



Provincial Health
Services Authority

BC Family Health Visiting Program

Eligibility Assessment Tool

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Purpose

The Family Health Visiting Program (BC FHVP) Eligibility Assessment Tool is a support tool for providers conducting BC FHVP eligibility assessments. It is designed for use by Program Team members who are responsible for determining eligibility and recommending the appropriate BC FHVP stream, i.e., Stream A, Stream B, or Universal services.

This tool can be used to guide the assessment process and support the consideration of both strengths and risk factors to inform clinical judgement.

Overview

The BC FHVP Eligibility Assessment Tool supports the completion of prenatal and postnatal (i.e., up to a child's second birthday)¹ eligibility assessments through relational, trauma- and resiliency-informed, culturally safe, and strengths-based conversations. Protective factors are included for awareness and integration; they inform timing and intensity of support but do not negate eligibility.

Eligibility Categories

Eligibility At a Glance

The presence of a **single-factor criterion** can qualify a family for BC FHVP pending protective factor review and clinical judgement. Single-factor criteria include:

- Birth parent age <20 at time of program entry
- Families living in poverty, e.g., housing/food/income instability
- Living with violence

¹ The intention is to build the program to age six or school entry (whichever comes first). Phase one scopes program delivery from the prenatal period until a child's second birthday.

- Current involvement with child and family services
- Late/no prenatal care
- Child safety concerns

Two or more **combination-factor criteria** can qualify a family for BC FHVP pending protective-factor review and clinical judgement. Combination-factor criteria include:

- Educational attainment <grade 12
- Limited social support networks (including access barriers)
- Birth parent age 20-24
- Primary caregiver abilities that may impact parenting
- Substance use impacting parenting/coping
- Incarceration/transitioning from institution
- Mental health conditions (consider impact on parenting)
- Complex child health needs

When documenting the assessment process, providers may wish to consider recording which criterion (single vs. combination) are present, plus relevant context, e.g., timing, persistence, impact.

A Strengths-based Approach

The assessment tool is designed to keep strengths and protective factors at the forefront. Many families who meet eligibility also demonstrate resilience, cultural connection, motivation, and supportive networks. Risk factors determine eligibility; protective factors can inform which stream may be most appropriate.

Stream Allocation Based on Strengths and Needs

Stream designation does not need to occur in the first visit, although it may if sufficient information and rapport have been established. Typically, an assessment occurs across several visits. In either scenario, providers integrate:

- Eligibility criteria and impact category
- Strengths and protective factors
- Family goals and readiness, and
- Clinical judgement

This informs the stream recommendation:

- **Stream A** for families who would benefit from more intensive, long-term, relational support
- **Stream B** for families who would benefit from enhanced but lower-intensity support
- **Universal services** when enhanced services are not indicated or desired

Stream allocation can be revisited at any time.

Assessing Strengths and Risks in Parallel

Providers consider both strengths and risks by exploring:

- Intensity - *How significant or impactful is this factor now?*
- Persistence - *Is this expected to change quickly, or is it ongoing?*
- Buffering - *Are strengths sufficiently mitigating the impact?*
- Readiness - *How open or interested is the family in receiving support?*

This parallel view supports a proportionate, family-centred stream recommendation.

Using the Impact Categories

The high, medium, and low impact categories provide general guidance for interpreting the combined presence of strengths and risk factors when determining eligibility and enrolment into either Stream A or Stream B. They consider risk and protective factors that may mitigate challenges. They can be applied to any eligibility criterion to represent priority and assessment of current impact. They are not prescriptive and should always be considered within a relational and cultural context. As part of collaborative care planning, the selected category can reflect shared provider-client priorities.

Framework use: These categories function as a summary tool to structure clinical reasoning. They are not a score; clinical judgement remains central.

High Impact

High impact criteria refer to significant or time-sensitive needs. Examples may include:

- A single eligibility factor that independently signals significant or immediate need, e.g., active family violence, late or no prenatal care, current involvement with child and family services, OR
- A combination of two or more combination factors that compound vulnerability, e.g., limited social support and untreated mental health challenges, AND
- Minimal protective factors, or protective factors that are newly forming, or not yet reliably accessible to the family

If high impact criteria are present, consider offering enrolment into Stream A (higher intensity, consistent relational support).

Medium Impact

Medium impact criteria refer to the presence of mixed levels of risk and the need for some risk mitigation efforts. Examples may include:

- Two or more combination risk factors, e.g., limited social support and educational attainment grade <12, OR
- A single eligibility factor buffered by reliable supports, e.g., living in poverty mitigated by strong family supports, OR
- Protective factors are present but inconsistent, new, or not yet developed to fully reduce risk

If medium impact criteria are present, consider offering enrolment into Stream B (enhanced services, but lower intensity).

Low Impact

Low impact criteria refers to the presence of risk factors that are well-mitigated or resolving. Examples may include:

- Two or more combination eligibility factors are present and strongly buffered by protective elements, e.g., stable housing, strong partnership or kin support, connection to culture, good system navigation skills, ongoing mental health care
- Risk factors are historical or resolving
- A high degree of resilience, resourcefulness, or external supports are already in place

If low impact criteria are present, enhanced services may still be offered. Consider Stream B (lower intensity) or referral to Universal services if protective factors are strong and needs are assessed as limited.

Guidance for Applying Impact Categories Across the Tool

1. Indicate which eligibility criterion apply.
2. Indicate which protective factors apply.
3. Consider the intensity and persistence of risk factors and the mitigating impact of protective factors. Strong mitigators may shift high impact criteria to medium, or medium impact criteria to low, but they do not negate eligibility.

4. Assign the category that most closely relates to each relevant assessed eligibility criteria.
5. Summarize the interpretation of assessment, e.g., 2 High, 3 Medium, 1 Low, explaining why and what protective factors exist. This is not intended to be used as a score.
6. Correlate to stream recommendation by integrating:
 - Eligibility (single/combination)
 - Protective factors
 - Category pattern and interpretation of assessment
 - Family goals/stage of readiness²
 - Clinical judgement -> **Stream A/Stream B/Universal services** (revisit as needs change)

Clients With Identified Single Factor Eligibility but Also Many Strengths

A single eligibility factor such as birth parent age <20 at time of program entry, family violence, or involvement with child and family services warrants careful assessment. However, a client with many protective factors may still benefit from BC FHVP when single factor eligibility criteria are present, even when needs appear low.

In these cases:

- Providers may consider enrolment focused on strengthening emerging skills, reinforcing resilience, and proactively supporting transition points
- **Stream B** may be the most appropriate option, aligning with the family's capacity and preferences
- Providers should remain open to adjusting stream allocation over time, as circumstances evolve

² Refer to BC FHVP Curriculum Module 14: Parent Child Attachment and Responsive Parenting; and Module 8: Relational and Motivational Interviewing

A Flexible, Client-Led Process

No Set Order of Questions

The tool is not designed to be administered in a fixed sequence. Questions may be asked:

- In a logical and natural order that follows the flow of the conversation
- In ways that match the family's comfort level and cultural context
- Across several visits, as the therapeutic relationship develops

Assessment Over Time

Families should not feel pressure to answer every question in the first visit. Some questions may:

- Be asked across several visits, as the therapeutic relationship develops
- Be asked or revisited as circumstances change
- Never be asked if the client is uncomfortable or declines to discuss them

Relational Approaches

Motivational Interviewing³ and Open-Ended Questions

Use a motivational interviewing (MI) approach to offer a relational, person-centred way of talking with families that builds partnerships, acceptance, and compassion. This approach supports care that is centred in a family's own values and goals rather than the perspective of the care provider. Foundational components of MI to consider are open-ended questions, affirmations, reflections, and summaries (OARS). Open-ended questions are especially useful as they often surface multiple concerns at once, e.g., priorities, context, and readiness, that structured checklists can miss (Centre for Collaboration, Motivation & innovation, n.d.; Miller & Rollnick, 2013; National Institute on Drug Abuse, n.d.). In a trauma- and resiliency-informed context, open, non-leading questions

³ Refer to BC FHVP Curriculum Module 8: Relational Practice and Motivational Interviewing

and relational statements operationalize safety, choice, and collaboration, which reduce the risk of re-traumatization and support culturally safe care (Public Health Agency of Canada, 2022).

No Requirement for Clients to Disclose Information

Clients decide:

- What they want to share
- When they want to share it, and
- How much detail they wish to provide

Providers should take a trauma- and resiliency-informed⁴, culturally safe⁵, relational approach and seek consent before approaching sensitive topics.

While disclosure is client-led, public health nurses in BC must meet their professional and legal duties, including the duty to report⁶ suspected child abuse or neglect and to act when there is imminent risk of harm, e.g., self-harm or harm to others, following BC FHVP Program Manual guidance and local health authority policies/procedures.

⁴ Refer to BC FHVP Curriculum Module 9: Trauma and Resiliency Informed Care

⁵ Refer to BC FHVP Curriculum Module 3: Cultural Wellness and Anti-Racist Care

⁶ Refer to BC FHVP Curriculum Module 1: Foundations of Public Health; Module 6: Infant Safety; Module 12: Child Safety, Injury Prevention, and Maltreatment

Eligibility Criteria Assessment: Sample Assessment Questions and Protective Factors⁷

Eligibility Criteria Assessment

This section supports providers in gathering the information needed for a BC FHVP Eligibility Assessment and recommending the most appropriate stream of service. The questions are designed to open relational, culturally safe, and strengths-based conversations that explore both risk factors and protective factors across the family's context. Providers can use these prompts flexibly over one or several visits, following the family's comfort and readiness. Protective factors do not negate eligibility, but help determine the level, intensity, and timing of support. Providers are encouraged to integrate their observations, the family's goals, and clinical judgement to understand impact and inform Stream A, Stream B, or Universal service recommendations.

Table 1: Summary of single and combination factors

SINGLE FACTORS (only one factor needed to be present)	COMBINATION FACTORS (more than one factor needed to be present)
<p>Priority Populations:</p> <ul style="list-style-type: none"> • Birth parent age <20 at time of program entry <p>Factors related to social determinants of health:</p> <ul style="list-style-type: none"> • Families living in poverty <p>Parent/family factors:</p> <ul style="list-style-type: none"> • Living with violence • Current involvement with child and family services <p>Barriers to accessing care:</p> <ul style="list-style-type: none"> • Late or no prenatal care <p>Child factors/support needs:</p> <ul style="list-style-type: none"> • Child safety concerns, e.g., maltreatment, family violence 	<p>Factors related to social determinants of health:</p> <ul style="list-style-type: none"> • Educational attainment (grade <12) • Limited social support networks, e.g., single parent families, or one caregiver lives/works outside community <p>Parent/family factors:</p> <ul style="list-style-type: none"> • Birth parent age 20-24 • Primary caregiver abilities that may impact parenting • Substance use that is impacting parenting or coping • Incarcerated/transitioning from institution • Mental health conditions (consider impact on parenting) • Complex child health needs

⁷ Aligned to BC FHVP Foundational Framework

Sample Assessment Questions and Protective Factors

The approach a BC FHVP provider will take in initiating eligibility assessment conversations depends on the timing of program entry.

For **Prenatal Intake**⁸, consider leading with opening questions such as:

- “Tell me about what is going well in your pregnancy, and where support would help.”
- “What people and supports are you leaning on right now, and what sometimes gets in the way?”
- “How have you been feeling overall during this pregnancy?”
 - “Chronic stress is impactful on health and pregnancy; it may be caused by things like financial pressures, conflict, challenges with family dynamics, or difficulties in relationships. Does this bring forward anything for you?”

For **Postnatal/Early Childhood (up to age two) Intake**, consider leading with opening questions such as:

- “What is going well with you and your baby/child, and what has been harder than expected?”
- “Tell me about your day-to-day support: who helps, and what is working well for you?”
- “What does home look like for you right now?”
- “Tell me about your family or what family looks like for you.”
- “How have your goals or worries changed since birth, and what would you like to focus on first?”

Following one or a series of visits, explore the following **Impact Areas** to determine the presence or absence of eligibility criterion and affiliated protective factors. Please note, Stream A and Stream B cues are provided for consideration and are to be taken into context with provider clinical judgement. Please see [Table 7](#) as a resource you may elect to use to support note taking and decision-making regarding offering of Stream A, Stream B, or Universal services.

⁸ Refer to BC FHVP Curriculum Module 16: Prenatal Assessment

Table 2: Summary of eligibility criteria and assessment questions affiliated with the Child Health and Well-Being Impact Area

Child Health and Well-Being	Affiliated Eligibility Criteria	Overarching Protective Factors to Assess	Example Questions	Stream A Cues	Stream B Cues
Prenatal Intake Focus	<p>Single: Late or no prenatal care⁹</p> <p>Combination: substance use that is impacting parenting or coping¹⁰ (see Primary Caregiver/ Family Health and Well-Being)</p>	Intentions to protect infant health; engagement in prenatal care once connected; care-seeking behaviours, responsiveness to information	<p>“What are your hopes for your baby’s health?”</p> <p>“Tell me about your prenatal care since you have connected with your care provider.”</p>	Very late/ no care with limited insight or engagement	Late care but strong readiness and engagement
Potential Prenatal Additional Follow-up Questions					
<p>Late or no prenatal care:</p> <ul style="list-style-type: none"> • “How many months pregnant were you when you had your first prenatal doctor, nurse practitioner, or midwife visit?” • “Have you had any appointments, ultrasounds, tests, or conversations with a health care provider during your pregnancy?” • “What has your experience been like trying to connect with a midwife, nurse practitioner, or doctor, and what factors in the system have influenced how soon that happened?” 			<p>Protective factors:</p> <ul style="list-style-type: none"> • Is actively seeking support now, showing readiness to engage with services • Has been accessing informal or alternative support, e.g., community Elders, cultural healers, doulas, online resources • Expresses clear reasons for avoiding care, such as past trauma, discrimination, or mistrust and is open and has access to culturally safe and trauma-informed services • Shows strong self-advocacy or knowledge about pregnancy through lived experience or peer networks • Is engaged with outreach services as a first point of contact (Public Health Agency of Canada, 2023a; Vedam et al., 2024) • Is engaged in care now, showing motivation to their health and baby • Expresses trust in current provider or shows openness to learning and support • Demonstrates self-advocacy, such as switching health care providers or seeking care on their own terms (Bacciaglia et al., 2023; Public Health Agency of Canada, 2023a) 		

⁹ Refer to BC FHVP Curriculum Module 1: Foundations of Public Health

¹⁰ Refer to BC FHVP Curriculum Module 18: Perinatal Substance Use and Harm Reduction

Child Health and Well-Being	Affiliated Eligibility Criteria	Overarching Protective Factors to Assess	Example Questions	Stream A Cues	Stream B Cues
Postnatal Intake Focus	<p>Single: Child safety concerns¹¹</p> <p>Combination: Complex child health needs; unmet developmental milestones;¹² substance use that is impacting parenting or coping¹³ (see Primary Caregiver/ Family Health and Well-Being)</p>	Responsive caregiving; bonding; attention to safety and development; advocacy	<p>“How would you describe how things are going with you and your baby?”</p> <p>“What helps you know what your baby needs?”</p>	Ongoing safety concerns; caregiving capacity compromised	Concerns present but buffered by attachment and responsiveness
Potential Postnatal Additional Follow-up Questions					
<p>Child safety concerns:¹⁴</p> <ul style="list-style-type: none"> • “When you think about the past little while, how have things been in terms of meeting your child’s basic needs, and what supports have been useful?” • “What helps your child feel safe at home, childcare, or in the community, and are there any areas where you’d like more support?” • “How is caring for and supervising your child going for you right now, and what supports make that easier?” 			<p>Protective factors:</p> <ul style="list-style-type: none"> • Accesses social support, and feelings of positive perception of supports • Accesses parental emotional supports (Government of Canada, 2020) • Safe and stable home environment • Access to health support and resources 		

¹¹ Refer to BC FHVP Curriculum Module 6: Infant Safety; Module 15: Positive and Adverse Childhood Experiences (ACEs)

¹² Refer to BC FHVP Curriculum Module 11: Growth, Development, and Early Childhood Assessment

¹³ Refer to BC FHVP Curriculum Module 18: Perinatal Substance Use

¹⁴ Refer to BC FHVP Curriculum Module 6: Infant Safety; Module 12: Child Safety, Injury Prevention, and Maltreatment

Potential Postnatal Additional Follow-up Questions

Complex Child Health Needs:

- “How would you describe your child’s health in your own words?”
- “Has your child had any recent hospitalizations, or health care appointments? Tell me more about that if you feel comfortable doing so?”
- “Do you have a care plan for your child? Do you have accommodations in place at home for your child?”
- “Who are the key people on your child’s care team?”
- “How would you describe your child’s development?”
- “Tell me about activities you and your child enjoy?”
- “What programs or services for early years have you already connected with or learned about?”

Protective factors:

- Family demonstrates advocacy and engagement with care teams
- Child has a coordinated care plan
- Family uses adaptive routines, assistive technologies, or community supports
- Caregivers show resilience, problem-solving, or health literacy
- Actively supports the child’s developmental progress through play, routines, or responsive caregiving
- Engages with early childhood professionals. (e.g., public health nurses) to enhance developmental outcomes
- Participates in BC-based programs such as Nobody’s Perfect or Triple P - Positive Parenting Program
- Demonstrates awareness of developmental stages and adapts parenting strategies accordingly
- Seeks out resources or guidance to promote the child’s emotional, cognitive, or physical growth (BC Council for Families, n.d; Canadian Association of Paediatric Health Centres, 2018; Center on the Developing Child at Harvard University, 2016; Sansone et al., 2024; Triple P International, n.d)

Table 3: Summary of eligibility criteria and assessment questions affiliated with the Primary Caregiver/Family Health and Well-Being Impact Area

Primary Caregiver/ Family Health and Well-Being	Affiliated Eligibility Criteria	Overarching Protective Factors to Assess	Example Questions	Stream A Cues	Stream B Cues
Prenatal Intake Focus	<p>Single: Living with violence¹⁵; late or no prenatal care (see Child Health and Well-Being)</p> <p>Combination: Mental health¹⁶ or substance use¹⁷ impacting parenting or coping; primary caregiver abilities that may impact parenting¹⁸</p>	Emotional insight; coping strategies; motivation to protect baby; harm-reduction engagement	<p>“Tell me how you have been feeling emotionally during pregnancy?”</p> <p>“What helps when stress comes up?”</p> <p>“What things, if any, make pregnancy harder right now?”</p>	Severe distress; safety concerns; limited buffering supports	Conditions present but insight and engagement evident
Postnatal Intake Focus	<p>Single: Living with violence¹⁹; current child and family services involvement²⁰ (see Systems of Care)</p> <p>Combination: Mental health²¹ or substance use²² impacting parenting or coping; primary caregiver abilities that may impact parenting²³</p>	Mood stability; coping with fatigue; support-seeking; treatment engagement; sense of meaning and purpose	<p>“How have you been feeling since the baby arrived?”</p> <p>“What helps on harder days?”</p>	Untreated symptoms affecting caregiving or bonding	Symptoms present but managed with supports

¹⁵ Refer to BC FHVP Curriculum Module 20: Healthy Relationships and Intimate Partner Violence

¹⁶ Refer to BC FHVP Curriculum Module 17: Perinatal Depression and Anxiety

¹⁷ Refer to BC FHVP Curriculum Module 18: Perinatal Substance Use and Harm Reduction

¹⁸ Refer to BC FHVP Curriculum Module 21: Parenting Capacity and Self-Efficacy

¹⁹ Refer to BC FHVP Curriculum Module 20: Healthy Relationships and Intimate Partner Violence

²⁰ Refer to BC FHVP Curriculum Module 12: Child Safety, Injury Prevention, and Maltreatment; Module 15: Protective and Compensatory/Adverse Childhood Experiences (PACES/ACEs)

²¹ Refer to BC FHVP Curriculum Module 17: Perinatal Depression and Anxiety

²² Refer to BC FHVP Curriculum Module 18: Perinatal Substance Use and Harm Reduction

²³ Refer to BC FHVP Curriculum Module 21: Parenting Capacity and Self-Efficacy

Potential Prenatal AND Postnatal Follow-up Questions

Living with Violence:

A conversation on relationship safety may be opened by discussing that public health nurses can help with navigating strategies, referrals, and supports to minimize risk of physiological, psychological, economic, and emotional impacts and injuries. Ask permission if it is a good time to discuss relationship safety, i.e., intimate partner violence, and affirm that this is a topic PHN/PCNs explore with all clients. Provide client with information regarding right to disclose and HCP duty to report/support. This may give the client choice of disclosure if it is a safe time to disclose.

- “Tell me about how your relationship feels to you right now, including your sense of comfort and safety.”

If a client discloses concern about relationship safety/IPV:

- “Do you have anyone in your life who you can go to for help?”
- “How have you protected yourself (and your child) from safety risks in the past?”
- “Which strategies have worked?”
- “What do you know about creating a safety plan?”
- “Have you thought of ideas to keep yourself (and your child) safe?”
- “Would you like to know more about supports and resources available? What type would be safest/accessible for you, e.g., print, online, in person?”

While an in-depth IPV assessment will occur once a therapeutic relationship is established, should a disclosure of IPV occur at intake, please refer to the BC FHVP Clinical Toolkit for further guidance.²⁴

Protective factors:

- Demonstrates emotional insight, coping strategies, or healing practices, e.g., journaling, mindfulness
- Is connected to peer support, community healing circles, or survivor networks
- Expresses hope, future orientation, or motivation to create a safe and nurturing environment for their child

²⁴ Refer to BC FHVP Curriculum Module 20: Healthy Relationships and Intimate Partner Violence; and relevant section of BC FHVP Clinical Toolkit

Mental Health or Substance Use Impacting Parenting or Coping	
<p>Mental Health:²⁵</p> <ul style="list-style-type: none"> • “How are you feeling emotionally?” • “What has helped you deal with challenges in the past?” • “Do you have any mental health symptoms?” (May need to give prompts, e.g., feeling anxious, low or high moods, changes in sleep, etc.) • “What kinds of challenges have been showing up for you recently, and what helps you navigate them?” • “What mental health resources, if any, have you found useful or meaningful?” • “Tell me about strategies that you find helpful when you are feeling overwhelmed or not coping as well as usual?” • “Have you ever wished you could go to sleep and not wake up?/Have you actually had thoughts about killing yourself?” (Columbia Lighthouse Project, n.d.) If “yes” to either question complete suicide risk assessment as per health authority guideline/policy. 	<p>Protective factors:</p> <ul style="list-style-type: none"> • Is actively engaged in mental health support, such as therapy, peer support, medication management, or cultural healing practices • Shows insight into their emotional well-being and how it affects parenting, with willingness to seek help • Uses coping strategies that support regulation and caregiving, e.g., mindfulness, journaling • Is connected to trauma-informed or culturally safe services, including Indigenous wellness frameworks or community-led supports
<p>Substance Use²⁶</p> <ul style="list-style-type: none"> • “Do you currently use alcohol, cannabis, or other substances?” • “Are there times when substances are or have been part of your life in a way that impacted your life or coping?” • “How does your current substance use fit with the goals you have for your family and yourself?” • “Are there times when stress increases the urge to use substances? What has helped you manage those moments?” 	<p>Protective factors:</p> <ul style="list-style-type: none"> • Is engaged in harm reduction, treatment, or recovery services, including outreach, counselling, or peer support • Shows insight into how substance use affects parenting, and expresses motivation to change or seek help • Is connected to trauma-informed or culturally safe care, including Indigenous healing practices or community-led programs • Demonstrates coping strategies or routines that reduce harm and support caregiving • Is building trust with service providers, even if inconsistently, and shows openness to receiving support

²⁵ Refer to BC FHVP Curriculum Module 4: Birth Parent Assessment; and Module 17: Perinatal Depression and Anxiety

²⁶ Refer to BC FHVP Curriculum Module 18: Perinatal Substance Use and Harm Reduction

<p>Primary caregiver abilities that may impact parenting:²⁷</p> <ul style="list-style-type: none"> • “How do you feel about becoming a parent?” • “How do you feel about your current health?” • “What are some things that are going well for you as a parent?” • “What routines or tools help your days go more smoothly?” • “Are there parts of your day that feel harder and what supports would help?” • “Tell me about any disability-specific supports you’ve connected with, such as peer groups or advocacy centres. What parts of those experiences have been most helpful for you?” 	<p>Protective factors:</p> <ul style="list-style-type: none"> • Has established routines, tools, or strategies that support caregiving and household management • Is connected to disability-specific services, peer networks, or advocacy groups • Demonstrates self-awareness and proactive engagement with supports that enhance parenting capacity • Uses lived experience to foster empathy, resilience, and problem-solving in the primary caregiver role • Is actively involved in community, leadership, or mentorship roles that promote inclusion and visibility
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Table 4: Summary of eligibility criteria and assessment questions affiliated with the Primary Caregiver/Family Support and Capacity Impact Area

Primary Caregiver/ Family Support and Capacity	Affiliated Eligibility Criteria	Overarching Protective Factors to Assess	Example Questions	Stream A Cues	Stream B Cues
Prenatal Intake Focus	<p>Single: Birth parent age <20²⁸</p> <p>Combination: Education < Grade 12; birth parent age 20-24; incarcerated/ transitioning from institution²⁹</p>	Readiness to learn; curiosity; planning; problem-solving	<p>“What are you most looking forward to about parenting?”</p> <p>“What would help you feel more prepared?”</p>	Low readiness and multiple stressors	Ongoing low confidence with limited growth
Postnatal Intake Focus	Same criteria, now assessed through observed caregiving	Growing confidence; routines; reflective parenting; help-seeking; effective coping and problem-solving skills	<p>“What feels like it’s going well as a parent?”</p> <p>“What would you like more support with?”</p>	High learning motivation	Increasing confidence; benefits from coaching

²⁷ Refer to BC FHVP Curriculum Module 21: Parenting Capacity and Self-Efficacy

²⁸ Refer to BC FHVP Curriculum Module 22: Priority Populations

²⁹ Refer to BC FHVP Curriculum Module 1: Foundations of Public Health

Potential Prenatal AND Postnatal Follow-up Questions	
<p>Birth Parent age <20 AND Birth Parent age 20-24</p> <ul style="list-style-type: none"> • “What has your experience been like with any prenatal or parenting programs for young parents?” • “What aspects have supported you, and where might more support be helpful?” • “Tell me about the supportive adults or people in your life you trust and can lean on during hard times.” • “When you envision parenting in the next several months, what are you most ready for, and what would you like more support to feel ready for?” 	<p>Protective factors:</p> <ul style="list-style-type: none"> • Is engaged in youth-specific parenting, prenatal, or outreach programs • Shows high motivation to learn and grow as a parent, including asking questions and attending appointments • Has strong support from family, peers, or mentors • Is connected to education, employment, or training pathways • Demonstrates high motivation and preparedness for parenting
<p>Educational attainment Grade <12:</p> <ul style="list-style-type: none"> • “Tell me about what your days look like right now – are you involved in work, school, or other activities that are important to you?” • “Tell me about your schooling journey so far.” • “How has school fit into your life up to this point?” 	<p>Protective factors:</p> <ul style="list-style-type: none"> • Is engaged in adult education, B.C. Certificate of Graduation, B.C. Adult Graduation Diploma, or vocational training programs • Demonstrates strong problem-solving, caregiving, or life skills through lived experience • Is actively involved in parenting programs or peer support groups • Shows high motivation to learn and grow, including asking questions and seeking resources • Has supportive relationships, e.g., mentors, family, community (Public Health Agency of Canada, 2023a)
<p>Incarcerated/transitioning from institution:</p> <ul style="list-style-type: none"> • “Are you on probation, parole, bail conditions, or community supervision?” <i>(if applicable)</i> • “Are there any cultural practices, communities, or programs that you have found supportive or grounding?” • “What supports do you find most helpful when reconnecting to community after incarceration/transitioning from an institution?” 	<p>Protective factors:</p> <ul style="list-style-type: none"> • Identifies strong, supportive family relationships • Children have positive childcare and community connections • Receiving community, social, and/or income support • Has access to health care • Identifies cultural connectedness and identity (Public Health Agency of Canada, 2023b)

Table 5: Summary of eligibility criteria and assessment questions affiliated with the Community Impact Area

Community	Affiliated Eligibility Criteria	Overarching Protective Factors to Assess	Example Questions	Stream A Cues	Stream B Cues
Prenatal Intake Focus	<p>Single: Families living in poverty³⁰</p> <p>Combination: Limited supports; access barriers; incarcerated/transitioning from an institution (see Primary Caregiver/Family Support and Capacity)</p>	Early linkage to family, cultural, or community supports	<p>“Who is supporting you during pregnancy?”</p> <p>“What community or cultural supports are important to you?”</p>	High isolation; unstable housing or income	Needs buffered by family or community
Postnatal Intake Focus	Same criteria, with focus on sustainability	Ongoing support; reduced isolation; practical help	<p>“Who is helping you right now?”</p> <p>“Do you feel connected or mostly on your own?”</p>	Persistent isolation; unmet basic needs	Reliable supports despite low income
Potential Prenatal AND Postnatal Follow-up Questions					
<p>Living in poverty:</p> <ul style="list-style-type: none"> • “A lot of families are struggling with rent, food, or transportation. How are things for you?” 					
<p>Housing:</p> <ul style="list-style-type: none"> • “Tell me about your current housing situation and how stable it feels to you.” • “What aspects of your current housing feel supportive, and what aspects feel more challenging?” • “Tell me about any housing supports you’re using right now, and what’s been helpful for you.” • “Do housing costs make it difficult to afford other essentials like food, transportation, medication, etc.?” 			<p>Protective factors:</p> <ul style="list-style-type: none"> • Has secured safer or more stable housing through recent transition (e.g., moved to avoid violence, overcrowding, or unsafe conditions) • Is connected to housing supports or transitional programs (e.g., shelters, subsidized housing, Indigenous housing services) • Shows strong problem-solving and planning skills in navigating housing systems • Maintains routine caregiving consistency despite frequent moves 		

³⁰ Refer to BC FHVP Curriculum Module 1: Foundations of Public Health

<p>Food insecurity:</p> <ul style="list-style-type: none"> • “Many people face challenges in accessing the foods that support their health. Would it be okay if I ask a few questions to learn how we can best support you?” • “Tell me about how you usually access the foods you prefer, and what influences how easy or challenging that can be at different times.” • “Have you accessed food supports (programs, family, community) that were helpful or respectful? What made those experiences positive?” • “If you could improve one thing about your current food situation, what would it be?” 	<p>Protective factors:</p> <ul style="list-style-type: none"> • Accesses community program interventions, e.g., food vouchers programs (Idzerda et al., 2025)
<p>Income and employment instability:</p> <ul style="list-style-type: none"> • “In what ways does your current income meet your needs, and when does it feel more stretched?” • “Tell me about any income supports you’re currently using, and how they’re meeting your needs or could work better for you.” • “What does your income look like at the moment, and who are the people or supports you could rely on if you needed help managing money?” • “Looking ahead, what are your goals for school, training, or work; and what supports, e.g., child care, transit, flexible scheduling, tuition/fees, would help you take the next step?” 	<p>Protective factors:</p> <ul style="list-style-type: none"> • Is receiving and actively managing financial support (e.g., income assistance, child benefits, housing subsidies) • Has budgeting strategies or financial literacy skills that help meet basic needs • Is connected to community resources, e.g., food banks, financial counselling, employment services • Demonstrates resourcefulness in meeting family needs despite limited income • Expresses hope, motivation, or plans for education, employment, or financial stability (National Collaborating Centre for Determinants of Health, 2023; Public Health Agency of Canada, 2023a)

<p>Limited social support/access barriers:</p> <ul style="list-style-type: none">• “Tell me about your family or what family looks like for you.”• “How do you imagine your family being involved in your baby’s life?”• “Tell me about the relationships or supports that help you feel connected and supported.”• “Who do you plan to involve in helping to take care of your baby?”• “Who could/would you reach out to if you need help, or just to talk?”• “Are you currently in a relationship?”• “Who are the people you feel comfortable talking with when you’re worried or need support?”• “When you need help with things like getting around, housing, childcare, or other supports, who in your life is helpful to you?”• “What skills or people might you rely on to cope if things don’t go ‘according to plan’?”• “How would you describe your connection with your culture, heritage, traditions, or beliefs?”• “What cultural traditions or approaches to parenting feel especially meaningful or supportive in your family?”• “What differences, if any, have you noticed between parenting norms here and those you’re familiar with?”	<p>Protective factors:</p> <ul style="list-style-type: none">• Has trusted individuals they can rely on for emotional support, childcare, or practical help• Is actively engaged in community, cultural, or faith-based groups• Is actively engaged with settlement services, multicultural organizations, or newcomer parenting programs• Receives consistent support from a partner, parent, or extended family• Participates in peer support programs, parenting circles, or online communities• Expresses confidence in their support system and ability to ask for help when needed (Public Health Agency of Canada, 2023a)• Demonstrates motivation to access services and learn about parenting in the Canadian context• Uses community-led transportation solutions, e.g., ridesharing, shuttle services, band-operated vehicles (Greenwood et al., 2018)
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Table 6: Summary of eligibility criteria and assessment questions affiliated with the Systems of Care Impact Area

Systems of Care	Affiliated Eligibility Criteria	Overarching Protective Factors to Assess	Example Questions	Stream A Cues	Stream B Cues
Prenatal Intake Focus	<p>Single: Late/no prenatal care (see Child Health and Well-Being)</p> <p>Combination: Mental health³¹ or substance use³² impacting parenting or coping (see Primary Caregiver/Family Health and Well-Being)</p>	Willingness to re-engage; trust-building; ability to navigate systems	“What made it hard or easier to connect with care?”	Persistent disengagement or mistrust	Engagement once barriers addressed
Postnatal Intake Focus	<p>Single: Current child and family services involvement³³</p> <p>Combination: Limited supports; access barriers (also see Community)³⁴</p>	Follow-through; acceptance of referrals; navigation skills	“How has follow-up care been going for you and your baby?”	Repeated missed follow-up; fragmented care	Benefits from navigation vs. intensity

³¹ Refer to BC FHVP Curriculum Module 17: Perinatal Depression and Anxiety

³² Refer to BC FHVP Curriculum Module 18: Perinatal Substance Use and Harm Reduction

³³ Refer to BC FHVP Curriculum Module 12: Child Safety, Injury Prevention, and Maltreatment; Module 15: Protective and Compensatory/Adverse Childhood Experiences (PACES/ACEs)

³⁴ Refer to BC FHVP Curriculum Module 1: Public Health Foundations

Potential Postnatal Follow-up Questions	
<p>Current child and family services involvement: To ensure a safe, trauma-informed, and welcoming intake experience, the Program does not ask routine or direct questions about a family's involvement with Child and Family Services. Instead, information of this nature may be shared only if and when families feel comfortable or may be communicated through referrals from MCFD or a health/social service provider. If a disclosure or referral is made, the provider will explore with the client what protective factors are present.</p> <ul style="list-style-type: none"> • Consider asking: "If there are community supports you feel would benefit your family, what would you like help connecting to?" 	<p>Protective factors:</p> <ul style="list-style-type: none"> • Is actively engaged in reunification, case planning, or voluntary support services • Has built positive relationships with social workers or support teams • Is connected to advocacy, peer mentorship, or parenting education programs
<p>Limited supports/access barriers:</p> <ul style="list-style-type: none"> • "What kind of health services do you have access to?" • "Tell me about the health services you're connected with right now." • "How easy or difficult is it for you to access health care services if you need to?" • "What aspects of the health system would you like more clarity or support around?" • "How comfortable do you feel finding the right health service when you or you or your child needs care?" • "Tell me how your experiences within the health care system have been for you?" • "Tell me about any experiences you've had with interpretation or translation services. What parts of those experiences were helpful for you?" (if relevant) • "When you or your family have needed health care since arriving in Canada, what experiences have been most helpful or positive?"³⁵ (if self-discloses new to Canada) 	<p>Protective factors:</p> <ul style="list-style-type: none"> • Uses community-based or Indigenous-led health services, such as nursing stations, mobile clinics, or telehealth • Demonstrates strong community ties, including support from Elders, family networks, or local leaders • Engages in traditional wellness approaches that promote health outside formal systems • Has developed adaptive routines to navigate distance, such as batching appointments or coordinating with outreach teams (Clarke-Grant, 2025; Indigenous Primary Health Care Council, 2025)

³⁵ Refer to BC FHVP Curriculum Module 3: Cultural Wellness and Anti-Racist Care

Sample Assessment Summary Template

Eligibility criteria and protective factors, together with provider observations, family goals, and clinical judgement, are used to assess adjusted impact and guide Stream A, Stream B, or Universal service recommendations using the template below.

Reminder: Providers consider both strengths and risks by exploring:

- Intensity – *How significant or impactful is this factor now?*
- Persistence – *Is this expected to change quickly, or is it ongoing?*
- Buffering – *Are strengths sufficiently mitigating the impact?*
- Readiness – *How open or interested is the family in receiving support?*

Table 7: Assessment summary template: eligibility and adjusted impact level

Eligibility Criteria		Protective Factors Identified	Notes	Adjusted Impact Level
Single factors	Birth parent age <20 at time or program entry			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Families living in poverty			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Living with violence			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Current involvement with child and family services			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Late or no prenatal care			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Child safety concerns, e.g., maltreatment, family violence			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

Eligibility Criteria		Protective Factors Identified	Notes	Adjusted Impact Level
Multiple factors	Educational attainment (Grade <12)			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Limited social support networks, e.g., single parent families, or one caregiver lives/ works outside of community (also includes community contexts that impact access to services)			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Multiple factors	Birth parent age 20-24			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Primary caregiver abilities that may impact parenting			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Substance use that is impacting parenting or coping			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Incarcerated/ transitioning from institution			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Mental health conditions (consider impact on parenting)			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
	Complex child health needs (including unmet developmental milestones)			<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
Summary and interpretation following assessment(s)				
Recommended Program Stream		<input type="checkbox"/> BC FHVP Stream A <input type="checkbox"/> Universal Services	<input type="checkbox"/> BC FHVP Stream B	

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