



NCFRC - Healthy Families – Program Logic Model

Mission Statement:

Active involvement of children and their families in a strong vibrant community

Statement of Need:

Research demonstrates there is a need to provide holistic services to new parents to support good prenatal health and the healthy growth and development of children. In an age when the globalization of the economy is making it difficult for parents without higher education and/or marketing skills to support a family at a level that assists successful child development, many families will need an infrastructure of human services to support parenting and healthy child development, to prevent mental disorders wherever possible, and to intervene quickly and effectively to help those children with emotional and behavioral problems (Steinhauer, 2000).

Families and children living in the boundaries served by Norwood Child and Family Resource Centre and the neighbourhoods to North Central and North East of these boundaries face challenges associated with poverty, unsafe or unstable housing, prostitution, drug trafficking, and gang activity. According to Statistics Canada and City of Edmonton Census data from 1996, the Healthy Families program at NCFRC serves 5 out of 6 of the lowest income neighbourhoods in Edmonton. The average annual family income in each of these neighbourhoods was reported to be less than \$30,000. As more and more research highlights the importance of investment in the early years, child poverty is a serious concern. The negative effects of low income on child development are no longer in dispute. From learning, to health, to scholastic ability, children in families earning less than \$30,000 are consistently worse than children in middle and higher income families. (Canadian Council on Social Development 1999/2000). Children living in poverty encounter more hurdles to healthy development and consequently, are at an elevated risk for a wide range of negative health outcomes. Chronic illness and physical and developmental disabilities are almost twice as common as they are among children in high-income families. (Edmonton's Children, Success by 6, 2002 Report). In addition, the National Longitudinal Survey of Children and Youth in 1996 reported that delayed vocabulary development is far more prevalent among children in low-income families than it is among children in high-income families. In families with the lowest household incomes, twice the number of children receives special education when compared to those in families with the highest incomes. Further, becoming a parent for the first time may present significant challenges for those men and women in our community who have faced living in a community plagued by poverty, prostitution, drugs and gang activity. These individuals may not have had positive role models in their own lives, on which they can now base their behavior. In order to mitigate these social problems, the programs at Norwood Child and Family Resource Centre all focus on reducing the negative impact of the poverty in our community. There is a need to develop resiliency in the children, to build on the strengths of the families, and to encourage the development of community relationships. Families will be more successful in dealing with the challenges of this neighborhood with support of this nature.

Defined Program Target Population:

The *primary* clients are families expecting their first child, parenting for the first time or families with newborn children under the age of 3 months, who are in "at-risk" circumstances. The definition of "at-risk" is persons living in poor economic, social, health, education and cultural conditions. For example, families may live in poverty, lack access to transportation, be single parents, young parents, have little or no formal education, or have a history of abuse and neglect. Health issues such as mental health concerns, addictions, and physical health conditions of the parent or child may leave the family at risk.

The *secondary* clients of the program are prenatal mothers who may be at risk of poor birth outcomes related to little or no prenatal care, poor nutrition, and lifestyles that include high-risk behaviors.



Broad Strategy:

A home visitation program based on helping families see their strengths and build on those strengths increases confidence in parents and allows them to help their children in turn build confidence and resiliency. This program allows parents to build their knowledge of healthy child development and encourages parents to seek out resources to support their parenting by forming positive healthy relationships with their child. Home visitation brings the necessary services to families in their own homes. Through building a trusting relationship first with the family support worker, many families then gain the confidence and skills to explore other community resources and services and to reach out before the family reaches a point of crisis. The family support worker provides support such as encouragement, connections, information, advocacy, and will liaise with other service providers or organizations to meet the needs identified by the family. Family Support Workers often work along side of parents to help solve problems around basic needs such as food security, clothing, and safe and affordable housing. Family Support Workers are also instrumental in promoting safety and injury prevention for young children in the home setting.

Intensive Home Visitation – in the home

The approach of Norwood Healthy Families is to support families in the environment they feel most comfortable - in their own home. It is believed that support in the home also provides great opportunity for modeling and “in the moment” teaching and reinforcement of healthy parenting skills. The support is intensive in that visits may occur on a weekly basis, and families can be supported for up to five years. We recognize relationships take time to build. The length of our service takes this into account. We also recognize that every stage with a child in the first five years of life presents new and unique challenges, not to mention the new challenges when the family has a second child. Support through these developmental stages is critical to these parents, and to maintaining a positive environment for the family. Multiple barriers for families often prevent them, those in most need of support, from seeking help in the institutions where services most commonly reside.

Early Service Intervention

Clients of the program are referred during the pre-natal stage and up to three months after birth of the child. By engaging families in the early stages of parenting and providing appropriate supports, we lessen the chance of family violence, neglect, and we improve the potential outcomes for children and healthy babies being born.

Co-coordinating Community Partnerships

Norwood recognizes that a single intervention strategy will not fully address the complex needs of this at-risk population, and thus seeks to create a comprehensive, coordinated approach that delivers a continuum of services. The Norwood Child and Family Resource Centre Healthy Families program is part of a community-based agency. As such we have developed an integrated network of partners to provide comprehensive services for families in the areas of health, education, and personal development. In fact, many families that are introduced to the Centre through Healthy Families often proceed to utilize other supports and services offered through the Centre. Relationships with neighbors and other parents in similar situations are encouraged and facilitated since this often provides support for families that reduce their reliance on municipal and provincial agencies.



Information and Referrals

Families are provided with information about community resources that can help them improve their parenting skills and provide a safe, nurturing environment for their children. Families often begin to connect with outside resources through the relationship they have built with the Family Support Worker. This integration improves access to services for families that may be isolated by economic, social, cultural, or language barriers. With these barriers, families may not have sought out these referrals on their own. These community connections extend beyond institutions and agencies, but also include an intentional strategy to provide opportunities for informal support networks to develop.

Rationale:

Family-based interventions either train parents to engage their children in ways that have been demonstrated to enhance healthy development, or to access personal and professional supports to improve family functioning. Child-based and family-based intervention programs have demonstrated important benefits to both parents and children (Barnett, 1995; Goodson, Barbara D; Layzer, St. Pierre, Bernstein & Lopez, 2000; McKey et al., 1985; Olds & Kitzman, 1990; Olds et al., 1998; Ramey & Ramey, 1998; Royce, Darlington, & Murray, 1983; Schweinhart, Barnes, & Weikart, 1993). Generally, reviews of research show that early intervention programs are more effective if they involve parents (Barnett, 1995; Goodson, et al., 2000; Olds et al., 1998; Ramey & Ramey, 1998), and that they have a positive effect on parent-child interactions (Benasich, Brooks-Gunn, & Clewell, 1992). Child-based and family-based interventions are dual mechanisms through which preschool interventions affect child outcomes. It is argued that effectiveness is enhanced when these intervention approaches are combined to target both children and their families (Guralnick, 1993; Reynolds, Mavrogenes, Bezruczko, & Hagemann, 1996; Schweinhart, Barnes, & Weikart, 1993; Yoshikawa, 1994).

Goals of the Program:

- First time parents will have the parenting skills, social supports, and knowledge of child development to promote healthy child development, healthy attachments and interactions with their child, and ensure all children are safe and have the best possible start in life.
- Parents will have increased knowledge and participation in the community

Program Logic Model - Healthy Families

Inputs	Activities	Outputs	Short Term Outcomes	Mid Term Outcomes	Long Term Outcomes	Indicators	Tools
<p>Family Support Workers Program Manager Assessment Worker</p> <p>Funding: Region 6</p> <p>Partnerships Region 6 Edmonton and Area Home Visitation Network Capital Health Authority</p>	<p>Provide intensive in home support</p> <p>Goal Planning – FSW and parents develop plans outlining identified family strengths (i.e. supports) needs/goals, action plan.</p> <p>Provide referrals</p> <p>Follow-up</p> <p>Reviewing parenting material</p> <p>Monthly parent groups</p> <p>Support of parent's community involvement.</p>	<p>Total # of clients receiving direct face to face service at home</p> <p># Of contacts with parents</p> <p># Of clients with completed goal plans</p> <p># Of referrals</p> <p># Of supported referrals</p> <p># Of home visits with parent.</p> <p># Of parent participants # Of child participants</p> <p># Of parents with community involvement</p>	<p>Increased access to services for families (Decreased isolation)</p> <p>Improved parenting knowledge and skills</p> <p>Improved child health and development</p> <p>Improved support for parents (decreased stress)</p> <p>Increased linkages between community agencies and home visiting service providers</p> <p>Increased knowledge of services that support families</p>	<p>Families have the skills, knowledge and support they need to promote healthy child development</p>	<p>Children are healthy and meet developmental milestones.</p>	<p>70% of parents indicate an increase in attaining their goals.</p> <p>70% of parents have increased knowledge of positive parenting strategies.</p> <p>70% of parents report that the program is supporting them.</p> <p>70% of parents show an increase in their knowledge of resources, activities and social services in the community</p>	<p>HOMES Database</p> <p>Parent Survey</p>