

# **Families First Program** Final

Provincial Population & Public Health Standard

Population Health Programs, Population and Public Health

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## 1. Abbreviations

ASQ	Ages and Stages Questionnaire
FFHV	Families First Home Visitor
FFS	Families First Screen
HPECD	Healthy Parenting Early Childhood Development
LMS	Learning Management System
PHN	Public Health Nurse
SOP	Standard Operating Procedure
TF	Towards Flourishing
CE	Creative Engagement

## 2. Purpose

The provincial Families First standards were developed using evidence-based research of early intervention programs and the Families First program in Manitoba. These standards ensure consistent implementation of best practice throughout Manitoba, ensuring that all families receive the highest quality care.

## 3. Scope

The Families First provincial standards provide best practice standards to the Regional Health Authorities for the implementation of Families First in their communities. The Families First provincial standards are essential for partner collaborators within organizations including, but not limited to, Regional Directors, Managers, Coordinators, Public Health Nurses, Home Visitors, and administrative personnel.

## 4. Definitions

**Families First Screen:** A standardized and validated screening tool comprised of forty biological and social risk factors associated with the potential for adverse child health outcomes. It applies to all prenatal, postpartum, and early childhood families referred to public health services.

**Positive Entry Score:** Three or more risk factors on the Families First Screen in the corresponding areas (within [Appendix B](#) of the Psychosocial Family Assessment) and associated variances in the public health nursing assessment.

**Clinical Positive:** Less than three risk factors on the Families First Screen in any section and/or variances in the nursing assessment, with limited protective factors that may contribute to increased risk for negative outcomes for the family.

**Early Entry Prenatal:** Families enrolling in Families First home visiting prenatally.

**Early Entry Post-partum:** Families enrolling in Families First home visiting at birth to three months of age.

**Early Childhood Referral (Late Entry):** Families enrolling in Families First home visiting with children four months of age until the age of five years.

**PHN Case Manager:** Public Health Nurses who provide a public health nursing continuum of care, including assessment, education, anticipatory guidance, and ongoing relationship building with clients and families experiencing disparities in health and/or social and structural disadvantage. Case Managers collaborate with families for tailored nursing interventions that may include referrals to other practitioners, agencies or services that promote the social determinants of health.

**Families First Home Visitor:** Public Health team members certified in facilitating in-home visits with early years' families from pregnancy to age five. Using a strength-based approach, the Home Visitor facilitates evidence informed curricula and trained communication strategies to support families to reach their goals and needs. Home Visitors work towards enhancing a secure parent child attachment relationship; promote safety and well-being for children and families; support parents in building their children's healthy growth and development; and enhance the family's support network. When families request additional support outside of the role of the Home Visitor, they encourage families to connect with their Case Manager.

**PHN Reflective Supervisor:** Public Health Nurses responsible for facilitating reflective supervision using a relationship-based approach to support Home Visitors in their competency development. Reflective Supervisors promote quality home visiting practices that align with Families First goals. Within reflective supervision, the Reflective Supervisor uses a parallel process whereby the Home Visitor experiences the same respect and value they utilize with families.

**Creative Engagement:** Developing creative ways to establish and maintain a trusting and productive relationship with families, utilized from the very beginning and throughout enrollment. There are two situations when creative engagement efforts may

be heightened: When families have initially agreed to services but have not yet received a Home Visit, despite efforts of the Home Visitor; and/or when the family has been receiving home visits and has recently not been available or has cancelled home visits.

## 5. Background

Since its inception in 1999, Families First has aimed to enhance parental resilience and foster strong family units, ensuring children receive empathic, responsive childhood experiences crucial for their future success.

The Families First program goals are to:

- Enhance nurturing parenting skills and build a secure parent-child attachment relationship.
- Support families in assuring physical, emotional, and relational safety for their children.
- Partner with parents to promote healthy childhood physical, social-emotional, language and cognitive development.
- Facilitate parents' connection with community resources and to build supportive networks to enhance a sense of belonging.

## 6. Standards

### 6.1. Public Health Nursing Assessment and Screening

Initiating the public health nursing assessment and Families First Screening process prenatally and completing it with all parents of newborns creates an opportunity to provide a continuum of services for all families within a community.

#### 6.1.1. Public Health Nurse Required Orientation

***The below listed Healthy Parenting Early Childhood Development (HPECD) orientation modules for Public Health Nurses via the Learning Management System (LMS) are pre-requisites to utilizing the Families First Screen as part of the public health nursing assessment. Public Health Nurses collaborate with regional mentors to reflect on their learning after each self-learning module and follow the Psychosocial Family Assessment guideline.***

HPECD PHN Orientation Modules accessible through the LMS:

- HPECD Public Health Nursing Standards
- Introduction to Families First

- Core Foundations: Building Partnerships with Families
- HPECD Nursing Care Pathways

*Best Practice Timelines:*

- Public Health Nurses (PHN) complete the above listed orientation modules via the LMS prior to independent practice and within the first three months of hire.

*Rationale:*

- Completing the orientation modules prepares the PHN in developing trusting therapeutic relationships with families, utilizing foundational principles from the provincial Introduction to Families First and Core Foundations: Partnerships with Families orientation modules.
- PHNs refer to the Psychosocial Family Assessment guideline to incorporate conversation starters that support the completion of the Families First Screen.
- Mentorship and reflective practice contribute to increased self-efficacy.

### **6.1.2. Prenatal Referrals**

***Public Health Nurses initiate Families First Screens for all prenatal referrals to public health, in alignment with the Public Health Nursing Care Prenatal Pathways and following the Psychosocial Family Assessment Guideline.***

*Best Practice Timelines:*

- When referrals are received prenatally, the public health nursing assessment and corresponding sections of the Families First Screen are completed within **two weeks** of receipt of the prenatal referral or before estimated date of confinement, if late in pregnancy.

### **6.1.3. Postpartum Referrals**

***Families First Screens are completed for all births referred to public health, in alignment with the Public Health Nursing Care Postpartum and Newborn Pathways and following the Psychosocial Family Assessment Guideline.***

*Best Practice Timelines:*

- When postpartum referrals are received, the public health nursing assessment and Families First Screen is completed within **one week** of initial assessment,
- Public Health Nursing follow up of priority families is provided in person to support a comprehensive public health nursing assessment and establish a trusting relationship.

*Rationale:*

The prenatal period through the first few months after birth is a crucial time to systematically connect families with community supports. Families are eager to learn about their newborns and are highly receptive to information and support services.

#### **6.1.4. Early Childhood Referrals**

***Families First Screens are completed for all early childhood referrals to connect families with appropriate information and resources, including Families First home visiting. Early childhood referrals to public health include families referred with children four months of age to five years, as per the Families First Home Visiting Referral Guideline.***

*Best Practice Timelines:*

- Upon receipt of an **early childhood referral** the public health nursing assessment and Families First Screen is completed within **two weeks**.
- When the youngest child is four years of age or older, enrollment of families into Families First home visiting are considered on a case-by-case basis, as home visiting services are meant to be intensive and long-term.

*Rationale:*

- Individual, family and community risk factors such as: parents' history of childhood abuse or neglect; substance misuse; mental health concerns including depression; parental characteristics (young age, low education, single parenthood, low income); social isolation; family violence; community safety concerns and reduced social connections; may diminish children's healthy growth and development.
- Early childhood referral to additional supports and services may enhance outcomes for children at risk for developmental challenges, such as speech and language, occupational therapy etc.

## **6.2. Entry to Home Visiting**

Families First home visiting yields positive outcomes for families who may be experiencing disproportionate negative prevalence of the social determinants of health. Positive outcomes for Manitoba families participating in Families First include increased nurturing parenting practices, enhanced self-confidence and optimism about their future, and stronger community connections fostering a greater sense of belonging. The most recent evaluation indicates that Families First home visiting is linked to reduced child maltreatment, decreased hospitalizations due to injuries, and higher childhood immunization rates.



### 6.2.1. Public Health Nursing Mentorship

***Newly hired Public Health Nurses must complete their orientation modules via the LMS (listed above) and engage in reflective practice with their regional mentor regarding the Psychosocial Family Assessment Guideline Appendix C (pending) before offering Families First home visiting to families.***

#### *Best Practice Timelines:*

- PHNs complete the provincial orientation modules via the LMS within the first three months of hire, following their HPECD provincial orientation checklist.

#### *Rationale*

- Appendix C of the Psychosocial Family Assessment Guideline is intended to foster the PHN's practice in offering and engaging families into home visiting so that families are provided every opportunity to enhance their resilience and provide the best possible start to their children's growth and development.
- Mentorship and reflective practice contribute to increased self-efficacy.

### 6.2.2. Engaging Families into Home Visiting

***Public Health Nurses aim to engage families in Families First home visiting based on the public health nursing assessment and an initial or completed Families First Screen indicating a Positive Entry Score or Clinical Positive, as outlined in the Psychosocial Family Assessment guideline. Public Health Nurses may use the "Welcome to Families First Home Visiting" handout or other Families First print materials and/or request a Home Visitor to facilitate a Families First home visit to support family engagement.***

#### *Best Practice Timelines:*

- Families First home visiting is offered promptly, and within **two working days** after completion of the public health nursing assessment and Families First Screen, based on home visiting caseload capacity.
- For families who **accept** Families First home visiting, the Home Visiting Referral form is completed with pertinent information from the public health nursing assessment and submitted to the PHN Reflective Supervisor and Home Visitor within **one working day** of completion.

#### *Rationale:*

- Home visiting programs achieve optimal results in family engagement and retention when initial contact occurs in a timely manner. It is crucial to support families during this critical period in their child's life to ensure nurturing care and protection.

### 6.2.3. Ongoing Case Management

***Public Health Nurses, in their role as Case Managers, provide information and resources as part of a continuum of care, uniquely tailored to families' strengths and preferences, whether they enroll in home visiting or choose not to participate. In situations where families initially opt out, Case Managers can reintroduce Families First home visiting as family circumstances change throughout the case management relationship.***

#### *Rationale:*

- Through case management practice expectations, PHNs support all families with information and/or referrals to other practitioners, agencies, or programs, including resources and services that address the social determinants of health and health equity.
- Families identified through the public health nursing assessment and Families First Screen may benefit from additional information and referrals to community services that support parenting families.
- The public health nursing assessment and the Families First Screen provides families with an opportunity to engage in discussions with a caring, non-judgmental professional manner about their unique circumstances and explore available supports in the community tailored to their individual needs.
- PHNs consult the Families First High-Risk Guidelines (*update pending*) proactively in their initial and ongoing case management as it provides a framework for identifying contributing factors that may impact the family's safety and well-being.

## 6.3. Home Visiting

### 6.3.1. Home Visitor Required Orientation

***Home Visitors must complete intensive, role-specific training upon hire as per Families First Home Visitor orientation checklist. To ensure the delivery of high-quality collaborative care to families participating in Families First home visiting, Home Visitors engage in reflective supervision throughout their orientation period to reflect and debrief after completion of provincial training and orientation modules.***

#### *Best Practice Timelines:*

- Newly hired Home Visitors must complete provincial Families First home visiting orientation **prior** to facilitating Families First home visits with families.

### 6.3.2. Referral to Home Visiting

***Upon receipt of the Families First Home Visiting Referral form, the Home Visitor promptly initiates contact with the family. Home Visitors utilize the Families First curriculum to foster relationship-building and to promote family engagement in home visiting, in accordance with the Families First Curricula Guideline.***

#### *Best Practice Timelines:*

- Home Visitors make initial contact with the family **within two working days** of receipt of the Families First home visiting referral form.
- Home Visitors make the first in person home visit **within five working days** of the receipt of the home visiting referral form.
- PHN Case Managers make a concerted effort to assist Home Visitors in engaging families during initial implementation of Families First home visiting.

#### *Rationale:*

- Immediate initiation of Families First Home Visiting following the family's acceptance is critical for engagement and retention of families.
- Home Visiting is provided to families who voluntarily engage. Continued engagement efforts are extended to those families who are hesitant, but have not clearly requested discontinuation, following the Families First Phases of Home Visiting Guideline.

### 6.3.3. Phases of Home Visiting

***Home Visitors strive to engage families in regular and frequent home visits spanning approximately three years. The frequency of home visits follows transition guidelines outlined in the Phases of Home Visiting Guideline.***

*Families First strives for 90% home visiting completion rate.*

#### *Best Practice Timelines:*

- Families First Home visiting aims to be intensive and long term. Each home visit is scheduled for sixty to seventy-five minutes in length.
- The frequency of future visits is determined based on the family's progress towards their goals. Quarterly, Home Visitors review the criteria for family transitions from one phase of service to another during reflective supervision.

*Rationale:*

- Both the frequency and duration of home visitation are critical components for success. Long-term involvement is essential because new challenges may arise as children develop and family circumstances evolve over time.
- Regular and consistent home visits provide an opportunity for Home Visitors to build trusting relationships with families, increasing their openness to receiving new information, tailored to their interests and needs.
- Intensive services ensure that Home Visitors have the time to provide responsive support, effectively addressing changes as they arise and promoting improved family functioning.

#### **6.3.4. Goal Planning**

***Home Visitors collaborate with families to develop a written goal plan that is specific, measurable, achievable, realistic, and time sensitive. Home Visitors encourage families to work towards goals by using tools within approved curricula. Reflective Supervisors support Home Visitors by facilitating reflection on family goals and progress, thereby aiding in the planning of home visits.***

*Best Practice Timelines:*

- The goal plan includes both family-initiated goals and goals arising from the public health nursing assessment.
- A written family goal plan is developed once a trusting relationship has been established between the Home Visitor and the family, typically within the first six months of enrollment. The goal plan is reviewed every three months with families and during Reflective Supervision.

*Rationale:*

- Results from a study on family engagement indicate that a positive satisfaction rating of the Home Visitor in addressing family needs, combined with alignment with program goals, was positively associated with increased family engagement and longer duration of home visiting services.
- Goal-oriented case management that addresses healthcare needs identified during the assessment, and developed in collaboration with the family to meet their unique needs, improves the quality of care and health outcomes.

### **6.3.5. Family Reviews**

***Home Visitors and Case Managers maintain communication to ensure consistent, collaborative care for the family. Family Review meetings are scheduled regularly, following the Family Review Guideline (pending).***

*Rationale:*

- Home Visitors and PHN Case Managers develop relationships with families from first contact and ongoing; recognizing and planning for continuity of care with families, and working in partnerships to plan needed resources and supports.
- Public Health Nursing Case management is responsive to family needs and is an approach to coordinate care and promote equitable access to services and resources for families.

### **6.3.6. Crisis Management**

***When families encounter situations that may threaten their safety and well-being, the immediate priority is to provide them with support and ensure they are connected to the appropriate crisis response providers, in accordance with the Families First High-Risk Guidelines (update pending).***

*Best Practice Timelines:*

- In urgent situations, Home Visitors and PHNs promptly communicate with families and / or crisis response providers **within the same working day**, as per the Families First High-Risk Guidelines.
- To promote staff safety, Home Visitors and PHNs follow regional working alone processes and immediately communicate activities that may constitute a risk of harm.

*Rationale:*

- The purpose of the Families First High-Risk Guidelines is to provide PHNs and Home Visitors with a framework for identifying and responding to situations that pose an immediate or potential threat or harm to the well-being of families and children participating in Families First home visiting.
- Information within the public health nursing assessment and ongoing case management assists in identifying variances that may negatively impact child and family outcomes. In addition to home visiting supports, PHN Case Managers may consider referrals to additional supports, as necessary.

### 6.3.7. Mental Health Screening

***Families participating in Families First home visiting are offered mental health self-administered screening questionnaires to support their mental health and well-being. To engage families in completing the mental health screens and use the Towards Flourishing curriculum, Home Visitors and Case Managers must be certified in Towards Flourishing training and follow the Towards Flourishing Screening Standard Operating Procedure (SOP) (pending).***

#### *Best Practice Timelines:*

- Towards Flourishing mental health screens are completed at, but not prior to, 6-8 weeks postpartum and can be completed any time in the **first year** of their child's life, by either parent.

#### *Rationale:*

- Approximately 80% of parents experience the 'Baby Blues' within the first few weeks postpartum, which typically resolves on its own. Most perinatal mood disorders are not identified in clinical settings.
- Mental health screening and follow up in the community supports parents' mental health which improves healthy childhood growth and development.

### 6.3.8. Ages & Stages Questionnaires

***The Ages and Stages Questionnaire 3 (ASQ-3) is offered to families participating in Families First home visiting, facilitated through collaboration between Home Visitors and Case Managers. The coordination of the ASQ-3 is offered to families according to best practice timelines, ensuring it is administered once during the family's participation in Families First home visiting. Case Managers evaluate the completed ASQ-3 and follow up with the family to share results and provide any necessary referrals.***

#### *Best Practice Timelines:*

- For early entry families, the ASQ-3 is completed once when the youngest child is between 12-18 months old.
- For late entry/early childhood families, the ASQ-3 is completed once between the youngest child's birthday and six months afterward.

#### *Rationale:*

- Families First program goals include enhancing childhood growth and development. The ASQ-3 provides necessary information to PHNs who offer additional resources to families when required, to optimize children's potential.

## 6.4. Reflective Supervision

Reflective supervision is a context for learning and professional development and is an important factor in improving outcomes for families.

Retention of Home Visitors and families in home visiting programs is improved when Home Visitors receive high quality reflective supervision.

### 6.4.1. Reflective Supervisors Required Orientation

***All Public Health Nurses providing reflective supervision to Home Visitors are required to have the same orientation/training as Home Visitors, at minimum. In addition, Public Health Nurses complete the Families First Reflective Supervision orientation module (pending), via the LMS, prior to facilitating reflective supervision, in alignment with the provincial Families First Reflective Supervisor orientation checklist.***

*Rationale:*

- Completion of provincial training and orientation supports practitioners in developing the knowledge and skills needed to achieve program goals. The orientation provides foundational concepts essential for consistent service delivery.
- To support Home Visitors and to foster skill development, it is integral that PHNs participate in all required trainings to apply these same principles in reflective supervision, using parallel process.

### 6.4.2. Reflective Supervision Session

***Reflective Supervision is provided weekly to Home Visitors by Reflective Supervisors at a regularly scheduled time to support learning and enhance the Home Visitor's skill development. Reflective Supervision sessions are held for a minimum of two hours for a full-time Home Visitor and a minimum of one and a half hours for part time Home Visitors of .6 full-time equivalent (FTE) or less, as per Families First Reflective Supervision Caseload Standard Operating Procedure.***

*Best Practice Timelines:*

- The Reflective Supervisor reviews 100% of Home Visit Documentation Records within one month's time.

### 6.4.3. Reflective Shadows

***Reflective Supervisors accompany each Home Visitor on at least one home visit quarterly and provides strength-based reflective feedback to enhance Home Visitor's competency development, in alignment with the Families First Shadow Visit Guideline.***

*Best Practice Timelines:*

- For newly hired Home Visitors, Reflective Supervisors provide a minimum of three home visit shadows during their first six months of home visiting.

*Rationale:*

- The reflective shadow visit supports the Home Visitor's professional development. This observation and feedback process is intended to build competence and confidence in translating knowledge into practice and for the Home Visitor to recognize their strengths and opportunities for growth.

## 6.5. Program Surveillance

Public health surveillance and data collection are used to analyze and evaluate the long-term effectiveness of the Families First program and can be used to monitor and improve the health of the population.

***Families First surveillance data is collected by all Regional Health Authorities and submitted to Population Health Programs, Manitoba Health, Seniors and Long-Term Care.***

### 6.5.1. Surveillance Data Forms

**Quarterly Activity Report** – Provides a summary of regional activities for the measurement of the Families First Program Standards. Measuring program standards supports Regional Health Authorities and the provincial Families First program to identify best practice implementation.

**Families First Data Collection forms** - Provides a systematic collection of organized, accurate and reliable data and is a foundation for population-based research:

- **Families First Screen** is a standardized and validated public health surveillance tool. It provides a systematic approach to reach all parents of newborns and supports the discovery of challenges and strengths in each individual family.
- **Program Tracking form** provides information to determine which families are receiving home visiting.
- **Discharge/Transfer Tracking Form:**



- Completed upon family discontinuation from home visiting; “Discharge” is entered.
- Completed when families transfer to a new service area and wish to continue to receive home visiting services; “Transfer” is entered.

*Rationale:*

- Data collection is necessary for evaluation of the effectiveness of the Families First program and can be used to guide improvements.
- The continuous collection and transfer of Families First Screening data to the Manitoba Population Research Data Repository is crucial for supporting ongoing research projects focused on maternal and child health. This data provides valuable evidence for policy development, program planning, and service delivery improvements.

## 7. Validation and References

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## 8. Related Materials

- Public Health Nursing Psychosocial Family Assessment Guideline
- Families First Caseload Worksheet
- Families First Curricula Guideline

- Families First Discharge Transfer Tracking form SOP
- Families First Home Visitor Provincial Orientation Checklist
- Families First High-Risk Guidelines – *update pending*
- Families First Family Review Guidelines – *pending*
- Families First Phases of Home Visiting Guideline
- Families First Home Visiting Referral Guideline
- Families First PHN Reflective Supervisor Provincial Orientation Checklist
- Families First Program Tracking Form SOP
- Families First Quarterly Activity Report and Guideline
- Families First Reflective Supervision Worksheet SOP
- Families First Screening Form SOP
- Families First Shadow Visit Guideline
- Towards Flourishing Mental Health Screening SOP – *pending*
- Welcome to Home Visiting Handout