

Early Childhood Sector Maternal and Child Health Program

FIRST NATIONS OF QUEBEC AND LABRADOR HEALTH AND SOCIAL SERVICES COMMISSION



GUIDE INTENDED FOR FAMILY VISITORS





This document is intended for family visitors in the First Nations of Quebec communities and serves as an orientation guide regarding the steps taken with the families within the scope of the Maternal and Child Health Program (MCH).

This guide was produced by the Early Childhood Sector of the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC).

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Illustrations: Martin Aubry



■ ■ ■ **Booklet 1**

Foreword

Introduction

The Maternal and Child Health Program (MCH)

Objective of the family visits

Functions and responsibilities of the family visitor

■ ■ ■ **Booklet 2: Ethics and confidentiality**

What is ethical conduct?

What is confidentiality?

■ ■ ■ **Booklet 3: The family visit**

Steps of the visit

Before the visit

Upon arrival

During the visit

Conclusion of the visit

After the visit

How is a climate of trust with the family established?

What should be discussed with the family?

How do you listen effectively?

How do you interact appropriately?

How are solutions found with the family?

What should be brought for a visit?

What information should be included in the visit report?



■ ■ ■ **Booklet 4: Questions and answers
pertaining to family visits**

How do you know which families should be visited first?

How many families must a family visitor visit?

How often do the visits take place?

How long should a visit last?

How are the needs of a family identified?

What should be done with families that have many children?

What should be done if the parents seem overwhelmed?

What to do with families that often cancel visits?

What should be done if a family wishes to cease the visits?

What to do if a family categorically refuses all help?

■ ■ ■ **Booklet 5: Empathy and limits
of the family visitor**

What is the difference between empathy and sympathy?

How is empathy expressed?

The effects of empathy in a relationship with an individual

Advice for setting one's limits

What to do if the family visitor feels overwhelmed
or on the verge of exhaustion?



■ ■ ■ **Booklet 6: Safety**

What are the safety measures that should be respected before a visit?

What are the safety measures during a visit?

What are the family visitor's personal safety measures?

What to do and what not to do?

How do you manage a situation in which the parents are angry or hostile?

■ ■ ■ **Booklet 7: The problematic situations**

What to do in a crisis situation?

What should be done if conjugal violence is suspected?

What to do if it is suspected that the safety or development of a child is compromised?

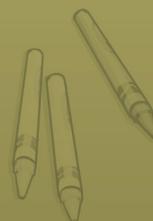
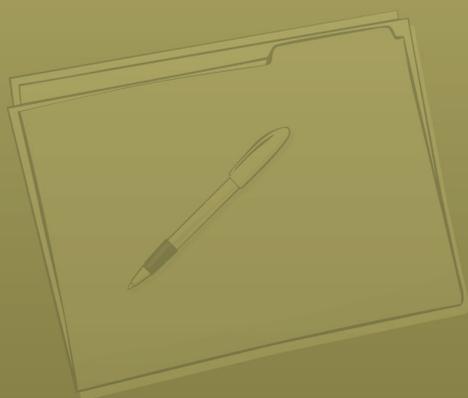
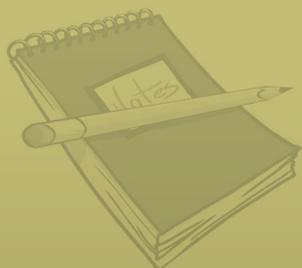
A few hints to detect a compromising situation in terms of the security or development of a child

What should you do if a child entrusts you with secrets?

Is there an obligation to report to the DPJ?

Conclusion

References





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ETHICS AND CONFIDENTIALITY



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■ ■ ■ What is ethical conduct?

Because of the sensitive nature of the family visitor's work, a professional attitude and ethical conduct implies that the family visitor is responsible and accountable to her employer, the families she works with and the community.

The family visitor must respect the children and families she works with, while also respecting their confidentiality, their dignity and their rights. A family visitor should be an adult role model who has adopted a healthy lifestyle. She thereby limits the possibility of being falsely accused of having unprofessional or inappropriate behaviour. The following are a few suggestions in order to adopt an ethical conduct:



- Avoid developing profound relationships with the parents, family members, supervisors and work colleagues;
- Demonstrate professional behaviour when communicating with the parents, family members or work colleagues during activities that are unrelated to the program or during chance or schedules meetings during or outside of work hours;
- Listen to your own needs, feelings, values and limits;
- In order to prevent all complications, avoid lending money or items to a member of a family that you are working with.

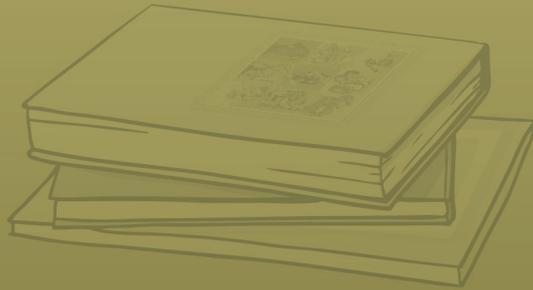
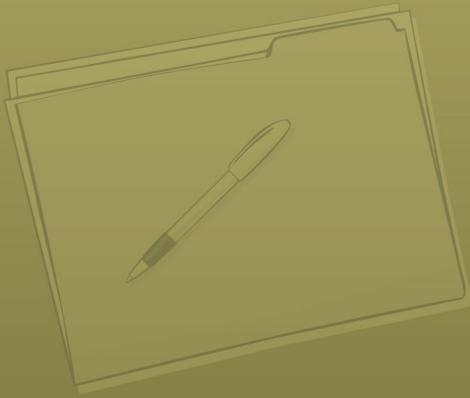
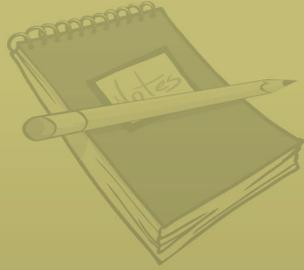




■ ■ ■ **What is confidentiality?**

When working with children, parents and communities, confidentiality must be respected in most cases. Confidentiality means not repeating the things we learn about the parents and families and not repeating the information entrusted to the family visitor by the parents and family members. That being said, there are exceptions, such as when the safety or development of a child is being compromised (see the Booklet 6 - “safety” section).

It is necessary to reassure the family that nobody will have access to their file or information without their consent. It is important to reiterate to the family that all of the MCH employees are charged with preserving information confidentiality.





GUIDE INTENDED FOR FAMILY VISITORS



THE FAMILY VISIT



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■ ■ ■ The steps of the visit

Before the visit

- It is important to agree on a location with the family. Suggest an environment that fosters visit progression. The visit can take place in the community – either in a restaurant, a park or a conference room. Choose a location that the family will feel comfortable in.
- Prepare your visit and gather all of the documents and objects required to perform an effective visit (see the list on page 6).



Upon arrival

- Set the tone (present yourself in a warm manner and thank the family for taking the time to meet with you);
- Establish a connection / develop a relationship that is focused on the well-being of the family;
- Include all of the family members who would like to participate in the visit.





During the visit

- Provide a reminder of the goal of the visit and give the family the opportunity to make comments;
- Record all of the relevant information regarding the family's strengths as well as their pursued objectives;
- Provide information;
- Ask the family for their comments;
- Share resources;
- Answer all of the family's questions. If you don't know the answer, tell the parents that you will find the information and then pass it on to them.



REMEMBER TO...



Listen well

Ask appropriate questions that foster discussion with the family

Have specific objectives for each visit

Be flexible

Be ready to visit the families

Go to the limits of your duties

Help the parents to become more independent

Use appropriate language

Dress in a comfortable and appropriate fashion

Be confident

Keep in mind that small improvements lead to greater ones

Keep being yourself

Respect the values and cultural beliefs of the family

Watch your own behaviour, because the parent is observing you

Treat the parents as the decision-makers and experts regarding their children

Focus on the family's strengths





AVOID...



- Judging the parents
- Imposing your own values
- Bringing visitors without the parents' permission
- Socializing excessively at the beginning of the visit
- Excluding family members from the visit
- Talking about the families in public
- Being the centre of attention
- Expecting the parents to become perfect
- Asking the parents to do something you wouldn't do yourself

Conclusion of the visit

- Summarize the visit;
- Discuss the next steps (next visit, appointment, etc.);
- Ask if there any subjects that they would like to address at the next visit;
- Hand out business cards and contact information of the resources (as needed);
- Conclude and say goodbye.



After the visit

- During the visit, it is possible that you may not have had time to take a lot of notes. After the initial visit and after each subsequent visit, it is therefore important to write a report on the visit. Include all relevant information;

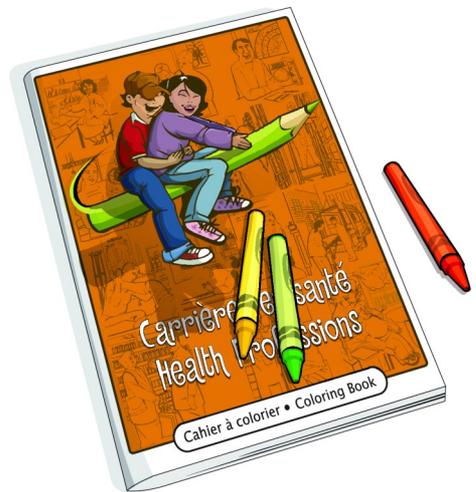




- It is essential to perform the visit follow-up in accordance with everything you told the family that you would do. Honouring one's promises and commitments greatly contributes to establishing a relationship of trust with the family. Perform the necessary follow-up related to the referrals and actions agreed upon with the family;
- Send the family a copy of the pertinent documents (references, brochures, objectives, date of the next meeting).

■ ■ ■ **What should be brought for a visit?**

- Games, puzzles, colouring books and crayons that are in good condition in order to occupy the children;
- Blank notepads and crayons in order to take notes;
- The forms required for the file (consent, etc.);
- A schedule and a list of activities/events in the community;
- Business cards and brochures on various resources;
- A cellular phone (if possible).



■ ■ ■ **How is a climate of trust with the family established?**

Opening the door to an intervener can be a source of stress for a family who may feel as though they are being judged. The following are suggestions in order to establish a climate of trust:

- Bring puzzles, memory games, colouring books and crayons that are in good condition for the children in attendance in order to liberate the parents being visited.
- If there is a newborn, take the time to observe the baby and compliment the parents. He/she is their most precious treasure and they therefore appreciate all the nice comments made about him/her.





- Ask the parents how they are doing. New parents, like the parents of older children, do not always have someone to listen to them. They will surely appreciate being listened to.
- A calm and positive attitude is always appreciated. It contributes to a more relaxed atmosphere.



■ ■ ■ **What should be discussed with the family?**

Since the parents are the experts regarding their children, there are some issues they would undoubtedly like to address so that the family visitor can get to know the family better. The following are suggestions of subjects to address:



- The health and growth of the child, how the child was before and how he/she is doing today;
- The baby's sleep cycle;
- The child's relationship with the other family members;
- The child's favourite food;
- The ways the child likes to be comforted;
- The child's reactions to routine changes;
- The child's fears – what he/she likes and doesn't like;
- The family's way of life;



- The ways in which the child communicates his/her feelings, ideas and needs;
- The parent's biggest problem area;
- The parents' relationship with the members of their family;
- Etc.

■ ■ ■ **How do you listen effectively?**

One of the essential duties of the family visitor is to listen to the families. Effective communication requires the family visitor to ask questions, but she must also listen. The family visitor should spend at least half of the time spent with the family listening to them and learning about them. Active listening shows the family that you are taking its concerns and ideas seriously. The following are some tips in order to practice active listening:



- Listen to what the parents have to say about their children, pay attention to the feelings being expressed in order to recognize the needs and understand the family's perspective;
- Focus on the parents, pay attention to them, do not allow yourself to be distracted or interrupted;
- Ask the parents questions regarding what they are saying – this shows that you're interested in what they are expressing;
- Validate what the parents are expressing in your own words to ensure that you understood well and clarify if needed;
- Describe the feelings expressed by the parents in order to demonstrate empathy (e.g. I understand that it's very frustrating for you);
- After having listened to the parents, answer their concerns and their questions;



■ ■ ■ **How do you interact appropriately?**

- Express yourself clearly and keep to the facts, since vague and subjective comments can leave an impression of uncertainty or put the family on the defensive;
- Share your observations on the family's positive interactions and on the positive behaviour of the children. This helps to reinforce the family and promote self-confidence in the parents;
- Interact with the children in front of the parents, do something that the parents will be able to repeat. For example, if a child gives you a picture he/she drew, hold it and take the time to talk to the child about the drawing and compliment him/her. Showing a positive interaction can teach the parents something new.

■ ■ ■ **How are solutions found with the family?**

Once the family's problems, needs and objectives are clear and agreed upon, it will be necessary to find solutions that are satisfactory to both the family visitor and the family. First off all, the parents must be asked which solutions they foresee. The family visitor may already have a solution in mind, but the goal is to get the family involved in the problem-solving process. By asking the parents for their advice, the family visitor sends the message that the family is important, that their ideas count and that they are partners who care for their children.

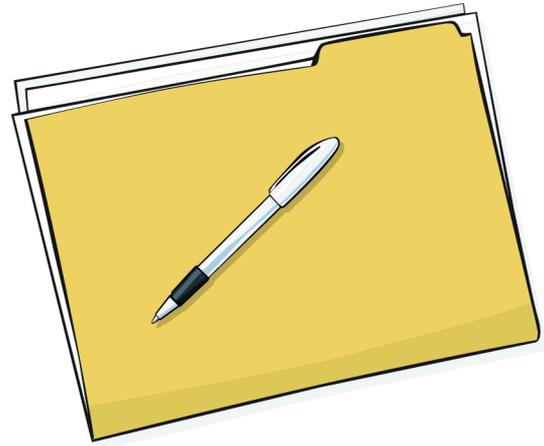
If a solution does not have the expected results, the family visitor must pursue the discussion with the family in order to identify other solutions - it is always possible to make compromises.



■ ■ ■ **What information should be included with the visit report?**

First of all, the family file should include the following information:

- The name of the family visitor;
- The names of the parents and children (number, gender, guardians, other people/ children present during the visit);
- The parents' contact information;
- The ages of the children, their date of birth and the order in which they were born;
- The presence of diseases or health problems or the nature of a family member's disability, if applicable;
- Signs of exposure to violence, abuse, addictions and negligence;
- The family's language of choice;
- The parents' employment history;
- The family's source of income;
- The age at which the parents had their children;
- Life situation, moving;
- The parents' level of education;
- The name of a support person for the family;
- The parents' status (divorced, separated, married, common-law, etc.);
- Special circumstances such as a recent separation or a divorce, the placement of a child, etc.;
- The various services that work with the family .





The family visit report should include the following information:

- The family's main needs;
- The objectives that the family would like to attain (as well as those of the parents on an individual basis);
- The family's expectations;
- The emergencies reported by the parents or other members of the family;
- The means that the family chose to reach its objectives;
- The family's comments;
- A mention of the resources towards which the family was directed;
- The follow-up actions that were agreed upon with the family;
- The date of the next visit.





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**QUESTIONS AND ANSWERS
PERTAINING TO FAMILY**



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■ ■ ■ **How do you know which families should be visited first?**

In collaboration with the health and/or social services personnel, the community's Maternal and Child Health Program team must identify families that present high risk factors that could compromise the safety of the children on the social, developmental, emotional, psychological or physical levels. It is not the sole responsibility of the family visitor to identify these families. Team work is essential here, since a list of families can be made allowing the family visitor to contact them in an order that is predetermined by the team.

■ ■ ■ **How many families must a family visitor visit?**

The family visitor must have the necessary flexibility in her schedule to properly plan her visits, carry them out, perform her reporting and follow-up duties, participate in team meetings and receive occasional training.

The home visiting standards of certain early childhood assistance programs stipulate that 10 to 12 families represents a sufficient number of cases to be assigned to a family visitor. Other programs indicate that the appropriate number is 25 families. However, this number can fluctuate in accordance with the needs and circumstances that are unique to each family as well as the duties assigned to the family visitor. Also, families that present greater and more complex needs will naturally take up more time.

If a family visitor believes that time constraints affect the quality of the services provided to the families, she must discuss the situation with her immediate supervisor and attempt to find a solution.



■ ■ ■ **How often do the visits take place?**

The frequency of the visits is determined in accordance with intervention plan that is created with the family in accordance with the needs.

■ ■ ■ **How long should a visit last?**

The duration depends on the needs of the family – there is no predefined duration. It is necessary to let the visit unfold at the family’s rhythm while being careful to remain centred on the purpose of the meeting in order to avoid losing sight of the objective. It is important to keep in mind that the family visitor must have the necessary time to be able to perform all of her duties.



■ ■ ■ **How are the needs of a family identified?**

During the first visit, the family visitor must ask the family what the objectives they wish to attain are in order to address their needs. For example: the mother would like to stop drinking alcohol. By setting objectives in this manner, the family visitor will then be able to develop a support plan in order to help the family to attain these objectives while including the community services that are likely to participate in fulfilling the objectives.

■ ■ ■ **What should be done with families that have many children?**

Family visits in the presence of many children require meticulous, well thought-out and creative planning in addition to the collaboration of programs such as the First Nations Head Start program, in order to ensure that the family visitor is able to sup-

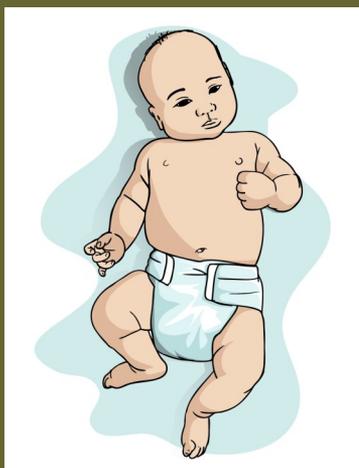




port the parents in a concrete manner to target the best possible development of all the children. Coordination is particularly important if the community manages the programs through various sectors.

■ ■ ■ **What should be done if the parents seem overwhelmed?**

Sometimes, there are so many things going on in the lives of the parents that they experience problems in terms of concentrating on their children during the family visits. Concentrating on their children can represent a great challenge for parents who are experiencing many problems in their personal lives. However, the family visitor is there to help the parents to promote the healthy development of the children. Parents who seem overwhelmed by the task or end up in problematic situations in their personal lives are in need of assistance. The family visitor must help the parents to obtain the support necessary so that they are then able to help their children. It is necessary to listen to them closely and, when possible, indicate the available resources to them. Then the family visitor must put the emphasis back on the children by discussing with the parents the ways in which their situation is affecting their children.



■ ■ ■ **Example** ■ ■ ■

The parents state that they are having severe financial difficulties. After spending time with them, the family visitor asks them if there are enough diapers and food for the baby. She asks the parents how the baby reacts to the stress at home. Then, the family visitor makes a connection between the child's development and the parents' situation. She talks to the parents about the importance of the routine for the baby, especially during stress periods, and she helps them to structure their day. The family visitor can propose relaxation activi-

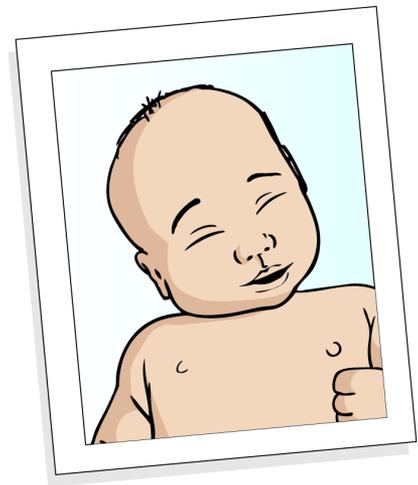


ties for the parents and the baby, such as rocking the little one in a rocking chair, reading stories or singing nursery rhymes to the child. Thus, the family visitor supports the parents while simultaneously supporting the baby.

What to do with families that often cancel visits?

Intensity (frequency and duration) is an important results factor for the children and families. Visits can sometimes be cancelled due to illness, celebrations, a death in the community or family, or even because the people the family visitor was going to meet with are not home at the time the meeting was scheduled.

However, if a family often cancels the visits, the team must question the usefulness of the visits for this family in particular. The family visitor will have to work with her supervisor in order to identify the obstacles and try to eliminate them, or even to find another program that could better address the family's needs.



What should be done if a family wishes to cease the visits?

Once again, participation in family visits is on a voluntary basis. When a family wishes to put an end to the visits, or if they are moving or even if the visits are deemed to be no longer necessary, a closing procedure must be implemented. This is an opportunity for the family to take the time to discuss what they learned and obtain access to other services if necessary. It is also an opportunity for the family visitor to give the family



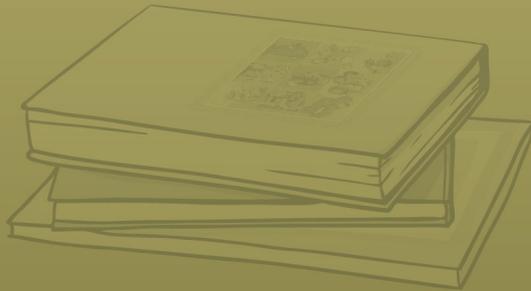
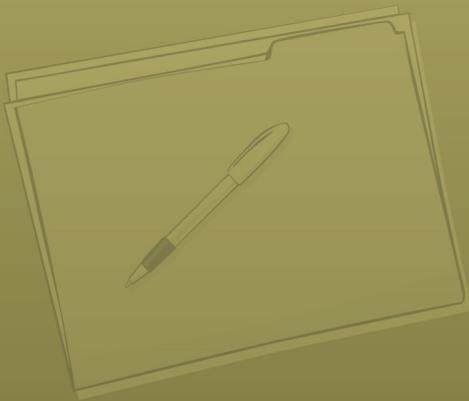
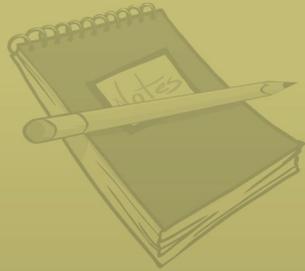
photographs that she perhaps took with the children, or even a card, poem or book as a way of saying goodbye.

■ ■ ■ **What to do if a family categorically refuses all help?**

Participation in family visits is on a voluntary basis. It is necessary to respect a family's refusal to welcome the family visitor and its refusal to receive help. In case of refusal, insisting isn't necessary but the family visitor can offer alternatives to the parents such as a meeting elsewhere such as at the health centre, for example. If the parents refuse the family visitor must conclude by informing the parents that she will remain available if ever they were to change their mind. **The important thing is to leave the door open.**

The family visitor may get other opportunities to meet with the family such as, for example, during vaccination periods or community celebrations, during which the family visitor will be able to greet the parents while having an informal conversation with them.







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EMPATHY AND LIMITS OF THE FAMILY VISITOR



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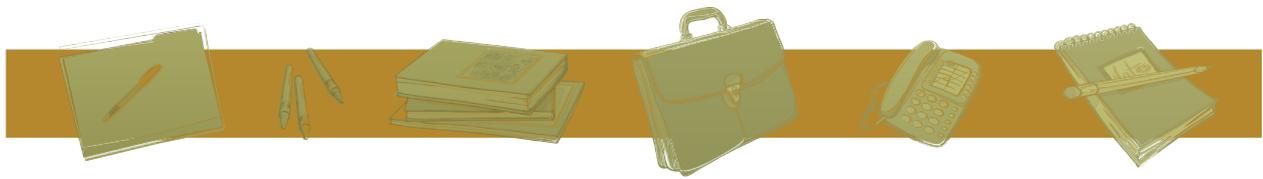
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■ ■ ■ **What is the difference between empathy and sympathy?**

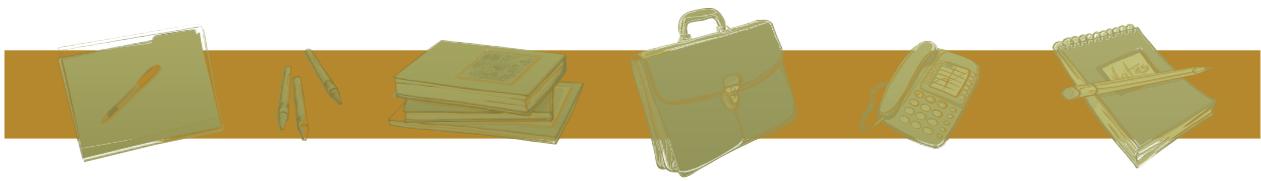
Empathy is a form of understanding defined as the capacity to perceive and understand another person's feelings.

Unlike sympathy or antipathy, empathy is a process in which the family visitor tries to leave aside her own world of reference without losing sight of it, in order to focus on the way in which the person perceives reality. It is summarized by a question to ask oneself regularly: "What is going on inside the person in front of me?"



A certain number of researches indicate that the existence of empathy is fundamental to discussion and that its quality is directly connected to the family visitor's experience and the quality of the connection with the person being met.

The adoption of this attitude is difficult in certain severe situations that naturally lead us to feel affected and powerless while stirring within us sentiments such as injustice or concern. And yet, a person who is confronted with a difficult situation first of all requires the presence of someone who is by his/her side to help him/her deal with what is happening rather than someone to react in his/her place.



■ ■ ■ **How is empathy expressed?**

- By putting words to what we perceive as being the person's dominant sentiment (e.g. I understand that you feel exhausted, I understand that you feel sad, etc.);
- By asking the person to tell us what he/she would need the most then and there;
- By trying to understand his/her opinion and by reformulating it without attempting to modify it (e.g. you would like the father's child to help you more with the household chores because you feel overwhelmed).

■ ■ ■ **The effects of empathy in a relationship with an individual**

Empathy can have the following effects:

- Increase in the person's degree of self-esteem;
- Improvement in the quality of communication;
- Openness to the expression of more profound emotions.

■ ■ ■ **How are one's limits set?**

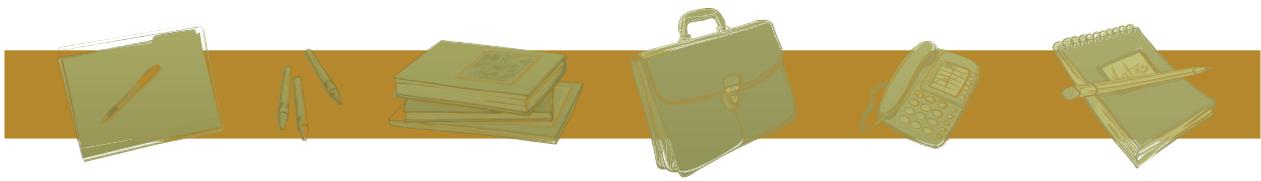
This is where the importance of an empathetic attitude has all its meaning. Setting limits is a fundamental element that the family visitor must rely on. The following are suggestions for setting one's limits:

- Accepting that the capacity for human suffering is great and that the family visitor is but a drop of water in the life of the families she comes in contact with.
- The family visitor is not **the** only resource that the family has had in its existence. There were others before and there may be several others afterwards.
- When the family visitor provides supportive care and attention to a family, she must do her best but she is not responsible for progress. It is up to the family to progress with the help of the tools provided by the family visitor.



- The visitor never works alone on the field. She must be supported by trustworthy individuals who can listen to her suffering, help her to set her limits and respect them and assist her to recharge her batteries. She must be able to count on a friend she trusts, a work colleague or even a community intervener. Her mental and psychological health is important if she wishes continue helping people.
- Families are often in crisis situations which can surface at any time. Sometimes, taking a few moments with the family in order to take the heat off a situation facilitates scheduling a meeting with them for the next day. It is necessary to teach families that things in life are not always instantaneous. A minimal amount of planning must be learned.
- It is important to find ways to value yourself even though there is a lot of work to do. Oftentimes, the results occur in the long term. In some cases, the family visitor will not even get a chance to see those results. She must nonetheless have the sentiment of having accomplished something.
- It is important to put time aside for personal activities and to maintain one's social network (a dinner, a walk in the forest with one's children, a car trip without a specific destination, playing music, writing poetry, etc.)
 - to do something just for her as well as loved ones. She must record it in her agenda, in red, and underline it three times with indelible ink. If she can't respect the appointments she makes with herself, who will?





■ ■ ■ **What to do if the family visitor feels overwhelmed or on the verge of exhaustion?**

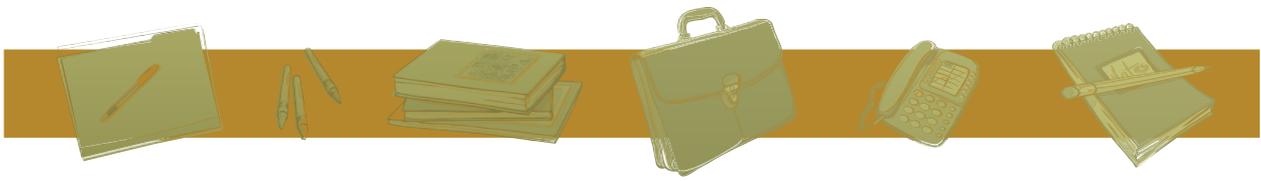
Exhaustion must be prevented. First and foremost, the family visitor should:

- Always work under supervision and work as part of a team in order to obtain daily advice and support in her work.
- Take breaks and stop working during meals.
- Practice her cultural and spiritual beliefs. They are sources of strength and support.
- Take care of her body, health, perform physical exercise and sleep sufficiently while not smoking or using drugs or alcohol.
- Set limits between her work and her personal life and maintain friendships that do not overlap with her professional relationships.
- Avoid being isolated in her work by getting involved with local organizations that can provide her with support.
- Take a vacation, for at least two weeks in a row, and protect that vacation time as if it were sacred to her.
- Take a work break among children who are traumatized or who are in a healing process following trauma.

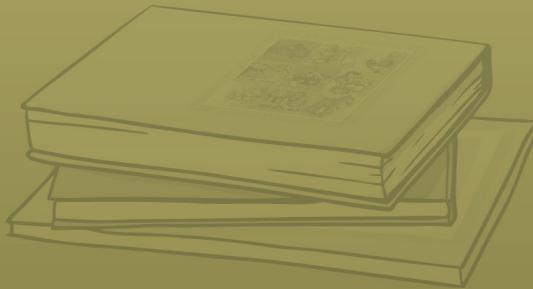
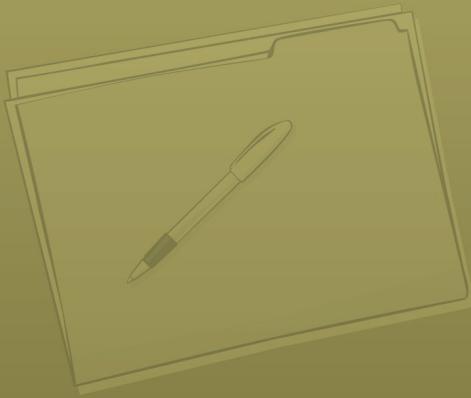
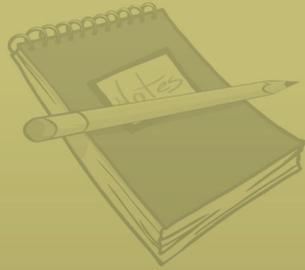
However, it is possible for a family visitor to be deeply concerned by a family's problems and she may therefore "bring their problems home with her." She may possibly be worried about becoming exhausted from "worrying about others". If the family visitor feels exhausted, the following steps should be followed:

- Get support from her supervisor;
- The first signs of stress and exhaustion must be recognized. Her frustrations, concerns and distress must not reach a level that hinders her work or personal life;
- Identify the support that could help her such as people she can talk openly to about the challenges of her work;





- The supervisor must validate the family visitor's work and communicate his/her appreciation to her;
- The family visitor must consult in order to go into detail about the issues she deems important and she must also have access to mental health resources;
- The family visitor must be able to request a day off in order to recuperate and recover;
- The more proactive she is in terms of addressing her needs, the more able she will be to address the needs of the children and families.





GUIDE INTENDED FOR FAMILY VISITORS



SAFETY



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This guide was produced by the Early Childhood Sector of the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC).

Project coordination: Julie Bernier, Maternal and Child Health Counsellor

Writer: Mélanie Vincent, M.Sc. AJS, Gestion MV Management

Translation: Wendatraductions

Page layout: Chantal Cleary and Patricia Mathias

Illustrations: Martin Aubry



■ ■ ■ **What are the safety measures that should be respected before a visit?**

Before visiting a home, the following precautions must be taken:

- Communicate with the family and note the names of the parents, the address and the telephone number;
- Verify if the place is potentially dangerous by evaluating the risk factors before going to the location (chemical substance abuse, conjugal violence, involvement in criminal activities, mental health disorders, presence of dangerous animals);
- Ask the family to place dangerous animals out of reach;
- Always inform your supervisor or someone at the office when performing a home visit and always leave your visit calendar with your supervisor specifying the hours you are leaving and the time you anticipate returning;
- Wash your hands in order to avoid the transmission of germs;
- Ask to be accompanied if you feel the need;
- Be sure to identify with your supervisor the communications mechanisms in case of emergency;
- If you deem it necessary, ask the parents to meet you at your office or in a public place before the first meeting at the family's home or ask a colleague to accompany you .





■ ■ ■ **What are the safety measures during a visit?**

- Present yourself in a calm and confident manner;
- If the person who answers the door is not a member of the family being visited, ask if the family is present before entering;
- Before entering, look around. If you have any apprehensions regarding your safety, do not enter;
- Ask to be presented to everyone present in the home;
- Advise your supervisor or office of your arrival at the family's home. Provide your supervisor with the telephone number and address as well as the probable duration of the visit;
- Avoid using the kitchen as the location of the visit (potential weapons: knives, pans, hot water, etc.);
- Do not sit down if the person you are meeting remains standing;
- If possible, do not remove your shoes;
- Be aware of your surroundings, identify all dangerous objects;
- Identify the exits and try to place yourself so that the way between yourself and the exit is free;
- Locate the telephone, if applicable;
- Inform your supervisor or your office when leaving the family's home;
- If possible, carry a cellular phone or a handheld transceiver ("walkie talkie").



What are the family visitor's personal safety measures?



- Do not wear expensive jewellery;
- Bring a business suitcase rather than a handbag;
- Wear flat sole shoes or boots;
- Only carry essential identification cards with you;
- Limit the amount of cash you carry around;
- Avoid carrying credit cards;
- If you feel the need, you can equip yourself with a personal alarm.

If you travel by vehicle:

- Park your vehicle in an accessible area that cannot be blocked and keep your keys on you;
- Do not leave any valuable objects inside the vehicle;
- Before getting back in your vehicle, check the backseat.





■ ■ ■ **What to do and what not to do?**

To do	Don't do
Look confident and in control	Do not look afraid, this demonstrates a victim syndrome
Follow the person (people) being visited (don't let them follow you)	Do not enter the family's home if your instinct is warning you of potential dangers
Stay beside the people you are visiting	Do not place yourself face-to-face with the visited individuals (this makes you vulnerable to attacks)
Leave the area if your instinct tells you to do so	Do not visit if one or more family members are in a state of alcohol or drug intoxication
Treat the family being visited with dignity and respect	Do not visit if one or more family members are dressed inappropriately

■ ■ ■ **How do you manage a situation in which the parents are angry or hostile?**

Families can be angry and react in a hostile fashion in response to the problems they are dealing with. The parents can feel emotional pain, exhaustion, a sense of being overwhelmed or they may be apprehensive about the family visit.





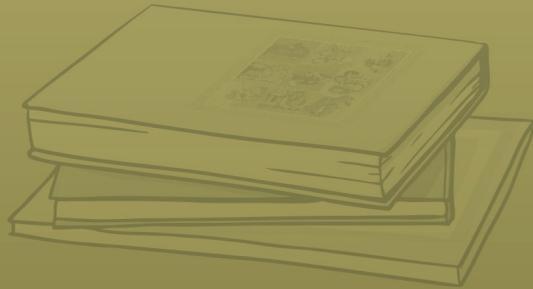
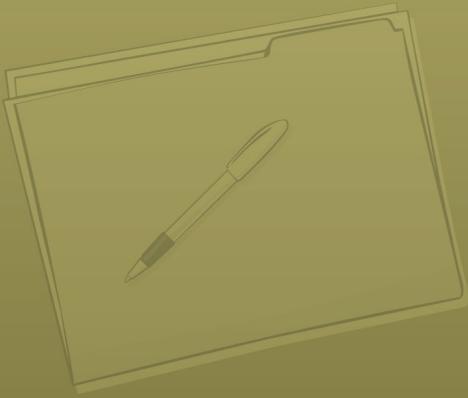
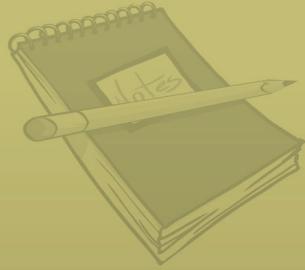
If a parent or family member gets angry: :

- React and respond in a calm manner;
- Keep your tone of voice lower than that of the person who is angry - this could help him/her to calm down;
- Verbally acknowledge the person's anger by using sentences like "This seems to make you angry" or "I understand that you're angry";
- Reiterate the long term benefits of your assistance, your commitment to the children and family as well as your role in terms of supporting people;
- Sometimes, circumstances can involve risk. Listen to your instinct. If you feel ill at ease, excuse yourself and leave the home immediately;
- Be very cautious when witnessing a conjugal dispute if faced with intoxicated or violent people. Leave immediately and contact your supervisor;
- If you are or feel threatened, leave immediately and contact your supervisor .



The purpose here is not to scare the family visitors. These are simply recommendations based on situations and incidents that can arise and have occurred. Even though this type of situation rarely happens, the precautions in this guide provide a reminder that it is important to be familiar with safety measures.

Note: See the protocol developed by your employer.





GUIDE INTENDED FOR FAMILY VISITORS



THE PROBLEMATIC SITUATIONS



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■ ■ ■ What to do in a crisis situation?

Outside a visit

Even if someone telephones to request that the family visitor intervene in a crisis situation (suicide, attempted suicide, conjugal violence episode, sexual assault, etc.), it is not the family visitor's duty to deal with this type of situation. She must refer the case to her supervisor, who will then take the necessary measures and inform the individual who called her. Then, for a family's follow-up following a crisis, the team will evaluate the situation in order to determine if the family visits are to continue in the framework of the MCH Program.



During the visit

If a crisis surfaces during a family visit and she deems that her safety is threatened, she must leave the premises immediately.

Alternatively, if the visitor deems that the crisis requires immediate police intervention or ambulance service intervention, she must call these services immediately and then inform her supervisor.

If the visitor has any doubts, she must immediately take the necessary measures to communicate with her supervisor who will then inform her of the steps to follow (e.g. call the police, call the ambulance).





■ ■ ■ What should be done if conjugal violence is suspected?

Signs and symptoms in a woman

The following are clues and signs that may reveal the presence of a woman who is the victim of conjugal violence. You may possibly notice these signs while observing the family dynamic or the woman could confide in you some of the signs and symptoms.

Behavioural signs	Psychological signs and symptoms	Physical signs and symptoms
<ul style="list-style-type: none"> - Controlling attitudes on behalf of the partner: answers for the woman, insists on being present; - The woman is hesitant to express herself or looks at her partner before speaking. 	<ul style="list-style-type: none"> - Sleep or appetite disorders; - Emotional instability; - Anxiety, twitching; - Suicidal behaviour; - Evasiveness, shame. 	<ul style="list-style-type: none"> - Pain in the pelvic region, the head or the face; - Unspecific headaches; - Contusions in various degrees of the healing process; - Injuries to the arms or neck; - Perforation of the eardrum.

With or without signs of conjugal violence, the best way to detect this phenomenon is to ask certain questions directly to the woman (however always in the absence of the partner). If the question is asked in a simple fashion, they will feel as though their problem is being taken seriously by someone who believes them and especially, **who isn't judging them.**





The following are questions to ask for identification purposes:

- Are you sometimes afraid of your partner or do you feel unsafe at times?
- Has your partner ever injured, mistreated or threatened you?
- Does your partner call you names or does he try to dictate everything you do?

When the family visitor suspects that a woman is a victim of conjugal violence, even if she denies the situation or downplays the severity, it is important to:

- Express your worry and concern to the woman with respect to her health and safety and the health and safety of her children;
- Offer support while reassuring the woman regarding your availability and understanding. Take a clear position regarding the fact that violence is unacceptable and that nobody deserves to be abused physically, verbally or psychologically;
- Obtain information regarding the presence of a personal help network and an emergency scenario in the event she has to leave quickly;
- Provide information on the existing resources;
- Inform your supervisor regarding your suspicions.



The process of recognizing the violence, rejecting it and then taking action to put an end to it sometimes takes a very long time. Despite the impression of failure that this can entail for the family visitor, if she enables a woman to break the silence regarding her situation while breaking the isolation barrier, this constitutes in itself significant help.



■ ■ ■ What to do if it is suspected that the safety or development of a child is compromised?

The Youth Protection Act (YPA) states that the safety or development of a child is considered compromised in the six following situations:

- Neglect;
- Negligence;
- Bad psychological treatment;
- Sexual abuse;
- Physical abuse;
- Severe behavioural disorders.



The family visitor must discuss the matter with her immediate supervisor if she suspects one of these situations and she must make note of all her observations. With her supervisor, it will be necessary to discuss the situation and make a decision regarding case reporting to the Directeur de la protection de la jeunesse (DPJ).

In order to report a case to the DPJ, it is not necessary to be absolutely certain that a child is in need of protection. When the observations or a child's comments or secrets provide reasonable motive to believe that his/her safety or development is or can be compromised, the family visitor must report, without delay, the situation to the DPJ, in accordance with the YPA obligations.

Do not forget that reporting to the DPJ is not about going against the parents, but rather about **protecting a child**.





■ ■ ■ A few hints to detect a compromising situation in terms of the security or development of a child

Neglect

- The child no longer lives with his/her parents and has no permanent home;
- The child says that he/she was kicked out of his/her home;
- The parents are deceased and nobody else assumes the parental responsibilities.



Negligence on a physical level

- Non-existent, insufficient or inadequate food;
- The child begs for food;
- Constant lack of hygiene;
- Clothing inadequate for the season;
- Insalubrity of the child's life setting;
- The conditions of the child's life setting are inadequate or present injury risks for the child;
- Dangerous substances or objects are accessible to the child;
- Absence of a family home.

Negligence on a health level

- Severe malnutrition that could lead to health problems;
- Untreated diseases and injuries;



- Refusal or negligence by the parents or the person who is caring for the child to consult a health professional for the child's essential needs (e.g. mental health problems, dental cavities, developmental delay or visual, auditory or motor impairment);
- Improper use of medication that could lead to severe consequences for the child.

Negligence on an educational level

- Lack of stimulation for the child on the language, motor, social or intellectual levels in accordance with his/her age group;
- Inappropriate babysitting choice;
- Absence of a stable life routine;
- The child's schooling is limited or impeded by the parents or by the person with custody;
- Absence of supportive care and attention from the parents or the person with custody of the child;
- Lack of surveillance in relation with the child's need on behalf of the parents or the person with custody.

Bad psychological treatment

- The child often says that he/she isn't good at anything;
- The child says that he/she isn't allowed to have friends; he/she seems socially isolated;
- The child says that he/she feels rejected by his/her parents;
- The child often expresses the idea of death (in words or through drawings);
- The child says that he/she is exhausted and must work at home;



- The child is afraid of one of his/her parents or a person living with him/her;
- The child is often exposed to conjugal or domestic violence (verbal, physical or psychological violence);
- The child regularly witnesses criminal activities at home;
- The parents often disparage the child (e.g. belittling comparisons, attribution of negative nicknames);
- The parents constantly threaten to abandon or place the child.



Sexual abuse

- The child states that he/she was subjected to sexual acts;
- The child complains about pain in his/her genital region;
- The child adopts premature sexual behaviours;
- The child has knowledge of sexual behaviour that is not age-appropriate;
- The child has a sexually transmitted infection (STI) at a young age;
- The child mentions pornographic experiences;
- The child is afraid to return home – he/she prefers to remain at school or in the child care setting;
- The child states that his/her parents are not respecting his/her personal intimacy;
- The child refuses to be subjected to a medical examination;
- The child fears a specific adult;
- The child manifests abrupt behavioural changes compared to what is already known about him/her (e.g. sudden drop in school performance, loss of appetite);
- The child has incontinence problems, stomach pains, vomits often, nightmares, insomnia;
- The child possesses objects or money from an unknown source;
- An adult demonstrates unusual interest in a child;



Physical abuse

- The child shows traces of unexplained blows, injuries or bruises;
- The child has unexplained fractures or repetitive injuries;
- The child says that his/her parents hit him/her when he/she doesn't listen to them;
- The child states that his/her parents injured another child in the family;
- The child has unexplained fears;
- The child is afraid to return home – he/she prefers to remain at school or in the child care setting;
- The child protects him/herself when you quickly approach him/her as if the child were afraid that you were going to hit him/her;
- The child is aggressive with adults or his/her peers;
- The child refuses to be subjected to a medical examination;
- The child manifests abrupt behavioural changes compared to what is already known about him/her (e.g. sudden drop in school performance, loss of appetite);
- The parents employ unreasonable means to educate or correct their child (e.g. use of objects such as a belt or a stick, isolation in a closed area for long periods of time);
- The parents provide evasive or contradictory answers regarding the child's injuries or behaviours;
- The parents try to hide the child's injuries.

Severe behavioural disorders

- The child constantly isolates him/herself (e.g. passiveness, absence of friends, going into one's shell);
- The child demonstrates aggressiveness and violence in a frequent and uncontrollable manner;
- The child has self-harm issues;
- The child has suicidal behaviours;



- The child demonstrates at-risk or inappropriate sexual behaviours;
- The parents have personal limitations (e.g. too much permissiveness, inconsistency, rigidity);
- The parents deny or trivialize the situation;
- The parents have given up with respect to their child's behaviours.



■ ■ ■ What should you do if a child entrusts you with secrets?

A child can secretly confide information to a family visitor. In these cases:



- Remain calm in front of the child;
 - Listen to the child openly and do not judge him/her;
 - Reassure him/her;
 - Tell the child that he/she took the right decision by talking to you about his/her problems;
 - Make him/her understand that you believe him/her;
 - Do not promise that you will keep what he/she told you a secret;
- Do not unduly interrogate the child and let him/her speak freely, particularly in sexual and physical abuse situations because suggestive questions could influence the child and thus hinder the DPJ intervention;
 - Make note of what the child states as soon as possible;
 - Consult the supervisor in order to evaluate if there is grounds for reporting.



■ ■ ■ Is there an obligation to report to the DPJ?

Making the decision to report a child's situation can generate a wide range of emotions. If the family visitor has reasons to believe that a child's safety is or can be compromised because he/she is in one of the aforementioned situations, it is important to contact the DPJ.

However, the obligation to report differs in accordance with the reporting category and the situation. The YPA (art. 39 and 39.1) stipulates that :

Professionals who work among children, the employees of the facilities of the health and social services network, teachers, those who work in a child care setting and police officers:

must, while exercising their duties, report to the DPJ all situations that are targeted by the YPA;

must, while they are not exercising their duties, report all sexual and physical abuse situations even if they deem that the parents are taking action to put an end to the situation; it is the responsibility of the DPJ to evaluate if those methods are adequate;

can, when they are not exercising their duties, report other situations that can compromise a child's safety or development.

The YPA protects the reporting action. No person shall reveal or be compelled to reveal the identity of a person who has made a report in accordance with section 39 or 42, (art. 44 YPA). The person who chooses to identify him/herself can rest assured that his/her identity will not be revealed without his/her consent.



■ ■ ■ Conclusion

First of all, it is important to keep in mind that family visits allow for providing better support to the parents and those responsible for the care to be provided to the children and they aim to generate positive outcomes in the long term for the benefit of the children, families and communities. Since the general objective of the MCH Program is to provide pregnant women and the parents of infants or young children the support required during pregnancy, labour and to raise their children, it is important to ensure the best possible health and development of infants and young children. The MCH Program offers resources in order to increase support for First Nations families who live on a community before pregnancy, during pregnancy and over the course of the first years of childhood (0 to 6 years).

In this context, this document allows family visitors to have in their possession a work tool that serves as a guide to perform their duties in the framework of the MCH Program. Since each family will undoubtedly have different needs, the family visitor should adapt her intervention in accordance with what is being expressed by those the family visitor is meeting with. The fact remains that certain basic principles such as respect for confidentiality, the family visitor's personal safety, the safety of the children, the expression of empathy and the respect for cultural values must be exercised in order to offer quality services to the First Nations families.





This guide can be adapted to the realities of the First Nations communities or annexed with the procedures that are already in place. It does not claim to cover all of the potential situations but it nonetheless remains a progressive and flexible tool that lays the foundations in terms of family visit parameters as anticipated by the MCH Program.

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FIRST NATIONS OF QUEBEC AND LABRADOR
HEALTH AND SOCIAL SERVICES COMMISSION



GUIDE INTENDED FOR THE FAMILY VISITORS





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