viewed as a community-wide responsibility and there was a universally held belief that helping babies required helping their whole families. Almost every HBHC regional manager took it upon herself to invite a broad range of community players from her region--from education to mental health to united way to parent drop in centres to civic officials--to participate in the workshops.

Here are some of the inspiring examples of community action we discovered in the communities we visited:

*In Chatham Kent a new Community Services Committee comprised of all service providers in the community, professional and volunteer, meet once a month to develop community solutions for specific families cases.

*In Chatham Kent, the service deficit for rural families is beginning to be addressed by taking inventory of community assets in struggling rural communities. Volunteers groups such as the Rotary Club do this.

* In Sudbury during the workshop the participants created a complete action plan on how to better support the families in their community, complete with identifying funding sources that could be directed towards their initiative.

* In Lambton and York regions an unusually high degree of mutual respect and collaborative working relationships had developed between the Public Health Nurses and the Lay Home Visitors. The reason: The public health unit did the hiring.

* In York region the commitment of the PHN and LHV is so strong that they work evenings and weekends with no extra re-numeration.

INFORMATION TRANSFER STRATEGY

Each location was invited to adapt the proposed agenda to fit their community's needs. They were welcome to invite community players not directly involved with HBHC. This fostered a sense of ownership among participants and increased attendance at workshops. The facilitators spent the bulk of their time directing discussion versus lecturing.

The second part of the workshop passed the torch to the participants and provided a structure with which they could tackle community problems head on. The result was that each workshop concluded with a group of motivated, empowered people walking out the door with a plan of action on paper and the next organizing meeting already jotted down in their day-timers.

WHAT HAPPENED AT THE WORKSHOPS

Each workshop began with the key findings from Gina Browne's study, "When the Bough Breaks". The key message was that interventions by public health nurses and lay home visitors have a large, positive impact on the financial, physical and mental health of communities. And that impact is greatest when these front-line workers coordinated their efforts with other community service providers.

Slides were used to reinforce the fact that the most effective way to help high-risk families is with intensive home visits. Appendix A Identifying and solving problems in the relationship between PHN and LHV was dealt with through guided discussions. This format was also used to brainstorm about the best ways market HBHC to hard to serve mothers and families.

Identifying and treating depression, something which affects up to half of the high-risk families in the HBHC program, always generated a lot of discussion.

In just about every community, however, the participants wanted to focus on creating community action plans; that is, identifying the most pressing needs of families in their communities and developing solutions that were obtainable with the resources already in place. In the afternoons we broke into small groups and facilitated strategic planning, the results of which were presented to the plenary session.

THE KEY BARRIERS TO REDUCING RISK IDENTIFIED BY WORKSHOP PARTICIPANTS WERE AS FOLLOWS:

- Lack of service co-ordination/integration, including between professional and volunteer

- Lack of flexibility in services offered i.e. most services offered 9-5, Monday to Friday and most services demand the client come to them, instead of vice-versa.
- Waiting lists for services for their clients
- Lack of recreation and day care
- Lack of respite for moms
- Lack of financial resources
- Poor follow-up for services provided
- Lack of transportation for families
- Inadequate food and subsidized housing
- Lack of un-stigmatized universal services
- Isolation of rural poor
- Mental health problems of clients
- Not enough culturally similar service providers for immigrant and non-white clients

THE KEY SOLUTIONS TO PROBLEMS IDENTIFIED BY WORKSHOP PARTICIPANTS WERE AS FOLLOWS:

- ALL OF THE ABOVE ADDRESSED PLUS
- Better service coordination and case management, including computer data base and agency representatives to link between agencies
- Better communication systems particularly for workers in rural, isolated regions
- Dictaphones for PHNs to record results of visits to increase number of work hours that can be spent in field
- Mobile moms (a program where moms volunteer to help other moms)
- Adopt A Grandparent (use of seniors in assisting families)
- Book Mobile (mobile library for access by children and mothers)
- Get Churches, Schools and Malls involved in providing service
- Cab vouchers and mini vans to help with transportation problems.
- Develop program to get breast pumps to welfare mothers.
- Nurse practitioners in regions where there are doctor shortages.

THE METHODOLOGY USED TO GET GROUPS TO IDENTIFY PROBLEMS AND DEVELOP SOLUTIONS WAS AS FOLLOWS:

In the afternoons, the workshop was broken into small groups each group had a leader and a scribe. They were given a specific set of questions, (no more than 3 or 4) to address. Then each leader presented the results to the full group.

Here are samples of the questions from our Sudbury workshop.

- I. What are current issues, problem, and barriers?

- a. Within service delivery of healthy babies?
 - b. Within and across the system?
- II. What can be done to manage/change the issues/problems/barriers?
- III. After findings are presented to plenary session then:

Next steps: Develop an outline of the action plan:

THE WORKSHOP WAS EVALUATED AS FOLLOWS:

We asked each of the workshop participants to fill out a form containing the following questions:

I. Based on the workshop, what practices do you think are the most important for you to do when working with:

- A. MOMS, INFANTS AND OTHER CHILDREN IN THE FAMILY
- B. OTHER TEAM MEMBERS (Home Visitors, Public Health Nurses, Family Physician)
- C. OTHER SERVICES AND AGENCIES

II. If there was more money invested in the system, what do you think would be the single most important initiative or resource this region could undertake or provide?

III. What could be done NOW in the system, without an additional investment of resources?

- A. BY YOU
- B. BY YOUR TEAM
- C. BY YOUR REGION

IV To what extent did this workshop meet your needs?

- A. What was most helpful to you?
- B. What was least helpful to you?

A SURVEY OF RESPONSES FROM PARTICIPANTS

I. Based on the workshop, what practices do you think are the most important for you to do when working with:

A. MOMS, INFANTS AND OTHER CHILDREN IN THE FAMILY

- Respect
- Communication with families
- Case co-ordination
- Advocacy
- Service linkage

B. OTHER TEAM MEMBERS (Home Visitors, Public Health Nurses, Family Physicians)

- Effective communication/Information sharing
- Team support
- Trust
- Co-operation/collaboration

C. OTHER SERVICES AND AGENCIES

- Communication
- Collaboration/less territoriality
- Case co-ordination/information sharing

II. If there was more money invested in the system, what do you think would be the single most important initiative or resource this region could undertake or provide?

- Child-care
- Housing
- Prevention
- Transportation
- Recreation
- More cultural interpreters
- Respite
- Service Linkage
- --More frontline staff

III What could be done NOW in the system, without an additional investment of resources?

A. BY YOU

- Information sharing with public and colleagues
- Offer input into community planning/Advocacy
- Recognize depression
- Better service co-ordination
- Better teamwork
- Take pride in work

B. BY YOUR TEAM

- Mutual Respect/Support
- Collaboration with colleagues/Case conferencing and problem solving
- Service Linkage

C. BY YOUR REGION

- Political Advocacy
- Create media strategy
- Public Education
- Various organizations communicate and work together

IV To what extent did this workshop meet your needs?

- Rejuvenating
- Celebratory
- Educational
- Exceeded Expectations
- Inspiring
- Excellent
- Very Good

A. WHAT WAS MOST HELPFUL TO YOU?

- Meeting/networking with colleagues from different programs/organizations
- Group discussions/Information sharing with colleagues inside and outside of program
- Having experiences validated
- Receiving support
- Education about other services out there

B. WHAT WAS LEAST HELPFUL TO YOU?

- Brainstorming could be more focused

CONCLUSION OF WORKSHOP REPORT

- A. Allowing workshop participants to tailor the agenda of the workshop to their particular needs, as well as allowing them to participate in shaping workshop as it unfolded in real time, increased the effectiveness of the workshops and, specifically, the effectiveness of the research transfer.
- B. The workshop facilitators discovered that despite the diminishment of resources and supports for vulnerable families, there exists in every community people whose ever-expanding contributions are fostering civil societies, which equally value all of their members.
- C. The programs in each community that were the most successful were those which had either been developed locally; or, liberally adapted at the local level to meet community needs. Most involved formal or informal service linkage.
- D. An integrated service tends to happen informally in most communities. The challenge is how to enable this process to happen in a more consistent and equitable way across the province.

APPENDICES

- A. Presentation Overheads
- B. Summary of Workshop in Lambton
- C. Summary of Workshop in York
- D. Summary of Workshop in Sudbury
- E. Summary of Workshop in Brantford
- F. Summary of Workshop in Ottawa
- G. Summary of Workshop in Chatham-Kent