



Provincial Health
Services Authority

BC Family Health Visiting Program

Program Manual

April 2026

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Foundational Overview

Focus

The BC Family Health Visiting Program (BC FHVP, the Program) Foundational Overview outlines the [Guiding Principles](#), [Program Intention](#), and [Foundational Framework](#); all of which underpin the Program's design, delivery, overarching goals, and desired outcomes. It serves as a reference for regional health authorities (RHAs) to guide planning, implementation, and evaluation at local and regional levels.

Background

The Program was developed in response to the growing need for a coordinated, equitable, and [evidence-informed](#) approach to supporting pregnant and postpartum people, children, and families experiencing disproportionate adversity across British Columbia. Research demonstrates that early, relationship-based interventions can significantly improve lifelong health trajectories, strengthen family capacity, and reduce preventable inequities. At the same time, families in many regions face barriers to accessing timely, culturally safe, integrated services that reflect their unique needs, contexts, and strengths.

To address these gaps, the Program draws on provincial, national, and international evidence from home visiting and enhanced family health models, as well as extensive consultation with BC health system partners. It is designed to complement existing public health programs while expanding supports for families who may face social, structural, or systemic disadvantage.

The Program also directly responds to provincial and federal commitments to advance health [equity](#), uphold Indigenous rights and self-determination, promote culturally safe and [anti-racist](#) care, and strengthen early childhood development. Anchored in these commitments, the Program emphasizes early intervention, family strengths, cultural humility, and collaboration across sectors.

Need to Know

Guiding Principles

The Program's Guiding Principles are the foundational values that provide direction and purpose for the development, implementation, and evaluation of the Program. These principles support the design and delivery of a Program that is equitable, trauma- and violence-informed, **culturally centred**, and responsive to the specific needs of families across diverse communities. They promote a comprehensive and integrated approach to health by emphasizing prevention, inclusivity, collaboration, and sustainability, thereby fostering long-term improvements in health outcomes and well-being.

The Guiding Principles have been informed by an environmental scan of core values and principles espoused by other Canadian and international intensive home visiting programs as well as through consultation with health system partners across British Columbia (BC). They reflect a commitment to Truth and Reconciliation, **equity, inclusion**, and the well-being of Program providers.

The Guiding Principles also reflect the core values outlined in British Columbia's *Population and Public Health Framework*, including Truth, Rights and Reconciliation; Health Equity and Anti-Racism; and System Capacity (British Columbia Ministry of Health, 2024). They also echo the *Patients as Partners* approach promoted by the BC Ministry of Health, which emphasizes collaborative, inclusive care through the lens of "nothing about me without me" (British Columbia Ministry of Health, 2011).

At a federal level, the principles support the Public Health Agency of Canada's commitment to equity and early intervention, as seen in programs like the Community Action Program for Children and the Canada Prenatal Nutrition Program. Furthermore, the Program's emphasis on culturally centred, anti-racist, and **trauma- and violence-informed** care is reinforced by foundational documents such as *Reclaiming power and place: The final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*, the *Truth and Reconciliation Commission's Calls to Action*, *In Plain Sight*, *BC's Declaration on the Rights of Indigenous Peoples Act*, and the *2022 Declaration Act Action Plan* (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019; Truth and Reconciliation Commission of Canada, 2015; Turpel-Lafond, 2020; British Columbia, 2019; Government of British Columbia, 2022).

Together, these alignments ensure that the Program is responsive to the needs of families and providers while contributing to broader efforts to advance inclusive, sustainable, and equitable public health systems.

The Guiding Principles are as follows:

Equity-focused

All families enrolled in the Program will have access to the resources and support needed to achieve optimal health, using a proportionate universality approach, offering universal services with additional support where it is most needed. The Program recognizes that many families experience unjust disadvantages related to social determinants of health, rooted in longstanding structural and systemic inequities. By leading with inclusion and prioritizing equity, the Program aims to create an environment where all families can thrive (Carey, 2015; Crear-Perry, 2021; National Collaborating Centre for Determinants of Health, 2019; Raphael, 2025).

Commitment to Indigenous Rights, Truth, and Reconciliation

The Program is grounded in a commitment to advancing the inherent rights of Indigenous Peoples and upholding the principles of Truth and Reconciliation. It acknowledges the ongoing impacts of colonialism, systemic Indigenous-specific racism, and intergenerational trauma experienced by First Nations, Métis, and Inuit families. The Program affirms the sovereignty and self-determination of each Nation, including the rights of First Nations, Métis, and Inuit Peoples to provide and direct culturally safe care for their children, families, and communities. It is committed to Nation-specific approaches that honour and reflect the unique histories, knowledge systems, strengths, and priorities of First Nations, Métis, and Inuit Peoples in BC. Services will be co-developed and delivered in partnership with each Nation, ensuring equity of voice, respect for sovereignty, and recognition of distinct cultural identities (British Columbia, 2019; Government of British Columbia, 2022; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019; Turpel-Lafond, 2020).

Culturally centred, anti-racist, and inclusive

The Program provides care that is culturally grounded, anti-racist, and intersectional, ensuring inclusivity across genders, sexualities, ethnicities, abilities, and belief systems. It actively challenges racism and oppression in all its forms, including internalized and lateral racism, while also addressing the overlapping and compounding impacts of systemic inequities. The Program seeks to recognize and honour the diverse cultural backgrounds, traditions, and values of the families it serves. By prioritizing intersectional, culturally centred, and anti-racist approaches, the Program ensures that all families feel respected, understood, and supported in ways that are meaningful to their lived realities (Glover, 2024; Medical Council of Canada, 2023; Parker, 2021).

Evidence-informed

The Program is informed by the best available evidence at the time of publication. This has involved integrating rigorous research; data analysis; insight from those with lived experience; and Indigenous wisdom, teachings, ways of knowing, and [wise practices](#). The design is also informed by established theories and models including Bandura’s Self-efficacy Theory and Social Learning Model and Bronfenbrenner’s Human Ecology Theory and Socioecological Model (Bandura, 1977a; Bandura, 1977b; Bronfenbrenner, 1979; Bronfenbrenner, 1992). Prioritizing an evidence-informed Program design ensures that strategies and actions are well-grounded, inclusive, and accountable; ultimately leading to better outcomes for families ([Appendix B](#)).

Theories and models that inform the Program:

- Self-efficacy Theory (*Bandura*)
- Social Learning Model (*Bandura*)
- Attachment Theory (*Bowlby*)
- Human Ecology Theory (*Bronfenbrenner*)
- Socioecological Model (*Bronfenbrenner*)
- Reflective Parenting (*Fonagy*)
- Family Partnership Model/Parent Advisor Model (*Davis*)
- Theory of Trust (*Giddens*)
- Transtheoretical Model of Behaviour Change (*Prochaska*)
- Theory of Planned Behaviour (*Ajzen*)
- Model of Parenting (*Patterson*)

Figure 1: Theories and Models that Inform the Design and Implementation of the Program

Strengths-based, person- and family-centred relational care

The Program is rooted in the belief that every individual and family has inherent strengths and capacities. Through respectful, trust-based relationships, providers collaborate with individuals and their chosen families to recognize and build upon these strengths. “Family” is defined broadly, embracing all those who play a meaningful role in one another’s lives, regardless of biological or legal connections. By tailoring care to each person’s unique needs, values, and goals, a supportive environment is created where all family members are seen, heard, and empowered. This approach encourages providers to lead with curiosity, honour lived experience, and promote resilience through relational, inclusive, and strengths-based care (Registered Nurses’ Association of Ontario, 2025; Sheridan, 2021; Toros, 2021).

Sustainability

Sustainable care for individuals, children, and families depends on strong, strategic partnerships across sectors. This includes aligning priorities, coordinating resources, and integrating services to ensure seamless, high-quality support. Sustainability

requires long-term planning, shared accountability, and systems that are responsive to evolving community needs. Programs must be designed with adaptability in mind, supported by stable funding and infrastructure that can withstand policy or leadership changes. Fostering collaboration between provincial organizations and local teams and embedding continuous improvement practices will build a resilient system that delivers consistent, equitable, effective, accessible, and relevant care (Alderwick, 2021; Berry, 2022; Smylie, 2016).

Program Team well-being

The well-being and safety of service providers are essential to the success and sustainability of care systems. When providers feel supported, valued, and fulfilled in their roles, they are more likely to remain engaged, resilient, and committed to delivering high-quality care. Promoting provider well-being involves creating psychologically safe environments, providing leadership support, and ensuring access to training and professional development. It also means fostering collaboration across teams and organizations to reduce isolation and enhance shared learning. Prioritizing the health and well-being of providers strengthens the workforce, improves service delivery, and cultivates a culture of care that benefits both the providers and the families they serve (Gregory, 2024; O'Donovan, 2020; Quan, 2024; Tyagi, 2025).

Accessible, integrated, and flexible approaches

Individuals, children, and families in the Program will receive care that is timely, accessible, responsive, and flexible to their needs, delivered through a coordinated and integrated approach. The Program strives to reduce barriers families may face accessing desired services, supports, and connections. This includes building the capacity of individuals and families to independently navigate complex health and social systems in pursuit of their unique goals (Association of Maternal and Child Health Programs, 2018; Teggart, 2023).

Prevention and health promotion focused

Individuals, children, and families in the Program receive care that actively promotes overall health and well-being through a comprehensive approach centred on health promotion, prevention, and building the capacity of individuals to improve their health and well-being. This principle emphasizes proactive strategies that foster environments where people can make informed decisions and adopt healthy behaviours (Dudukcu, 2022; Global Affairs Canada, 2019; World Health Organization, 2015).

Harm reduction

Care within the Program integrates **harm reduction** strategies that meet individuals where they are, acknowledging the complex realities they face. This principle focuses on reducing negative health outcomes through practical, compassionate supports that build trust and engagement (Poole, 2015; Puccio, 2023).

Trauma- and violence-informed care

The Program is committed to delivering care grounded in the understanding of the profound impacts of trauma and violence on individuals and families. This includes recognizing how such experiences can affect physical, emotional, spiritual, and mental health. The Program strives to create a safe, supportive, and empowering environment for all participants. This approach ensures that services are sensitive to the needs of those affected by trauma and/or violence, fostering healing and resilience (Forkey, 2021; Fredrickson, 2019; Poole, 2017; Public Health Agency of Canada, 2018).

Program Intention

The intention of the Program is as follows:

Through proactive, relationship-based care, the Program aims to build foundations of lifelong health and wellness by mitigating unfair disadvantages and promoting equitable health outcomes for pregnant and postpartum people, children, and families experiencing disproportionate adversity.

This intention has been operationalized through the development of five impact areas (Tables 1-5):

1. **Child Health and Well-Being** articulates the goals, outcomes, and content areas relevant to the holistic healthy development and well-being of the child.
2. **Primary Caregiver/Family Health and Well-Being** articulates the goals, outcomes, and content areas relevant to the holistic health and well-being of the primary caregiver and also acknowledges that the health and well-being of other family members are likely to be directly or indirectly impacted by the primary caregiver's engagement with the Program.

3. **Primary Caregiver/Family Support and Capacity** articulates the goals, outcomes, and content areas relevant to a primary caregiver's growing ability to provide a warm, responsive environment for their child as well as their ability to articulate and pursue their individual goals. The goals, outcomes, and content areas in this impact area also acknowledges that the capacity and growth of other family members are likely to be directly or indirectly impacted by the primary caregiver's engagement with the Program.
4. **Community** articulates the goals, outcomes, and content areas associated with a primary caregiver's increasing connection and engagement with programs, resources, and opportunities that relate to their unique goals for themselves and their family.
5. **Systems of Care** articulates the goals, outcomes, and content areas relevant to building trust in health care, including public health, the seamless coordination of family health care between and within organizations, and the well-being of Program staff.

The relationship between these impact areas and the overall design of the Program has also been described in the form of a logic model ([Appendix A](#)).

While each impact area is described independently, the Program recognizes that the health of any individual is profoundly influenced by the families, communities, and systems they live within ([Figure 2](#)). Given this context, goals and outcomes for the Program focus not only on the individual or family, but also on building strong networks of care and sociocultural support within a family's community. The well-being of Program providers and other factors that support strong systems of care are also highlighted as a key area of focus within the Program.



Figure 2: *Interconnected Contexts that Influence Health and Well-Being*

Foundational Framework


The Foundational Framework reflects an evidence-informed, culturally centred, contextually appropriate intervention designed for individuals and families during pregnancy, the postpartum period, and the early years. It has been informed by an analysis of published evidence on the measured and targeted impacts of home visiting programs in Canada and internationally, existing enhanced family programming in BC, and through consultation with BC health system partners (Administration for Children and Families, n.d.a; Administration for Children and Families, n.d.b; Buchner, 2025, Catherine, 2020; Catherine, 2024; Catherine, 2025; Child Health BC & Perinatal Services BC, 2025a; Child Health BC & Perinatal Services BC, 2025b; Child Health BC & Perinatal Services BC, 2025c; Fraser Health, 2025; Goldfeld, 2018; Jack, 2015; Kliem, 2018; MacLeod, 2016; Public Health Prevention and Planning Branch, Ministry of Health, 2022; Sanders, 2018; ThoughtExchange, 2024–2025).

The Foundational Framework is organized around the five (5) impact areas. Each impact area includes:

- Goal(s) – the ultimate aims the Program seeks to achieve
- Outcomes – specific pathways toward achieving each goal, some linked to measurable indicators
- Content areas – focus areas that guide Program [focused offerings and supports](#) expected to influence outcomes (see [Focused Offerings and Supports](#) for further details)

It is not anticipated that every family engaged in the Program will require support in all content areas. However, all providers will be educated/trained, equipped, and resourced to deliver focused offerings and supports across all areas.


Table 1: Child Health and Well-Being Impact Area



IMPACT AREA	Child Health and Well-Being
GOAL	Support Optimal Child Health, Development, and Well-Being
OUTCOMES	<ul style="list-style-type: none"> • Prevention of infant mortality • Prevention of child mortality <p>Support families' evolving goals for child health and well-being as they relate to:</p> <ul style="list-style-type: none"> • Prevention of injuries (unintentional and intentional) • Prevention of harms related to substance use prenatally and in the infant/child's environment • Healthy infant and young child feeding <p>Support families' evolving goals for healthy child development as they relate to:</p> <ul style="list-style-type: none"> • Physical health and well-being • Language and cognitive development • Communication skills and general knowledge • Social competence and social experiences • Emotional maturity and regulation

CONTENT AREAS	<ul style="list-style-type: none"> • Adverse Childhood Experiences (ACEs)/Protective and Compensatory Experiences (PACES) • Infant/child safety and injury prevention (safer infant sleep, prevention of traumatic head injury due to child maltreatment, car seat safety, prevention of burns, choking, poisonings, drowning) • Infant/child feeding and nutrition • Food safety • Growth and development • Infant and child mental health • Immunizations • Oral, dental, vision, and hearing health • Infant and child sleep behaviours • Physical literacy, screen time, and sedentary behaviours • Early education and home learning environment • Behavioural challenges (internalized behaviours, e.g., anxiety, and externalized behaviours, e.g., aggression) • Exposure to substances (prenatally and in the infant/child’s environment)
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Table 2: Primary Caregiver/Family Health and Well-Being Impact Area

 IMPACT AREA	Primary Caregiver/Family Health and Well-Being
GOAL	Support Optimal Health and Well-Being for Primary Caregiver(s)/Families
PRIORITY OUTCOMES	<p>Support families’ evolving goals for:</p> <ul style="list-style-type: none"> • Mental health and wellness • Prevention of substance-related harms • Healthy relationships

CONTENT AREAS	<ul style="list-style-type: none"> • Prenatal education • Physical health and wellness (e.g., nutrition, physical activity, oral health, sexual and reproductive health) • Parental rest/sleep • Management of chronic disease/disability during pregnancy • Immunization • Substance-related harms • Depression and anxiety (including perinatal loss support, coping) • Adjustment to parental role by primary caregiver • Intimate partner violence/family violence
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Table 3: Primary Caregiver/Family Support and Capacity Impact Area



 IMPACT AREA		Primary Caregiver/Family Support and Capacity
GOAL	Foster Caregiver Capacity by Developing Self-efficacy, Knowledge, and Skills	
OUTCOMES	Support families' evolving goals for: <ul style="list-style-type: none"> • Primary caregiver confidence and capacity to parent and provide a safe, nurturing environment • Primary caregiver self-efficacy and vision/aspiration for their future 	
CONTENT AREAS	<ul style="list-style-type: none"> • Developmentally supportive primary caregiver-child interactions • Infant/child attachment • Home learning environment • Responsive parenting (e.g., responding to infant/child's cues, "serve and return" interactions) • Anticipatory and practical guidance for parenting challenges • Primary caregiver coping skills and self-regulation • Support for primary caregivers with children with support needs • Goal setting, planning, and vision for their future • Health literacy 	

Table 4: Community Impact Area



IMPACT AREA	Community
GOAL	Support Family Relationships and Connections to Services, Community, and Culture
OUTCOMES	Support families' goals to engage with resources such as: <ul style="list-style-type: none"> • Community services and social supports (e.g., family programs, primary care, peer groups) • Connection to community activities and gatherings • Connection to cultural heritage, Indigenous Nations, traditions, practices, and ceremonies • Family self-sufficiency • Safe, low barrier, low-cost childcare
CONTENT AREAS	<ul style="list-style-type: none"> • Healthy connection with family, friends, community, kinship networks • Cultural connections and identity affirming support • Community integration/linkages and referrals to health and human services (e.g., food security, employment, finances, education, housing, parenting supports) • Cultural wellness • Food security • Employment

Table 5: Systems of Care Impact Area



IMPACT AREA	Systems of Care
GOAL(S)	<ul style="list-style-type: none"> • Foster family trust in health care including public health • Family health care seamlessly coordinated between and within organizations/health authorities • Improve well-being of Program providers

OUTCOMES	<ul style="list-style-type: none"> • Timely initiation and continuous engagement and access to care • Strengthened trust in the health system
	<ul style="list-style-type: none"> • Increased system navigation support and capacity-building in complex care coordination both within the health sector and externally • Strengthened partnerships among family-serving organizations, services, and programs • Provincially consistent care supported by clinical guidance and standardized competencies • Documentation that supports continuity of care
	<ul style="list-style-type: none"> • Enhanced health care provider well-being and engagement in service delivery • Improved workforce retention
CONTENT AREAS	<ul style="list-style-type: none"> • Established partnerships with system navigators, cultural workers (cultural brokers), language support services, and Indigenous Nations • Efficient referral and transfer processes to mental health care, primary care, PHN/PCN nurses, clinics, health centres, Indigenous Nations, etc. • Processes to support workflows, communication, and coordination within and between organizations/health authorities and sectors • Documentation systems align, are easily accessible, and support provincial data collection
	<ul style="list-style-type: none"> • Supportive supervision, leadership, and mentorship • Reflective practice, case conferencing • Coordinated complex care • Provincial community of practice • Adequate resources and training for Program implementation • Knowledge exchange and mobilization of health care providers

Appendices

- [Appendix A: Program Logic Model](#)
- [Appendix B: Overview of Key Theories and Models](#)

Eligibility Criteria, Referral, and Intake

Focus

Eligibility Criteria, Referral, and Intake has been developed for providers and operational leaders to outline eligibility criteria, referral, and intake processes for the BC Family Health Visiting Program (BC FHVP, the Program). This includes rationale for and definitions of eligibility criteria, instructions for how to use the eligibility criteria matrix for Program intake, and a list of recommended [practice support tools](#) for implementation to be developed and shared by individual regional health authorities (RHA) and/or by the Provincial Health Services Authority (PHSA).

Background

Program eligibility criteria define the population that is intended to benefit by being a recipient of the Program. Eligibility criteria are [evidence-informed](#) and provincially standardized with limited regional flexibility. This ensures that families across BC receive consistent services and supports regardless of which RHA they reside in and allows for consistency when families cross RHA borders. Eligibility criteria include both “single” (only one factor needed) and “combination” factors (more than one factor needed) ([Table 6](#)). Eligibility is assessed through identification of both strength and risk factors. Meeting eligibility criteria does not guarantee automatic enrolment, as further review and prioritization may be required.

Ideally, [clients](#) are enrolled early in the prenatal period. Early engagement facilitates the application of a strengths-based approach, enables tailored supports prior to birth, and allows for timely identification of risks, thereby strengthening Program outcomes related to maternal and infant health and well-being (Administration for Children and Families, n.d.; Goldfeld, 2018; Kliem, 2018; MacLeod, 2016; Public Health, Prevention and Planning Branch, Ministry of Health, 2022; Sanders, 2018; Rowe, 2023). The Program also supports enrolment at any time from pregnancy until a child’s 6th birthday or school entry, whichever comes first, provided eligibility requirements are met.

Need to Know

Referral and Intake Process

General Parameters

Individuals may self-refer to the Program or be referred. Upon receipt of referral, the BC FHVP Eligibility Criteria, Referral, and Intake guidelines facilitate determination of Program eligibility and support service delivery intensity, described as [Stream A](#) or [Stream B](#) (details of intake assessment process are described in [Service Delivery](#)).

Important considerations for the development of a referral and intake process include:

- **Multiple access points:** Referral and intake to the Program should be possible via multiple avenues to support the principle that “every door is the right door.”
- **Accessibility and consistency of intake modalities:** The RHA may determine intake modalities; however, they must not be overly restrictive in ways that would exclude potentially eligible families. These include:
 - **Provider-initiated referrals:** A provincial referral form will be provided to RHAs, allowing RHA flexibility to integrate within local systems. To support provincial monitoring, evaluation, and consistent triage, standardized provincial provider referral content should be used in all regions. RHAs electing not to use the PHSA-provided form must ensure their locally developed referral tools replicate all required fields to maintain consistency in eligibility screening and minimize regional variation in assessment or stream determination. A provincial referral form has been developed (see [Appendix C](#)). RHAs have flexibility to determine how to integrate this form within local and regional systems.
 - **Self-referrals:** Self-referrals occur through a simplified, client-initiated pathway that is intentionally low-barrier, non-restrictive, and easy to access. These processes may be RHA specific and do not require the same standardized fields or documentation expected for provider-initiated referrals, allowing for broadly generalized information at entry.
- **Re-assessment of eligibility:** Intake process(es) should include the ability to re-assess Program eligibility or stream at any time during Program delivery, after decline of service, or following discharge from the Program.
- **Regional strategy for early referral:** At a minimum, RHAs will have a regional strategy to promote early referrals and ensure multiple pathways for Program entry.

The receipt of a referral does not automatically guarantee Program enrolment. All referrals are subject to an intake assessment process conducted by the Program Team, which may occur over several visits. The intake assessment will consider not only eligibility criteria but also the presence of strengths and protective factors to determine if enrolment into BC FHVP should be offered and, if so, into which stream. Referrals may originate from a variety of sources, including from the following:

- Acute care (e.g., emergency, maternity, neonatal intensive care units, pediatrics)
- Case finding (e.g., community outreach)
- External (e.g., primary care, community provider, licensed facilities, refugee settlement workers)
- First Nations health centres and nursing stations
- Indigenous Child and Family Service Agencies where there is current involvement with a family and where it is determined that the Program would be beneficial (*An Act respecting First Nations, Inuit and Métis children, youth and families, 2019; Indigenous Self-Government in Child and Family Services Amendment Act, 2022*)
- Internal (within respective health authority)
- Métis Nation BC
- Métis Nation BC-operated health centres
- Ministry of Children and Family Development (where there is current involvement with a family)¹
- Other Indigenous Nations in BC
- Self-referral (e.g., client, primary caregiver, or family)

The referral process should include informed consent and mechanisms for collaborative follow-up between referring providers and Program staff. This ensures families are not lost between services and that [warm referrals](#) are supported through shared communication, consented information exchange, and coordinated outreach.

¹ An established process will be developed to ensure that when MCFD is involved with a family in the prenatal, postpartum, and/or early childhood period they have a documented process for offering referral to the Program.

Referral and Intake Process

Once a referral is received, the Program Team will:

1. Assess for program eligibility based on standardized criteria (see [Appendix D](#)).
2. Determine which of the following enhanced Program streams is to be offered ([Figure 3](#)):
 - a. **Stream A:** higher intensity longitudinal support in the prenatal, postpartum, and/or early childhood periods for families who face complex challenges that may limit their capacity to support their own, or their child's needs and for whom tailored, ongoing support can build on existing strengths and promote positive outcomes (e.g., loose connection to services, may include significant mental health, substance use and/or trauma); OR
 - b. **Stream B:** lower intensity longitudinal support in the prenatal, postpartum, and/or early childhood periods for families who experience some challenges but also demonstrate protective factors and strengths that can be reinforced through supportive services (e.g., family has capacity to follow up on referrals and may be more engaged with services).
3. Refer families that do not meet criteria for enhanced services to **universal services** for routine care and support.
4. Document client acceptance of Program and Program stream allocation.
5. Provide confirmation to referring provider (if applicable) that referral has been received and accepted/declined and share relevant summary documentation to provider via fax or electronically, including details of [collaborative care plan](#) established with family, what supports family has been connected with (including completed referrals), and contact information for Program provider.
6. Re-evaluate eligibility for Program and stream as needed.

Eligibility Criteria

General Parameters

Eligibility criteria apply to individuals, children, and families during the prenatal, postpartum, and early childhood periods.

Specifically, Program clients:

- Must be living in the RHA they are receiving services in (e.g., a pregnant individual from one RHA is temporarily staying with their sibling in another RHA while awaiting housing placement)
- May or may not have MSP coverage
- Must be Canadian citizens, or refugees, or have landed immigrant/permanent resident status
- Self-identifying as Indigenous may live in or out of community within the RHA receiving services in
- May receive support from other BC ministries
- May have their care transferred between health authorities or providers where circumstances change and by client request/consent
- Must be a [primary caregiver](#) of the child being registered if registration is completed following the birth of the child
- May be actively working to reunite with their child who is currently in care

Program enrolment is not offered to:

- Clients who have chosen to have their baby in Canada and are not Canadian citizens or permanent residents and plan to return to their country of origin soon after birth²

² Families will be offered universal services; enhanced service delivery to be determined on a case-by-case basis in consultation with Program supervisor.

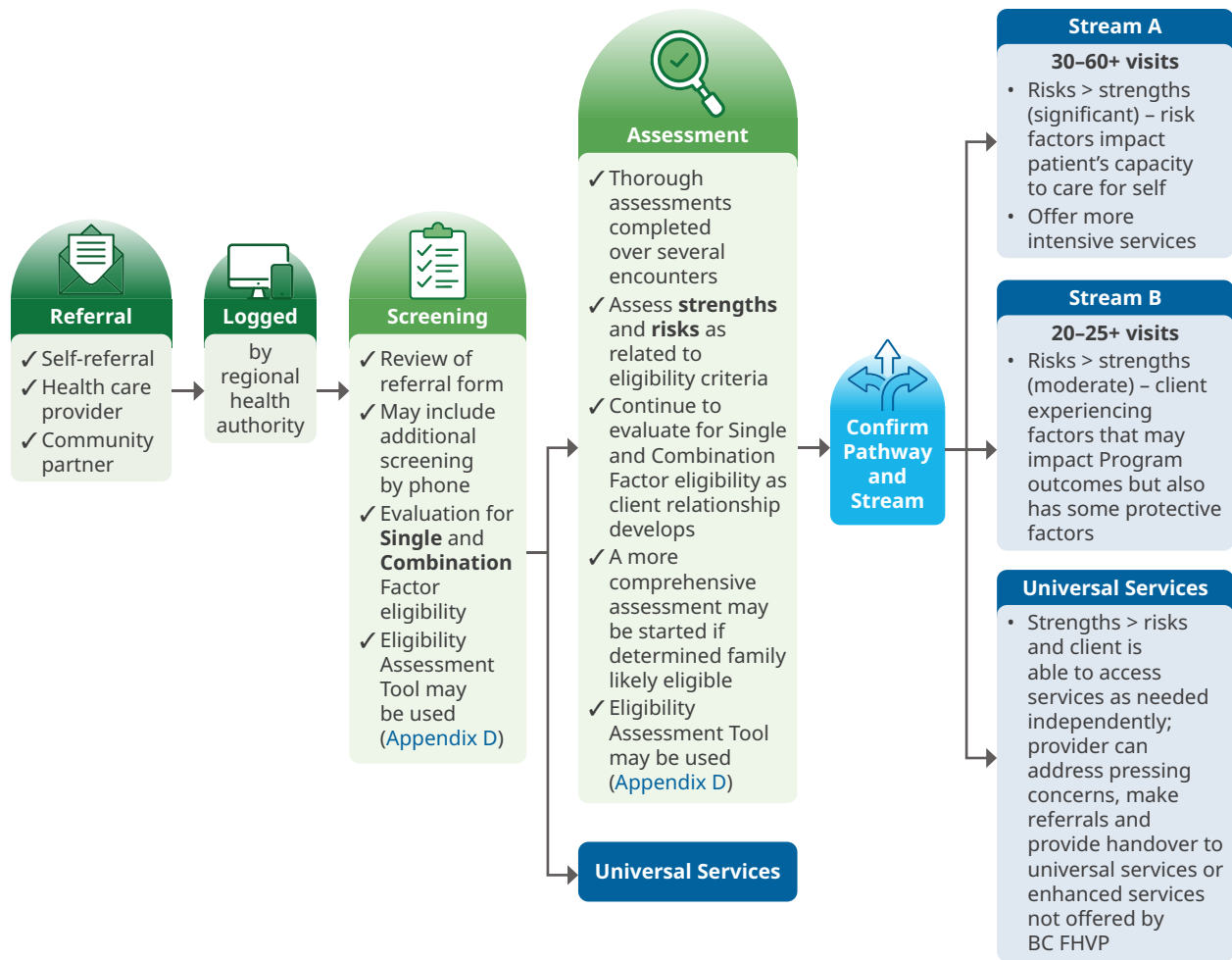


Figure 3: Eligibility Criteria Referral and Intake Process Flow Diagram

Eligibility Assessment

Eligibility screening is determined through a structured, strengths-based assessment that considers both risks and protective factors across the prenatal, postpartum, and early childhood periods. Providers use a **trauma- and violence-informed**, culturally responsive approach to evaluate each family’s unique circumstances, including social determinants of health, caregiving capacity, mental wellness, and access to support networks. Health authorities may wish to consult the BC FHVP Eligibility Assessment Tool ([Appendix D](#)) in the development of their eligibility assessment processes. The Eligibility Assessment Tool supports the completion of prenatal and postnatal (i.e., up to a child’s second birthday) eligibility assessments for BC FHVP through relational, trauma- and resiliency-informed, culturally safe, and strengths-based conversations.

The assessment process includes the following two types of eligibility screening criteria described below and outlined in [Table 6](#):

- **Single Factors:** These are high-risk factors that independently qualify a client or family for the Program pending risk and protective factors assessment and provider clinical judgement.
- **Combination Factors:** These involve the presence of at least two (2) moderate-risk factors, that, when considered together, suggest a need for enhanced support pending risk and protective factors assessment and provider clinical judgement.

Table 6: Eligibility Criteria Assessment

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"> • Primary caregiver 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>Primary caregiver/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>Primary caregiver/family factors:</p> <ul style="list-style-type: none"> • Primary caregiver 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 needs³

³ Reviewer panel has requested to defer inclusion of “behavioural concerns or social-emotional challenges” until the Program has been developed beyond age 2.

Rationale

Table 7 provides a definition for and description of the rationale for each criterion, explaining the connection to the Program outcomes and goals as described in the [Foundational Framework](#). This information is intended to assist health authorities in the interpretation, adaptation or development, and implementation of their referral and intake process(es).

Innovative Approaches to Assessing Program Eligibility

Applying eligibility criteria with fidelity is important to the monitoring and evaluation of Program outcomes. The following definitions for each criterion support providers to apply a consistent approach when assessing Program eligibility and help ensure that individuals enrolled in the Program will continue to be eligible for services, if or when they relocate to a new region.

While there is the opportunity for minor regional variations to program eligibility criteria, including variations in the interpretation of a given criterion, any innovative approaches should be implemented with the expectation that they will not only address regional or local context but will also maintain alignment with the Program's Foundational Framework (i.e., variations will be implemented in support of program outcomes and goals and in alignment with the Program's [Guiding Principles](#)).

Regions implementing variations to the eligibility criteria should complete a *Plan for Innovation* form ([Appendix E](#)) and submit the document to the [PHSA BC FHVP Program Team](#) for tracking, monitoring, and evaluation purposes.

Table 7: Eligibility Screening Criteria Definitions and Rationale

***Note: “single” criteria are included in green rows, “combination” criteria are included in blue rows.**

Screening Criteria and Definition	Rationale for Inclusion
SINGLE FACTORS (only one factor needed to be present)	
<p>Primary caregiver age <20 at time of program entry.</p>	<ul style="list-style-type: none"> Primary caregivers still in adolescence face unique challenges that place both them and their children at risk for adverse health, developmental, and social outcomes. These risks are linked to the social determinants of health, especially poverty, and also include limited education, reduced access to prenatal care, and lower levels of social support. They are more likely to experience mental health and/or substance use and domestic violence concerns, and their children are at increased risk for preterm birth, low birth weight, and developmental delays (Canadian Paediatric Society, 2024a).

Screening Criteria and Definition	Rationale for Inclusion
SINGLE FACTORS (only one factor needed to be present)	
<p>Families Living in Poverty – families experiencing persistent and compounding economic hardship that significantly compromises their ability to meet basic needs and maintain a safe, stable, and healthy environment for their children during the perinatal and early childhood periods. Indicators include but are not limited to:</p> <ul style="list-style-type: none"> • Housing insecurity: self-identified or provider-observed experience of unstable, unsafe, or inadequate housing, such as: <ul style="list-style-type: none"> – Living in temporary, overcrowded, or substandard housing – Facing eviction, frequent moves, or being unhoused – Relying on shelters, transitional housing, or staying with others due to lack of alternatives • Food insecurity: inadequate or insecure access to sufficient, safe, and nutritious food due to financial constraints, classified as: <ul style="list-style-type: none"> – Marginal: worrying about running out of food or limited food selection – Moderate: compromising quality and/or quantity of food (e.g., skipping meals, reducing portions) – Severe: disrupted eating patterns and reduced food intake <p>Families may rely on food banks or emergency food services and experience anxiety about where their next meal will come from.</p> • Income and employment instability: lack of access to secure employment and income supports, e.g., income assistance, disability benefits, employment insurance, or other social safety nets (National Advisory Council on Poverty, 2025; Miao, 2024; Pivik, 2012; Wellington-Dufferin, 2024). 	<ul style="list-style-type: none"> • Living in poverty is one of the greatest predictors of child well-being and school readiness. It is linked to poorer physical health, increased social stressors, greater incidences of emotional, behavioural, and cognitive challenges due to chronic stress, food insecurity, and limited access to mental health services. These early adversities can disrupt attachment, self-regulation, and long-term developmental outcomes. • Children from low-income families are more likely to experience more difficulties in school, fewer educational materials at home (e.g., books, computers), increased screen time due to limited alternatives, and reduced access to early learning opportunities and health-promoting behaviours (Pivik, 2012). • Socioeconomic status (SES) is associated with higher rates of maternal depression during pregnancy and postpartum, which in turn affects infant development and child mental health (Miao, 2024; Wellington-Dufferin, 2024). • Housing instability is linked to increased maternal stress, reduced access to prenatal care, higher risk of low birth weight and NICU admission, and greater rates of childhood infections and developmental delays. Chronic housing stress can disrupt biological systems during critical developmental windows, leading to lifelong health challenges (Center on the Developing Child at Harvard University, 2024; Catherine, 2024; BC Women’s Hospital + Health Centre, 2024).

Screening Criteria and Definition	Rationale for Inclusion
SINGLE FACTORS (only one factor needed to be present)	
<p>Living with violence – includes families who are currently experiencing violence, trauma, or significant adversity that may affect parenting, emotional well-being, or family functioning. It encompasses:</p> <ul style="list-style-type: none"> Family and domestic violence (FDV), including intimate partner violence (IPV), which refer to a recurring pattern of harmful behaviours – such as physical, emotional, sexual, financial, or psychological abuse – used by one individual to dominate or exert control over another within a domestic or familial setting. It can affect people of any age, gender, or background and involve family members, children, partners, ex-partners, or caregivers (Centre for Community Child Health, Murdoch Children’s Research Institute, Social Ventures Australia, & Bain & Company, 2023). <p><i>*Note: The Program aims to support individuals experiencing adversity, including challenges that may not be evident at enrolment. Because such circumstances often emerge over time, ongoing assessment and trust-building are essential to ensure families receive appropriate, tailored support.</i></p>	<ul style="list-style-type: none"> FDV, including IPV, poses serious risks to maternal and child health, particularly during the perinatal period. Exposure to violence can lead to miscarriage, poor birth outcomes, maternal depression, and long-term developmental harm to children (Centre for Community Child Health, Murdoch Children’s Research Institute, Social Ventures Australia, & Bain & Company, 2023). Family health visiting and a relationship-based approach to care creates a safe, consistent space for disclosure, support, and intervention – especially for individuals who may not access traditional services due to stigma, isolation, or fear. Programs modelled after Nurse Family Partnership (NFP) have demonstrated that relationship-based support can reduce exposure to IPV, buffer the effects of toxic stress, improve maternal mental health and parenting confidence, and help prevent the intergenerational transmission of trauma (Catherine, 2024). For Indigenous families, trauma may be rooted in systemic harms. The Program is intended to be responsive to these histories, and to embed cultural safety and humility through co-design and delivery to promote healing and self-determination (Government of Canada, 2025).

Screening Criteria and Definition	Rationale for Inclusion
SINGLE FACTORS (only one factor needed to be present)	
<p>Current involvement with child and family services – refers to any present engagement with child protection services, including investigations, voluntary service agreements, or court-ordered interventions. This may involve:</p> <ul style="list-style-type: none"> • Receiving support to maintain care of a child safely in the home • Temporary or long-term placement of a child with extended family, foster care, or specialized residential resources • Participation in safety planning, supervision orders or family development responses (Government of British Columbia, 2025; Public Health Agency of Canada, 2018) 	<ul style="list-style-type: none"> • Families with current involvement in child protection systems often face complex challenges – including poverty, trauma, mental health concerns, and systemic inequities – that can affect parenting capacity and child development. • Child protection involvement reflects a need for support, not a failure of parenting. Families involved with child protection are often navigating multiple stressors and may benefit from proactive, relationship-based and longitudinal services. • Home visiting programs have demonstrated effectiveness in reducing child maltreatment, improving parent-child relationships, and enhancing maternal mental health – especially when initiated during pregnancy and sustained postpartum (Public Health Agency of Canada, 2018). • Supporting primary caregiver(s) during the perinatal period can interrupt cycles of trauma and involvement with protective services, improving outcomes for both current and future children (Burrow, 2024). <p>Indigenous children are overrepresented in BC’s child welfare system. This imbalance reflects the enduring impacts of colonialism, systemic racism, and intergenerational trauma. Program delivery aims to align with the <i>Sacred and Strong</i> report’s emphasis on culturally safe, strengths-based care for First Nations women, and responds to the <i>MMIWG Final Report’s</i> call to uphold Indigenous rights to family and community</p>

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Screening Criteria and Definition	Rationale for Inclusion
SINGLE FACTORS (only one factor needed to be present)	
	<p>(British Columbia Ministry of Children and Family Development, 2024; First Nations Health Authority and Office of the Provincial Health Officer, 2021; National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019).</p>
<p>Late or no prenatal care –</p> <ul style="list-style-type: none"> • Late prenatal care refers to the first prenatal visit with a health care provider (e.g., midwife, nurse practitioner, family physician, obstetrician) occurring greater than 20 weeks gestational age. • No prenatal care refers to a pregnancy in which the birthing individual did not receive any prenatal health services from a health care provider during the gestational period prior to delivery. 	<ul style="list-style-type: none"> • Late or no prenatal care is associated with increased risks for adverse birthing parent and infant outcomes, including preterm birth, low birth weight, delayed identification of pregnancy complications, and postpartum mental health challenges (Public Health Agency of Canada, 2023). • Systemic barriers including poverty, housing instability, immigration status, trauma, language barriers, and mistrust of health systems often contribute to delayed or missed prenatal care, disproportionately affecting equity denied populations, including Indigenous, racialized, and low-income families (Centre for Community Child Health, Murdoch Children’s Research Institute, Social Ventures Australia, & Bain & Company, 2023; Heaman, 2019). • Family health visiting programs have demonstrated effectiveness in improving birth outcomes, increasing prenatal care engagement, and reducing rates of low birth weight and preterm delivery, especially among families who initiate care late or face multiple adversities (Catherine, 2024).

Screening Criteria and Definition	Rationale for Inclusion
SINGLE FACTORS (only one factor needed to be present)	
<p>Child safety concerns (e.g., maltreatment, family violence) – refers to any circumstances during pregnancy, infancy, or early childhood (ages 0-6) in which a child’s physical, emotional, or developmental well-being may be at risk due to environmental, relational, or caregiver-related factors. Families may be identified with child safety concerns through involvement with child protection or professional observations.</p>	<ul style="list-style-type: none"> • Children exposed to safety concerns – such as neglect, abuse, unstable housing, or caregiver mental health and substance use challenges – are at increased risk for poor developmental, emotional, and health outcomes. • The perinatal and early childhood periods are especially critical, as early adversity can disrupt attachment and bonding, brain development, and long-term well-being. • Evidence demonstrates home visiting programs can decrease child maltreatment concerns (Catherine, 2024; Chartier, 2017). • The Program goal is to keep families together while addressing child safety concerns through evidence-based interventions that reduce maltreatment risk and strengthen protective factors.

Screening Criteria and Definition	Rationale for Inclusion
COMBINATION FACTORS (more than one factor needed to be present)	
<p>Educational attainment (grade <12) – refers to individuals who have not completed high school (Grade 12 or equivalent) at the time of intake. This may include those who left school early, are pursuing adult education, or hold international credentials not recognized as equivalent based on Canadian educational standards (Public Service Commission of Canada, 2020).</p>	<ul style="list-style-type: none"> • Educational attainment is not a measure of parenting ability, but a proxy for structural disadvantage. The Program supports those who may benefit most from tailored health education and parenting support, connection to adult learning and employment pathways, and strengths-based coaching to build confidence and capacity. • Lower educational attainment is a well-established social determinant of health that intersects with income, employment, health literacy, and access to services – all of which influence perinatal and early childhood outcomes. Individuals who have not completed high school may face systemic barriers to navigating health systems, securing stable employment, and accessing parenting resources. These challenges can increase stress, delay prenatal care, and reduce opportunities for early intervention. • Not having a Grade 12 diploma does not always mean economic hardship. Individuals may work in skilled trades or run successful businesses and earn a good living.

Screening Criteria and Definition	Rationale for Inclusion
COMBINATION FACTORS (more than one factor needed to be present)	
<p>Limited social support networks – refers to a self-identified or professionally observed experience of having few reliable, emotionally supportive, or practically helpful relationships during the perinatal and early parenting periods. This may include:</p> <ul style="list-style-type: none"> • being a single parent • one caregiver lives/works outside of community • limited access to family, friends, community networks • severe isolation, e.g., due to social circumstances, culture, language, or geography (Chartier, 2009) <p>This criterion also includes <i>community contexts that impact access to services</i>, such as rurality, distance to care, or limited access to a primary care provider. These factors reflect geographic, infrastructural, and systemic barriers within a family's community that restrict access to timely health care (e.g., preventative care, chronic disease management, emergent care, referrals to specialized services) and social services. These community contexts disproportionately impact rural, remote, and underserved areas and often intersect with social determinants of health. While these factors do not, on their own, define limited social support, they can intersect with and intensify it. Therefore, they should be treated as a universal consideration within enhanced supports: Family Health Nurse/Family Health Visitors maintain awareness of local access barriers for all families and proactively check in to determine whether these conditions are contributing to isolation, unmet needs, or gaps in care, and whether further discussion is indicated.</p>	<ul style="list-style-type: none"> • Social support is a protective factor for maternal and infant health. Families with limited social support during the perinatal period are at increased risk for depression and anxiety (Milgrom, 2019). • Programs that target families with limited social support have demonstrated improved outcomes in maternal mental health, parenting practices, and child development (Catherine, 2024). • Families living in rural or remote areas and underserved communities may experience barriers to accessing health services, including: <ul style="list-style-type: none"> – limited health infrastructure – fewer providers including limited access to a primary care provider resulting in fragmented or delayed care – longer travel times to health facilities (e.g., maternity, paediatric, or primary care services) – transportation barriers including lack of public transit, unreliable vehicles, or financial constraints that prevent travel to prenatal appointments, delay postpartum follow-ups, and forego preventive care (Catherine, 2024) – poor internet connectivity that restricts access to virtual care or online health resources, especially in northern or rural regions (Canadian Institute for Health Information, 2023)

Screening Criteria and Definition	Rationale for Inclusion
COMBINATION FACTORS (more than one factor needed to be present)	
<p>Primary caregiver age 20-24 – birth parent is age 20-24 at time of intake.</p>	<ul style="list-style-type: none"> • Primary caregivers under the age of 25 often face unique challenges during the perinatal period, including limited access to stable housing, income, education, and social support. These intersecting factors can increase stress, reduce engagement with health services, and impact parenting confidence and child development outcomes. • Young primary caregivers are a key population for enhanced support as early intervention can improve their health, parenting capacity, and child development (Health Quality BC, 2024; Public Health Agency of Canada, 2025).
<p>Primary caregiver abilities that may impact parenting –</p> <p>Physical disability: refers to a long-term or episodic condition that affects a person’s mobility, physical functioning, or ability to perform daily tasks. In the perinatal context, this may include conditions such as spinal cord injuries, muscular disorders, arthritis, or chronic pain that impact pregnancy, birth, or parenting (PHN-PREP, 2021).</p> <p>Sensory disability: refers to partial or complete loss of vision or hearing that affects communication, access to information, or interaction with the environment. In the perinatal period, sensory disabilities may influence how primary caregivers engage with health services, parenting education, and social support (Government of Canada, 2024).</p>	<ul style="list-style-type: none"> • Primary caregivers with disabilities face unique and often under-recognized challenges during pregnancy and postpartum. BC FHVP providers play a critical role in addressing these challenges by advocating for accessibility, navigating systemic barriers, and coordinating in-home supports that build parenting capacity and executive functioning. • Barriers such as inaccessible facilities, transportation challenges, and providers who lack training in disability-inclusive care can lead to delayed or inadequate prenatal and postpartum support, increasing risks for both primary caregiver and child (Provincial Council for Maternal and Child Health, 2023; World Health Organization, 2025).

Screening Criteria and Definition	Rationale for Inclusion
COMBINATION FACTORS (more than one factor needed to be present)	
<p>Intellectual and developmental disability (IDD) – refers to significant limitations in intellectual functioning (e.g., reasoning, learning, problem-solving) and adaptive behaviour (e.g., communication, self-care, social skills) that begin before age 18 (Province of British Columbia, 2024; APA Dictionary of Psychology, 2023). In addition, acquired brain injury (occurring after birth) includes:</p> <ul style="list-style-type: none"> • <i>Traumatic brain injury</i> – resulting from external forces (e.g., motor vehicle accidents, falls, domestic violence) <i>and</i> • <i>Non-traumatic brain injury</i> – resulting from internal pathophysiological processes or substance exposure (e.g., ischemic stroke, opioid poisoning, hematoma), both of which may lead to cognitive, physical, emotional, and behavioural challenges (Brain Injury Canada, n.d.). 	<ul style="list-style-type: none"> • Evidence suggests poorer health outcomes among maternal and child populations, including: <ul style="list-style-type: none"> – increased number of emergency room and hospital visits – higher rates of rare/serious complications – increased number of mental health visits – increased emergency room visits for intimate partner violence – higher rates of preterm or small-for-gestational-age babies – longer hospital stays – reduced breastfeeding initiation – higher rates of NICU admissions (Brown, 2021) • Birthing individuals with intellectual disabilities are at significantly higher risk for adverse obstetric outcomes such as gestational hypertension, urinary tract infections, and postpartum hemorrhage – and their infants experience increased risks of prematurity, perinatal mortality, and extended hospital stays. These disparities stem from systemic inequities in care access and quality, not the disability itself. (Lo, 2025; Provincial Council for Maternal and Child Health, 2023). • Individuals who are deaf, hard of hearing, blind, or have low vision may encounter communication barriers and limited adaptive equipment. Family health visiting enables customized communication strategies, including interpreters and tactile or visual supports, fostering inclusive care environments.

Screening Criteria and Definition	Rationale for Inclusion
COMBINATION FACTORS (more than one factor needed to be present)	
<p>Substance use that is impacting parenting or coping – refers to the use of substances – regulated (e.g., alcohol, cannabis or methadone) or unregulated (e.g., cocaine, heroine) – that may interfere with a primary caregiver’s ability to manage daily stressors, engage in caregiving tasks, or access health and social supports during the perinatal period. This may include substance use that contributes to emotional distress, housing instability, strained relationships, or fear of accessing services due to stigma or child protection concerns.</p>	<ul style="list-style-type: none"> • Substance use during the perinatal period is often rooted in trauma, social determinants, and systemic inequities. • Evidence shows that enhanced family health programs modelled after NFP and other trauma-informed approaches lead to: <ul style="list-style-type: none"> – improved maternal mental health and reduced substance use – increased engagement with prenatal care – better birth outcomes and infant development – reduced involvement with child protection services (Catherine, 2024) • Supporting primary caregivers during pregnancy and early parenting can interrupt cycles of trauma and substance use. Family Health Nurse/Family Health Visitors build trusting relationships that help families access housing, food, treatment, and culturally safe care. • Primary caregivers who use substances are disproportionately Indigenous, racialized, or low-income. Offering enhanced family health visits ensures these families are not excluded from vital supports due to stigma or systemic barriers (Ritland, 2020).

Screening Criteria and Definition	Rationale for Inclusion
COMBINATION FACTORS (more than one factor needed to be present)	
<p>Incarcerated/transitioning from institution – refers to families in which a birthing parent or primary caregiver is currently incarcerated, recently released, or transitioning from an institutional setting such as prison, youth detention, or residential treatment. These circumstances often disrupt caregiving continuity, family stability, and access to health and social supports.</p>	<ul style="list-style-type: none"> • Parental incarceration and reintegration are significant disruptions to family life that can negatively affect maternal and child health. • Children with incarcerated caregivers are more likely to experience emotional distress, behavioural difficulties, and disrupted attachment relationships. • These risks are intensified when caregivers face systemic barriers to accessing health care, housing, and parenting support upon release (Jones, 2024).
<p>Mental health conditions (consider impact on parenting) – refer to untreated or inadequately managed mental health conditions in the primary caregiver(s) that significantly impact their ability to cope with daily parenting responsibilities and maintain a safe, nurturing environment for the child.</p> <p>Untreated or inadequately managed conditions are the primary risk factor. Mental health concerns that are well-managed and supported through appropriate treatment and coping strategies (e.g., pharmacotherapy, psychotherapy, community supports) do not qualify as eligibility criterion.</p> <p>The focus is on functional impact. Caregivers who are not coping – demonstrated by persistent distress, inability to meet basic caregiving tasks, or compromised parent-child interactions – should be considered for program inclusion.</p>	<ul style="list-style-type: none"> • Mental health conditions during pregnancy and postpartum – such as depression, anxiety, post-traumatic stress disorder (PTSD), and mood disorders – can significantly affect a parent’s ability to cope, bond with their baby, and access support systems. • As many as 1 in 5 birthing parents in Canada experience a mental health disorder during pregnancy or postpartum. • Untreated mental health conditions are associated with: <ul style="list-style-type: none"> – prolonged parental depression – dissatisfaction or conflict in relationship, impaired infant bonding, and reduced responsiveness – increased risk of developmental delays in children (e.g., cognitive, psychosocial)

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Screening Criteria and Definition	Rationale for Inclusion
COMBINATION FACTORS (more than one factor needed to be present)	
<p>Mental health conditions may include but are not limited to:</p> <ul style="list-style-type: none"> • Major depressive disorder • Anxiety disorders • Bipolar disorder • Postpartum depression • Trauma-related disorders <p>Screening should consider severity, chronicity, and current treatment status consistent with CANMAT guidelines, which emphasize early intervention and the risks associated with untreated perinatal mood and anxiety disorders (Lam, 2024).</p>	<ul style="list-style-type: none"> - adverse outcomes such as miscarriage, preterm birth, and having a small-for-gestational-age baby (Centre for Community Child Health, Murdoch Children's Research Institute, Social Ventures Australia, & Bain & Company, 2023; Government of Canada, 2025). • Mental health conditions often intersect with poverty, trauma, and systemic barriers. Evidence shows that sustained nurse home visiting can reduce maternal depression, improve parenting confidence, and support secure attachment (Catherine, 2024).
<p>Complex child health needs – refer to children with health complexity, including those that:</p> <ul style="list-style-type: none"> • Have medical conditions that affect multiple body systems and structures • Need help with daily activities such as eating and moving • Have significant medical caregiving requirements (BC Children's Hospital, n.d.) <p>Health complexity is not solely defined by diagnosis but by the intersection of medical, functional, and social factors that create substantial caregiving demands.</p> <p>Unmet developmental milestones can also indicate or contribute to health complexity, including professionally observable or screening-tool-detected variances across motor, cognitive, language, and social-emotional domains.</p>	<ul style="list-style-type: none"> • Families caring for infants or children with complex medical or developmental needs – including congenital anomalies, neurologic conditions, or chronic health issues – often face significant emotional, logistical, and financial challenges. These children may require frequent hospital visits, specialized equipment, or intensive caregiving, which can result in: <ul style="list-style-type: none"> - elevated mental health risks: rates of anxiety and depression among primary caregivers of children with complex health needs are substantially higher than in the general population - financial hardship: reduced employment, increased out-of-pocket costs, and economic instability - social isolation and caregiver burnout: limited respite care and fragmented systems exacerbate stress

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Screening Criteria and Definition	Rationale for Inclusion
COMBINATION FACTORS (more than one factor needed to be present)	
	<ul style="list-style-type: none"> • These stressors are not resolved by medical care alone. Children with complex needs benefit from early developmental monitoring, responsive parenting, and stable home environments – all of which are supported through family health visiting. (Canadian Association of Paediatric Health Centres [CAPHC], Complex Care Community of Practice, 2018); (Catherine, 2024). • The <i>Restacking the Odds Indicator Guide</i> highlights the role of sustained nurse home visiting and early childhood services in improving developmental outcomes through quality, quantity, and participation indicators (Centre for Community Child Health, Social Ventures Australia, & Bain & Company, 2023) • Enhanced family health visiting programs can: <ul style="list-style-type: none"> – provide developmental surveillance and early identification – strengthen caregiver capacity and confidence – facilitate access to high-quality early years services – promote equitable outcomes for children facing systemic disadvantage

Appendices

- [Appendix C: BC FHVP Referral Form](#)
- [Appendix D: BC FHVP Eligibility Assessment Tool](#)
- [Appendix E: Plan for Innovation Form for Variances to Application of Eligibility Criteria](#)
- [Appendix H: Intake Workflow Example – Fraser Health](#)
- [Appendix I: Referral Outcome Follow Up Letter Examples – Fraser Health](#)

Program Teams

Focus

This document provides [evidence-informed](#) guidance on the Program Team structure for regional health authorities (RHAs) delivering the BC Family Health Visiting Program (BC FHVP, the Program).

This guidance is intended to support health authorities by:

- Outlining clear and consistent minimum expectations for Program Team structures required to deliver the Program effectively, and
- Providing options for flexible adaptations to meet the unique needs of regions and communities

Background

Traditionally, intensive family visiting programs delivering enhanced supports during pregnancy and the early years have relied on nurse-led models with specially trained registered nurses (RNs) providing relational, longitudinal care to individuals and families. This model has been the precedent in BC, with programs such as the Nurse Family Partnership delivered exclusively by public health nurses (Buchner, 2025; Fraser Health, 2025).

Benefits of a nurse-delivered model included the trusted “clinical expertise to work with highly complex [clients](#) and their children” on a comprehensive range of program topics. Nurses provide health assessment, preventive care, and use clinical judgement to identify the need for referrals or escalation of care, and their ability to influence health outcomes for both primary caregivers and children. Research has demonstrated that nurse-led models can produce significant improvements in a number of client and family outcomes when compared with [paraprofessional](#)-led programs (Catherine, 2024; Catherine, 2019; Administration for Children and Families, n.d.a; Administration for Children and Families, n.d.b; Goldfeld, 2018.; MacLeod, 2016; Olds, 2002; Olds, 2014; Provincial Health Services Authority, 2024; Prevention and Planning Branch, Ministry of Health, 2022; Sanders, 2018).

Research has also demonstrated that, with adequate training and supervision, paraprofessionals delivering intensive family visiting programs can have positive impacts on improving parent-child interaction and attachment; enhancing parenting skills, confidence, and family functioning; reduce the risk of [child maltreatment](#); and increase access to community resources (Catherine, 2024; Chartier, 2017; Chartier, 2018; Government of Manitoba, 2010; Government of Manitoba, 2024; Olds, 2014; Olds, 2002; Peacock, 2013).

Non-nurse and paraprofessional-led approaches can achieve the greatest positive impact when services are:

- 1) delivered with fidelity to an evidence-based model
- 2) supported by robust training and reflective supervision
- 3) matched to family characteristics and community context (Koopmans, 2025)

It is recognized that assigning an RN to every client/family enrolled in the Program may not be operationally feasible in all BC communities. The Program supports flexibility and evidence-informed innovation in order to expand the reach of the Program provincially.

In addition to the defined Program Team roles within the Program, there may be benefit in establishing formalized connections with a broader range of partners and providers including midwives, lactation consultants, social workers, [life skills workers](#), [peer support workers](#), and [System Navigators](#) to enhance services for families with complex needs. Indigenous Elders, Knowledge Keepers, and [cultural liaisons](#) can also play a vital role in supporting families to connect with cultural traditions, teachings, and services (College of Health and Care Professionals of BC, 2024; Ng Williams, 2024; Smithwick, 2025).

Need to Know

Program Team Roles and Functions

The Program Team includes both providers who work directly with clients or families, as well as team members who provide support to service delivery. Based on a review of existing family visiting programs and engagements with health systems partners, it is recommended that the minimum Program Team structure should include:

- a primary relationship holder (i.e., the [Family Health Nurse/Family Health Visitor](#)), who delivers the family [visits](#) alone or within a dyad model (this individual may also be the clinical provider)

- a clinical provider, i.e., RN
- a clinical nurse educator (CNE)
- an administrative support role
- a supervisor

Based on context and available resources, RHAs may also want to consider adding other roles to their core Program Team structure such as social workers, midwives, lactation consultants, [mental health professionals](#), peers, or Elders.

When determining who will act as the Family Health Nurse/Family Health Visitor, organizations should consider local context (e.g., family's acceptance of provider type), logistical factors (e.g., rural and remote communities), available human resources, and opportunities for evidence-informed innovation that may reduce barriers to care. The ability of the Family Health Nurse/Family Health Visitor to form a trusting relationship with clients and families is key. With that in mind, cultural and linguistic needs may also play a role in determining who will act as a Family Health Nurse/Family Health Visitor, particularly in [Structure 2](#).

[Table 8](#) outlines the minimum expectations regarding roles and responsibilities within each Program Team. It is recognized that each RHA is unique in how they structure their supervisory, clinical, and operational/administrative responsibilities.

Supervisory Functions

Supervisors play a critical role in supporting the effectiveness and sustainability of the Program by providing guidance, emotional support, and professional development for Family Health Nurse/Family Health Visitor. Through reflective supervision, supervisors help staff process complex family dynamics, manage stress, and maintain professional boundaries, which in turn reduces burnout and enhances service quality. Supervisors also ensure fidelity to Program service delivery and documentation standards, fostering accountability and continuous improvement (Wasik, 2018). Their leadership is essential in creating a supportive work environment that prioritizes both family outcomes and the well-being of the Program Team (Tomlin, 2016).

The supervisor role, including the desirable training and experience for Program supervisors, will likely vary within each RHA depending on the unique needs of the organization's structure and approach to service delivery. Individuals providing

supervisory functions may also have different RHA-specific job titles. The following outlines the minimum expectations for all Program supervisors:

- **Provide Reflective Supervision:** Program supervisors are recommended to provide regular supervision (virtual or in-person) to each Family Health Nurse/Family Health Visitor. RHAs will determine their own guidelines for the frequency and duration of these interactions. [Practice support tools](#) for both the Family Health Nurse/Family Health Visitor and supervisor are included in [Focused Offerings and Supports](#) (Tomlin, 2016).
- **Case Conferences and Team Meetings:** Program supervisors are recommended to facilitate regular case conferences and team meetings, either in-person or virtual with their Program Teams. Case conferences may include providers outside of the Program Team when appropriate. RHAs will determine their own guidelines for the frequency and duration of these interactions. Practice support tools for case conferences and team meetings are included in [Focused Offerings and Supports](#).
- **Documentation:** RHAs may consider developing tracking mechanisms for supervision, case conferences, and team meetings for reporting, evaluation, and quality improvement purposes.
- **Education and Curriculum:** It is recommended that supervisors work with their leadership to identify their individualized learning needs required to provide supervisory support to Program Teams by reviewing the Program's Curriculum, and to develop an individualized learning plan.
- **Peer Reflective Practice:** Supervisors are recommended to seek opportunities to engage in regular peer reflective practice with other Program supervisors.

Clinical Providers

Regarding clinical providers, it is acknowledged that the availability of RNs to work within Program Teams will vary among RHAs. Recruiting RNs with experience in public health and/or maternal, child, and paediatric health is preferred for all RN roles on the Program Team, but RHAs are responsible to craft their own job descriptions based on their unique contexts.

Table 8: Minimum Program Team Functions

Role	Core Responsibilities	Notes
Family Health Visitor	<p>Each client/family enrolled in the Program should have at least one Family Health Visitor(s) who acts as the primary relationship holder.</p> <p>The Family Health Visitor is responsible for delivering program visits, providing long-term continuity of care, and ensuring that the client or family is offered the focused offerings and supports that align with the family's goals.</p>	<p>May be an RN, other professional, or paraprofessional depending on which Program Team structure is used.</p>
Registered Nurse (RN)/ Family Health Nurse	<p>At least one RN is attached to every client or family. May be primary care provider, i.e., the Family Health Nurse (Structure 1) or work in a dyad with a Family Health Visitor (Structure 2).</p>	<p>Experience in public health, mat/child, and paediatric care preferable. If working with Structure 2, RN must be available for all clinical assessments outside Family Health Visitor scope</p>
Supervisor	<p>Oversees all aspects of the Program, provides clinical supervision, and provides reflective leadership support. Supports provincial reporting required for program monitoring and evaluation.</p>	<p>Must be an RN. Experience in public health, mat/child, and paediatric care preferable. Supervisory experience preferable. Role can be based regionally or locally.</p>
Clinical Nurse Educator	<p>An experienced nurse who uses expert knowledge and teaching skills to educate, mentor, and develop other health care providers, including nurses and unlicensed staff.</p>	<p>Must be an RN. Experience in public health, mat/child, and paediatric care preferable. Experience in education also preferable.</p> <p>Role may be based regionally or locally.</p>
Administrative Support	<p>An administrative professional who supports the completion of administrative tasks (e.g., processing referrals, data collection) as required.</p>	<p>Role may be based regionally or locally.</p>

Family Visiting Structures

There are two structures that teams may consider when determining what type of provider will deliver family visits and hold the primary relationship with the client or family. These options are detailed in [Table 9](#) and depicted visually in [Appendix G](#).

Table 9: Program Team Structures

Structure	Family Health Visitor	Visit Delivery	Roles
Structure 1 Family Health Nurse (Recommended)	RN	RN delivers all visits	RN provides all aspects of care
Structure 2 Family Health Nurse/Family Health Visitor Dyad	RN and professional/paraprofessional partner (e.g., life skills worker, Elder or cultural liaison, system navigator , or peer support worker)	Visits are distributed between dyad members with frequent contact to build trust and reinforce goals. All dyad visits contribute to the overall visit schedule. Flexibility to offer joint visits, as necessary.	RN provides all clinical assessments and delivers focused offerings and supports outside of the non-RN's scope of practice and oversees care coordination. Other dyad member provides service navigation, culturally grounded support, parenting support, and any other services within their scope of practice. RHAs are responsible to clearly define the roles within the dyad.

As noted, regardless of which structure is selected, at least one RN must be attached to every client or family. They may act as the primary Family Health Nurse (Structure 1) or deliver the program as part of a balanced dyad with a Family Health Visitor (Structure 2), sharing the responsibility for family visits and ensuring availability for any clinical assessments or the delivery of focused offerings and supports that are out of scope for the non-nurse member of the dyad.

For the purposes of monitoring and evaluation, it is important to know which structures are being implemented in different regions and communities. Structure 1 will be considered the default.

Regions implementing Structure 2 should complete a *Plan for Innovation* form (Appendix F) and submit it to the [PHSA BC FHVP Program Team](#) for tracking purposes.

Caseload Estimates

The anticipated caseload for each Family Health Nurse/Family Health Visitor will vary depending on a number of factors and is likely to vary between and even within each RHA. When determining team caseloads, consider the following factors:

- Program Team Structure (Structure 1 or 2)
- Client complexity (Stream A vs. Stream B)
- Life stage of family on enrolment (pregnancy vs. early childhood)
- Number of full- or part-time equivalent FTEs available
- Geographic factors, e.g., travel times

Program Roles and Focused Offerings and Supports

Table 10 provides guidance on which Program roles and the focused offerings and supports can be offered by each profession/cohort. The purpose in providing this information is to assist health authorities in their planning for team structure within the unique contexts of communities in their region.

Table 10: Program Roles and Scope

Provider Type	Program Focused Offerings and Supports
Registered Nurse	<ul style="list-style-type: none"> • All Program focused offerings and supports within professional scope of practice as per BC College of Nurses and Midwives Registered Nurses Scope of Practice (British Columbia College of Nurses and Midwives, n.d.-a)

Registered Psychiatric Nurse*	<ul style="list-style-type: none"> • Focused offerings and supports within professional scope of practice as per BC College of Nurses and Midwives Registered Psychiatric Nurses Scope of Practice (British Columbia College of Nurses and Midwives, n.d.-b) • Family visiting • Referrals for additional services
Licensed Practical Nurse*	<ul style="list-style-type: none"> • Clinical services within professional scope of practice as per BC College of Nurses and Midwives Licensed Practical Nurses Scope of Practice (British Columbia College of Nurses and Midwives, 2025) • Family visiting* • Referrals for additional services via coordination with RN
Mental Health Professional*	<ul style="list-style-type: none"> • Focused offerings and supports within the scope of their specific licensing and registration (e.g., psychologists, psychiatrists, clinical counsellors, psychotherapists) • Family visiting* • Referrals for additional services via coordination with RN
Social Worker*	<ul style="list-style-type: none"> • Focused offerings and supports within their scope as per the British Columbia College of Social Workers Code of Ethics and Standards of Practice (British Columbia College of Social Workers, 2009) • Family visiting* • Referrals for additional services via coordination with RN
Elder/Knowledge Keeper/ Cultural Liaison*	<ul style="list-style-type: none"> • Family visiting* • Connect families with Indigenous services and/or link Indigenous services with non-Indigenous services • Provide cultural navigation, connections to religious or spiritual services • Referrals for additional services via coordination with RN
Paraprofessional, e.g., Life Skills Worker/System Navigator/Peer Support Worker*	<ul style="list-style-type: none"> • Family visiting* • Referrals for additional services via coordination with RN

*May provide direct client care within Structure 2 if a Plan for Innovation has been submitted.

Appendices

- [Appendix F: Plan for Innovation Form for Variances to Program Team Composition](#)
- [Appendix G: Family Visiting Structures – Examples](#)

Service Delivery

Focus

Service Delivery outlines the delivery structure of the BC Family Health Visiting Program (BC FHVP, the Program). It includes recommended minimum service levels related to Program initiation and duration, and recommendations for [visit](#) structure and delivery schedule. It also provides reference to recommended supportive materials to support flexible implementation by regional health authorities (RHAs); these resources may be the responsibility of the implementing RHA or may be under development by the Provincial Health Services Authority (PHSA).

Background

A clearly defined service delivery structure with minimum recommended service levels is essential to set consistent expectations for Program Teams and the families receiving care. A provincially consistent approach to service delivery also supports seamless transitions for families who temporarily or permanently relocate between health authorities. Service delivery is organized into three distinct phases (Intake, Program Delivery, Discharge) which are described in further detail in the following section.

Need to Know: Family Health Nurses/Family Health Visitor(s)

Phase 1: Intake

Initial Contact

Program registration or referral forms that indicate that the individual may meet eligibility criteria should result in an initial follow-up completed by telephone. The purpose of the initial contact is to establish rapport, provide an initial screening to clarify referral information, and arrange an in-person visit for a holistic assessment. This initial screening is intended to be brief and support the utilization of referral processes that include broad intake criteria (see [Eligibility Criteria, Referral, and Intake](#) for screening support tool examples).

It is recommended that the initial contact should be made by the Program Team member who will most likely be assigned as the [Family Health Nurse/Family Health Visitor](#) to support continuity and relationship-based service. Upon receipt of referral or registration, contact attempts should be initiated in a timely manner, i.e., ideally within ten days, particularly for families enrolling prenatally or within the first eight weeks postpartum. The following strategies should be considered to establish contact (see [Appendix H](#) for optional processes):

- **Verify contact information** using at least two sources (e.g., referral form, EMR)
- **Make frequent contact attempts** – a minimum of three – at varying times of day and different days of the week
- **Use multiple communication methods** as per health authority protocols, including text messages, phone calls, email, and letters (as per RHA policy)
- **Engage the family's circle of care** (e.g., referring providers or other connected professionals) if direct contact cannot be established, to either obtain updated contact information or encourage the family to connect with the Program

Program Teams should follow a standardized process to inform the referral source of the outcome of the Program referral (e.g., family accepted service, unable to contact, declined service, deemed not eligible for service). See [Appendix I](#) for sample notification templates.

Initial Assessment(s)

Whenever possible, initial assessments for program eligibility and interest should take place in person, either at the [client's](#) home, an agreed upon community location, or in a clinic setting, i.e., not be conducted virtually or over the phone. This process may occur over multiple visits, i.e., two to three, depending on the family's needs and readiness. The primary focus of the initial visit(s) is to:

- Complete a holistic, strengths-based assessment to verify Program eligibility
- Understand the family's goals for care
- Begin establishing rapport and building trust
- Bring tangible resources to the visit (e.g., *Baby's Best Chance* book, *Toddler's First Steps* book, etc.)
- Confirm the family's acceptance into the Program

Eligible Client

If client is determined to be eligible for the Program, the Family Health Nurse/Family Health Visitor will introduce the Program and review the following information (see [Appendix L](#) and [Appendix M](#) for recommended processes):

- **Program scope:** expected duration of program, frequency of visits, supports that may be offered, program purpose
- **Family Health Nurse/Family Health Visitor role and boundaries:** scope of practice, hours of work, contact information, duty to report, and confidentiality practices
- **Program Guiding Principles:** emphasize that the program is strengths-based, family- and person-centred, flexible in delivery, and voluntary; clients can withdraw at any time
- **Collaborative goal setting:** discuss goals that have been identified, and/or propose goals to consider as part of [collaborative care plan](#) established between the Program Family Health Nurse/Family Health Visitor and the client or family
- **Consent for provider communication:** obtain consent to notify primary care provider(s) of program enrolment, care plan, and provide status updates, progress notes, etc. (see [Appendix I](#) for examples of notification letters)

Non-Eligible Client

If client is assessed as NOT eligible for the program, refer back to the RHA to receive universal or episodic services (e.g., time-limited infant feeding support). Encourage client to re-register for the Program if circumstances change. Advise referring provider (if applicable) that client has been deemed not eligible for Program and has been referred back to RHA universal or episodic services. See [Appendix I](#) for sample letter.

Phase 2: Program Delivery

Program Duration and Schedule

Ideally, clients are enrolled early in the prenatal period and continue in the Program until their child reaches at least two years of age. Clients should be offered a flexible visit schedule with a minimum number of visits defined by their assigned Stream (see [Eligibility, Referral, and Intake](#) for definitions). The visit schedule below applies to families enrolling in pregnancy and before their child's second birthday.

Visit Schedule by Stream

Systematic reviews consistently highlight that visit frequency and program duration are critical to achieving positive outcomes in nurse-led home visiting programs for vulnerable families. A minimum of 20–25 visits from pregnancy through to age 2 is commonly cited as the threshold for effectiveness (Beatson, 2021; Cibralic, 2025; MacDonald, 2012; Peacock, 2013). A **visit** is defined as a comprehensive, planned interaction between a home visitor and a client that:

- Is scheduled in advance
- Has a defined purpose or goal (e.g., developmental screening, parenting education, health check-in)
- Involves direct engagement (either in-person or via video call)
- Meets a minimum duration threshold (e.g., 30 minutes)
- Contributes towards the total number of visits a client receives

It is recognized that a Family Health Nurse/Family Health Visitor may have many additional **supportive engagements** with their clients, e.g., accompanying them to a visit with a social worker or medical appointment. A Family Health Nurse/Family Health Visitor may also have multiple **encounters** with a client, with an encounter defined as a brief or informal interaction that supports the family but may not meet the criteria of a visit, e.g., unscheduled, brief, may be a follow-up, reminder, or check in. Additional supportive engagements and encounters are documented but do not contribute to the minimum 20-25 visit total.

Figure 4 summarizes the suggested visiting schedule for Stream A and Stream B clients. It is suggested that Stream B clients are offered at least 20-25 visits prenatally through to age two. It is suggested that Stream A clients are offered visits in excess of the 20-25 minimum, i.e., minimum of 30 visits prenatally through to age two. Programs with higher visit frequency and longer duration tend to show stronger and more consistent positive outcomes. However, quality and consistency of visits are equally important – more visits alone are not sufficient to increase the likelihood of positive outcomes. In instances where a non-nurse (i.e., a Family Health Visitor) conducts the majority of the visits, more frequent visits may be advisable; this approach is common among such models. Client needs and preference should also influence the visit schedule.

While various visit schedules can be found among various effective family visiting programs, there are several common threads:

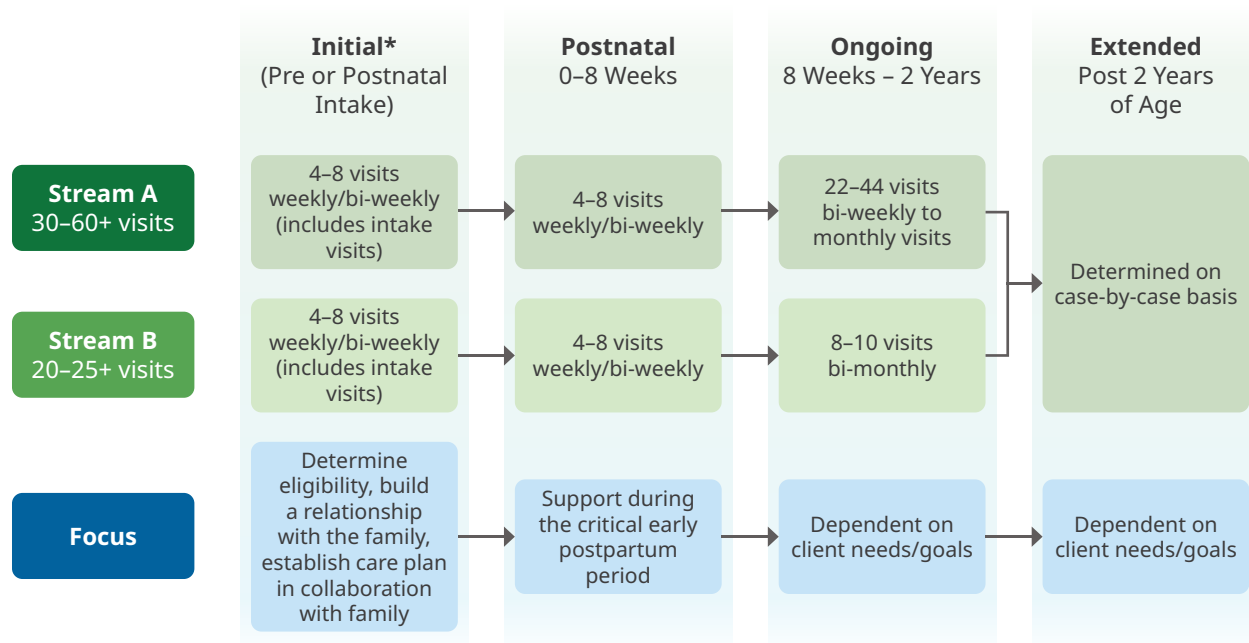


Figure 4: Suggested Visit Schedule for Stream A and Stream B

A higher frequency of visits, e.g., weekly upon intake helps to build a strong foundation for the relationship between the provider and the client.

- More frequent visits prenatally and in the immediate postpartum period (6-8 weeks), e.g., weekly or bi-weekly
- Regular but less frequent visits from postpartum to 2 years, e.g., bi-weekly or monthly

Program services should continue to be offered until the child reaches school age, based on the family's needs and goals. From age 2 to school entry, the visit schedule will be tailored to the family's needs and goals.

Late Enrolment and/or Extended Support (Age 2+)

Initial Visits

Any families enrolled as **new clients** after age 2 require a minimum number of initial visits to determine eligibility, build a relationship with the family, and establish needs for specific focused offerings and supports in collaboration with family.

Ongoing Visits

Ongoing visits will focus on delivering the specific **focused offerings and supports** that align with each family's needs and goals. The visit schedule will vary given the focus of the focused offerings and supports. Visits may be delivered at reduced intensity for a sub-population of families who:

- Are not eligible for other targeted programs
- Face barriers to accessing universal services (e.g., transportation, language, cultural mismatch)
- Require service navigation or coordination across multiple systems

Visit Length, Location and Format

Visit Length

Standard visits are expected to be 45-60 minutes but may be extended up to 90 minutes based on client needs (e.g., initial visits, when breastfeeding or chestfeeding support is required, client in crisis, interpreter required). Expected visit duration does not include time required for preparation, travel, or documentation.

Visit Location

Most visits should be conducted in-person (minimum **50%** of total visits). Visit location options in order of preference:

- In person at the client's home (preferred)
- Primary care clinic or public health unit
- Other community setting (e.g., library, park)
- Virtual video conferencing platforms (e.g., Zoom)
- Phone call

When to Prioritize In-Person Visits

Prioritize in-person visits (home or community setting) in the following situations:

- At intake, to establish a therapeutic relationship and to build trust
- For families with barriers accessing alternative visit options (e.g., physical disabilities, transportation, housing, access to technology)

- To assess or discuss sensitive topics, i.e., intimate partner violence, housing, or food insecurity (Al-Taiar, 2023)
- When working with families who have intellectual disabilities (Al-Taiar, 2023)
- At discharge to celebrate successes

When Virtual Visits May Be Appropriate

Once a therapeutic relationship is established with the Family Health Nurse/Family Health Visitor through the application of intentional relationship-building and engagement practices, offer virtual visits in the following situations to provide flexibility for families for follow-ups, education, and coaching:

- The client or family lives in a rural/remote area, where virtual access improves timeliness of care
- The client or family has access to adequate technology, i.e., device with video call capabilities (Traube, 2022; Marshal, 2020)
- Safety concerns exist for the Family Health Nurse/Family Health Visitor (e.g., unsafe driving conditions; safety concerns such as weapons, substance use, contagious illness in family's household)

Documentation Requirements

All organizations are required to establish processes to document the modality and location of each visit (documentation guideline is in development).

Special Circumstances: Plan for Innovation

Some communities may require greater flexibility in service delivery due to factors such as extreme remoteness (e.g., fly-in only communities) or inadequate communication access (e.g., unreliable or non-existent internet or cell phone coverage), or unique care arrangements (e.g., agreements between FNHA and an RHA). For the purposes of monitoring and evaluation, it is important to know how services are being delivered in different regions and communities. RHAs who wish to utilize service delivery approaches outside the minimum expectations summarized in this document are requested to submit a Plan for Innovation Form to PHSA ([Appendix K](#)).

Use of Text Messaging

Text messages should only be used for the following purposes:

- To initiate contact
- Confirm visits
- To send health resources (e.g., website, digital resource) after an in-person/virtual/phone assessment has been completed
- To maintain contact when visits are less frequent, and to set priorities for upcoming visits

Phase 3: Discharge

Discharge from the Program may occur when:

- The family's goals have been met
- Primary caregiver chooses to self-discharge (including lost to follow-up)
- Family's care is transferred to another RHA (i.e., seamless transition)
- Family's needs can be met by external community service provider, and referral is accepted

Discharge from the program does not prevent future re-entry if family circumstances change or the child is under the care of a new primary caregiver. When discharge is planned, the Family Health Nurse/Family Health Visitor should attempt to deliver a final in-person discharge visit.

Special Circumstance: Perinatal Loss

For families experiencing perinatal loss after enrolment, follow-up will be determined in collaboration with the Program supervisor and the family and delivered in alignment with universal service guidelines.

Transfer of Care

Transfer of a family's care may occur between or within RHAs. Transfer of care should include:

- A faxed/digital referral to the receiving health unit/clinic or RHA (see example of BC FHVP Transfer Referral form in [Appendix J](#))

- A verbal handover to the receiving care Family Health Nurse/Family Health Visitor to provide an overview on progress within the collaborative care plan
- A “[warm referral](#)” in the form of a joint visit (in person or virtual) with the client/family and the referring and accepting Family Health Nurses/Family Health Visitors should be considered (Agency for Healthcare Research and Quality, n.d.)
- Enhanced post-transfer engagement; the accepting Family Health Nurse/Family Health Visitor should initiate weekly visits for 2-3 weeks to establish a relationship, review care plan, and address immediate family needs

Related Documents

A number of related documents are recommended to support Program service delivery. They are listed below as Implementation Resources or Program Resources. For RHAs that do not currently have the recommended resources, these may be developed by the RHA independently (where a flexible, regional approach is appropriate), or in collaboration (where a standard, provincial approach is preferred). Examples of existing RHA Program Resources are provided in the Appendices [H](#), [I](#), and [J](#).

Implementation Resource

- **Plan for Innovation Form** (see [Appendix K](#))

Program Resources

- **Intake Workflow:** includes process for families who do not qualify for enhanced services and will be provided universal service (see [Appendix H](#) for example)
- **Eligibility Assessment Tool:** provincial support tool for Family Health Nurses/Family Health Visitors to support assessment of risk and protective factors (see [Appendix D](#))
- **Health Authority BC FHVP Transfer Referral Form** (see [Appendix J](#) for Fraser Health example)
- **Unable to Contact Letters:** including translated versions (See [Appendix I](#) for examples)

- **Referral Outcome Follow-up Letters:** to communicate with primary care providers the outcome of the eligibility assessment for program service, including the family's care plan, or to notify a family that the Program was unable to contact them (see [Appendix I](#) for examples)
- **RHA-specific Policy for Use of Virtual Communication**
- **Community site risk assessment and relevant RHA safety policies:** to conduct pre- and post-site safety assessment prior to community or home-based visits

Appendices

- [Appendix H: Intake Workflow Example – Fraser Health](#)
- [Appendix I: Referral Outcome Follow Up Letter Examples – Fraser Health](#)
- [Appendix J: Transfer of Care Form Example – Fraser Health](#)
- [Appendix K: Plan for Innovation Form for Variances to Service Delivery](#)

Focused Offerings and Supports

Focus

Focused Offerings and Supports provides an overview of how the recommended [focused offerings and supports](#) and [practice support tools](#) should be delivered as part of the BC Family Health Visiting Program (BC FHVP, the Program). These resources are either currently available, the responsibility of the regional health authorities (RHAs), or may be under development by the Provincial Health Services Authority (PHSA).

Background

Focused offerings and supports are the deliberate action or set of actions carried out by health professionals to produce a beneficial effect on individuals, families, or communities. Focused offerings and supports are seen as the active component that leads to intended program outcomes; it is what the provider actually does during the [visit](#) (e.g., educating the primary caregiver, screening for depression, modeling responsive caregiving, making a referral or recommendation to external community programs).

Practice support tools are instruments, resources, or materials used by providers to guide effective delivery of focused offerings and supports. These tools help standardize care, enhance clinical decision-making, and support documentation and communication. Examples include:

- visit guides or checklists with outline of schedule of assessments and recommended topics)
- assessment and screening tools (e.g., for depression, child developmental milestones)
- referral protocols (e.g., steps for connecting families to services)
- educational handouts, videos, or websites (for use with [clients](#))
- communication technology (cell phone, laptop)

It is recommended that focused offerings and supports be selected by the [Family Health Nurse/Family Health Visitor](#) in collaboration with the individual or family and should be personalized to the family's unique care plan; not all focused offerings and supports will be applicable to every family situation. However, Family Health Nurses/Family Health Visitors should demonstrate competency to deliver all focused offerings and supports within their scope of practice to ensure all families in the province have access to a similar standard of care. This approach also supports provincial consistency in Program delivery, facilitating seamless handover for families that relocate temporarily or permanently between or within health authorities.

Need to Know

Alignment to Foundational Framework

All focused offerings and supports and tools delivered by Family Health Nurses/Family Health Visitors are detailed within the Clinical Toolkit ([Appendix L](#)) and Visit Guide ([Appendix M](#)). All focused offerings and supports will be:

- logically linked to *Program outcomes*, as described in the [Foundational Framework](#)
- address *content areas*, as described in the Foundational Framework
- be supported by *practice support tools*, where applicable
- be supported by *comprehensive provider education, training, and competency assessment*, as required



Figure 5: Example of relationship between Program outcomes, focused offerings and supports, provider tools and provider education

The Program Clinical Toolkit depicts the relationships between Program outcomes, content areas, focused offerings and supports, provider tools, and provider education. These elements are organized according to their associated Program outcome and related content area(s). The framework provides a clear rationale for how each intervention contributes to achieving a desired outcome.

Within the Program Clinical Toolkit, focused offerings and supports and tools have been grouped into four types as described below:

1. **Health Assessment or Screening (A)** – Tools used to either identify those with unrecognized health risk factors, or systematically gather information to identify needs, problems, strengths, or risks to guide decision-making prior to taking action, or to re-assess progress over time and adjust existing care plans.
2. **Client Education or Resources (E)** – Educational resources provided to families that address a specific health or wellness topic. Resources are expected to be reviewed with families to ensure their suitability, acceptance, and understanding. These are further divided into three categories:
 - **General resources:** provide information for families that are best viewed on the web (requires provider or family to have internet connection)
 - **PDF handouts/booklets/videos:** resources that may be printed for families prior to a visit or videos or apps clients may view independently or with the home visitor
 - **Engagement tools:** resources to support the provider to engage directly with their client. These may include discussion facilitators or communication guides, worksheets that a family health visitor may want to complete with their client, or games or other activities that lend themselves to engagement on a topic
3. **Direct Care Intervention (C)** – Provision of direct care such as providing immunizations or [collaborative care planning](#) with the family (e.g., brief action planning, safety planning) or interdisciplinary collaborative [care coordination](#). The therapeutic provider-family relationship is also included in this category, supported by focused offerings and supports such as motivational interviewing, and providing trauma-informed and [anti-racist](#) approaches to care.
4. **Recommendations, Referrals, and [Care Coordination](#) (R)** – Following a collaborative approach to care planning, providers may recommend that a family participate in a particular program or service virtually or in the community. These may include programs or services that require a formal referral or registration process, or informal programs or services that families can attend without prior enrolment. The expectation is that the Family Health Visitor will ensure client connection to programs and services via the following activities, as appropriate:
 - Offer basic information about the service (location, accessibility, purpose)
 - Assist with application or complete referral for or with the client/family as required (unless this task is designated to another Program provider, e.g., System Navigator)

- Encourage or assist the family to attend (e.g., provide [warm referral](#), accompany client to the first session, problem solve other attendance barriers such as transportation)
- Follow up with family in terms of referral acceptance and attendance
- Advocate for families to receive recommended services

Intervention Location

Most focused offerings and supports should be delivered in person, preferably in the family home. However, client preference should guide visit location, e.g., family home, shelter, clinic, child development centre. Under certain circumstances virtual [visits](#) may be offered (see [Service Delivery](#)). Consider the following when determining the location for providing a Program intervention:

- Assessments that address sensitive topics (relationship safety, [harm reduction](#)) require privacy and a safe environment – prioritize the home setting if safe to do so (Al-Taiar, 2023).
- Focused offerings and supports that require hands-on care (e.g., immunizations) require in-person delivery. Offering these services in the home reduces barriers to access; however, supporting flexible options in a clinic setting may also encourage a family to build capacity to access health care services.
- Virtual visits may be appropriate for follow-up, education, and coaching-type focused offerings and supports.

Visit Guide

The Program Visit Guide ([Appendix M](#)) is a key [practice support tool](#) necessary to provide structure and direction to Family Health Nurses/Family Health Visitors when planning for the delivery of focused offerings and supports for their [visits](#). This flexible yet defined structure provides clear expectations for both Family Health Nurses/Family Health Visitors and families as to the Program scope. The Visit Guide details recommended focused offerings and supports based on:

- life stage (pregnancy, infancy, early childhood)
- care plan priorities (mental health, substance use, finances, connection to culture, etc.)
- stage of participation in program (intake, program delivery, discharge)

Family Health Nurses/Family Health Visitors will create care plans that address the identified variances/vulnerabilities identified through holistic assessment and reflect the goals of the client. These areas will be the focus of all care delivered and should influence the selection of program activities.

Logistical Considerations

Family Resources: During the course of Program provision, providers will require access to adequate resources to offer families to support their health and learning needs. These resources may include health-related handouts, provincial parenting resources (e.g., [Baby's Best Chance](#) and [Toddler's First Steps](#)), goal-planning worksheets, or visit planning forms. Consider providing families with a binder to hold all their Program materials for easy reference during follow-up visits.

Provider Tools: Delivery of the Program requires that providers have access to necessary tools, including access to technology such as a smart phone with a data plan, and where possible, an LTE enabled laptop. Access to these tools supports the delivery of various focused offerings and supports, for example:

- cell phones permit text communication, which improves access to clients and supports clients who do not have “minutes” on their phone
- cell phone data plans support providers using mapping apps to travel to client’s homes
- data plans or access to an LTE supported device allows providers to show clients resources (websites, videos) during visits or complete online referrals, without requiring the client to have the technology or use their data (which may be limited)

Recommended Education and Training

Each Program intervention and practice support tool is supported by recommended education and training to ensure Family Health Nurses/Family Health Visitors are confident and competent in Program delivery ([Appendix L](#)). The educational requirements outlined for each intervention assume that the Family Health Visitor has completed the full Program learning pathway. It is the responsibility of the RHA to ensure that non-RN Family Health Visitors have achieved baseline competency and are practicing within their defined scope. This document should be used in conjunction with the BC FHVP Curriculum when assigning a limited set of focused offerings and supports to non-RN Family Health Visitors.

Appendices

- [Appendix L: Program Clinical Toolkit](#)
- [Appendix M: Visit Guide](#)

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Appendix A:

Program Logic Model

The logic model will be completed once a provincial Monitoring and Evaluation plan has been finalized in collaboration with health authorities.

Appendix B:

Overview of Key Theories and Models

Self-efficacy Theory (Bandura)

Self-efficacy theory, developed by Albert Bandura, posits that individuals' beliefs in their ability to succeed in specific situations or accomplish a task play a critical role in how they approach goals, tasks, and challenges. These beliefs influence motivation, resilience, and the choices people make. High self-efficacy can lead to greater persistence and effort, while low self-efficacy may result in avoidance and decreased performance. Bandura emphasized that self-efficacy is shaped by mastery experiences, social modeling, verbal persuasion, and physiological states. This theory is widely applied in education, health behaviour change, and psychological care (Bandura, 1977a).

Social Learning Model (Bandura)

The social learning model emphasizes the importance of observing, modeling, and imitating the behaviours, attitudes, and emotional reactions of others. It integrates behavioural and cognitive learning theories, suggesting that learning occurs in a social context through attention, retention, reproduction, and motivation. Bandura introduced the concept of reciprocal determinism, where personal factors, behaviour, and environment interact. This model highlights the role of role models, media, and peer influence in shaping behaviour and is fundamental in understanding aggression, moral development, and socialization processes (Bandura, 1977b).

Attachment Theory (Bowlby)

Attachment theory, formulated by John Bowlby, describes the dynamics of long-term relationships between humans, especially as a function of early interactions between children and caregivers. Bowlby proposed that children are biologically predisposed to form attachments as a survival mechanism. Secure attachment leads to healthy emotional and social development, while insecure attachment can result in difficulties with trust and relationships. The theory has evolved to include adult attachment styles and is central to understanding emotional regulation, trauma, and therapeutic relationships (Bowlby, 1969).

Human Ecology Theory (Bronfenbrenner)

Human ecology theory examines how individuals interact with their environment, emphasizing the multiple layers of influence from immediate surroundings to broader societal contexts. Bronfenbrenner identified systems such as the microsystem (family, school), mesosystem (interactions between microsystems), exosystem (external environments), and macrosystem (cultural values, laws). This theory underscores the importance of context in human development and has influenced policy, education, and social work by promoting holistic approaches to intervention (Bronfenbrenner, 1979).

Socioecological Model (Bronfenbrenner)

The socioecological model expands on human ecology theory by illustrating how individual behaviour is influenced by interpersonal, organizational, community, and public policy factors. It provides a framework for understanding the complex interplay between personal and environmental factors. This model is widely used in public health to design care that targets multiple levels of influence, such as promoting healthy behaviours through education, community engagement, and policy change. It emphasizes that sustainable change requires coordinated efforts across systems (Bronfenbrenner, 1992).

Reflective Parenting (Fonagy)

Reflective parenting is based on the concept of mentalization, encouraging parents to reflect on their own and their child's mental states to foster secure attachment and emotional development. It involves understanding the thoughts, feelings, and intentions behind behaviours, which helps parents respond sensitively and appropriately. This approach supports emotional regulation, empathy, and resilience in children. Reflective parenting is particularly beneficial in contexts of trauma or stress and is used in therapeutic settings to strengthen parent-child relationships (Fonagy, 1991).

Family Partnership Model/Parent Advisor Model (Davis)

The Family Partnership Model emphasizes collaborative relationships between professionals and families, promoting empowerment and shared decision-making in child development and care. It is grounded in respect, active listening, and mutual understanding. The model supports parents as experts on their children and encourages professionals to work alongside families rather than directing them. It is widely used in early intervention, health care, and education to improve outcomes by fostering trust and engagement (Davis, 2002).

Theory of Trust (Giddens)

Giddens' theory of trust explores how trust is foundational in modern societies, particularly in relationships and institutions, and is essential for managing risk and uncertainty. He argues that trust enables individuals to act in the absence of complete information, relying on systems and people to behave predictably. In the context of rapid social change and globalization, trust becomes a stabilizing force. This theory is relevant in understanding social cohesion, institutional credibility, and interpersonal dynamics (Giddens, 1986).

Transtheoretical Model of Behaviour Change (Prochaska)

The transtheoretical model outlines stages of change individuals go through in modifying behaviour, including precontemplation, contemplation, preparation, action, and maintenance. It recognizes that change is a process, not a single event, and that individuals may cycle through stages multiple times. The model incorporates processes of change, decisional balance, and self-efficacy. It is widely used in health promotion, addiction recovery, and psychotherapy to tailor care based on an individual's readiness for change (Prochaska, 1983).

Theory of Planned Behaviour (Ajzen)

Ajzen's theory of planned behaviour links beliefs and behaviour, suggesting that intention to perform behaviours is influenced by attitudes, subjective norms, and perceived behavioural control. It builds on the theory of reasoned action by adding the concept of control, which reflects the ease or difficulty of performing the behaviour. This theory is used to predict and understand behaviours in areas such as health, marketing, and environmental action. It provides a framework for designing care that target beliefs and social influences (Ajzen, 1991).

Model of Parenting (Patterson)

Patterson's model of parenting focuses on the role of coercive family processes in the development of antisocial behaviour in children, emphasizing the importance of positive parenting strategies. He identified patterns of negative reinforcement and escalation in parent-child interactions that contribute to behavioural problems. The model advocates consistent discipline, positive reinforcement, and clear communication, and is used widely in clinical and educational settings to support family functioning (Patterson, 1982).

Appendix C:

Referral Form

Date of referral (dd/mm/yyyy): _____

Client Information

First name: _____ Last name: _____

Preferred name (if different): _____ Parent less than 25 years old

Personal Pronouns:

She/Her He/Him They/Them Client prefers not to answer Unknown

Personal pronouns (other): _____

Consent to Referral

The client is aware of this referral and consents to being contacted by Public Health:

Yes No (*If no, do not submit this form*)

Address Information

What is the best address to contact the client within the next 4 weeks?

Contact Information and Preferences

Preferred phone number: _____ Cell Home Other No phone

Alternate phone number: _____ Cell Home Other

Email address (optional): _____

E-mail addresses are used for the purpose of communicating with clients and sharing resources.

Preferred contact method(s):

Phone Safe to leave voicemail Text Safe to leave text message Email

Best time to contact (optional): _____

Alternate contact person (if applicable):

Name: _____ Phone: _____

Is a language interpreter required? Yes No

Spoken language: _____

Preferred written language (if different): _____

Other communication or accessibility needs or preferences:

Pregnancy Information (if applicable)

Currently pregnant? Yes No If yes, EDD (dd/mm/yyyy): _____

Name of doctor, midwife or nurse practitioner: _____

Client does not have a primary care provider

Clinic name (if applicable): _____

Clinic phone number: _____ Clinic fax number: _____

Parenting Information

Is client parenting an infant or young child? Yes No If yes, age(s) of child(ren): _____

Referral and Support Information

Pregnancy and/or parenting support topics of interest to the client (check all that apply):

- Prenatal, postpartum, or general parenting support
- Strengthening relationship with infant/child
- Relationships and/or safety for self or family
- Social connection, cultural, and/or community supports
- Mental health and wellness
- Current experiences with substance use (regulated and unregulated)
- Housing, financial, or food supports
- Other: _____

Strengths and resources current, or anticipated, that support their parenting role (check all that apply):

- Strong social and/or cultural support network
- Access to transportation
- Stable living conditions (housing, employment or finances)
- Education/training
- Other _____

Additional details (optional):

Referral Source

- Registered Midwife
- Family Physician
- Nurse Practitioner
- Registered Nurse
- Community-Based Organization
- Other: _____

Referring person's name: _____

Phone number: _____

Organization if applicable: _____

Address:

Office email: _____

Fax number: _____

Would you like to be notified about the outcome of this referral? Yes No

Consent for Methods of Communication (Regional health authority disclosure statement)

Signatures

This consent is not valid unless signed and dated.

Referring Person's Name (print): _____ Date (dd/mm/yyyy): _____

Signature: _____

Interpreter Declaration *(if applicable)*

I confirm that I have explained the nature and purpose of this consent to the above-named client (and/or legal substitute decision maker) in their preferred language.

Interpreter Name (print): _____

Interpreter ID: _____ Organization: _____

Signature: _____ Date (dd/mm/yyyy): _____

What Happens Next?

- A Public Health team member will try and contact you within **XXX** business days.
- Available support and next steps will be discussed.
- **Participation in services is voluntary, and you can withdraw or decline services at any point of your pregnancy or parenting journey.**

Send completed referrals to:

Phone: (XXX) XXX-XXXX or

Fax: (XXX) XXX-XXXX or

Email: XXXXXX

An interactive referral form will be available on the RIPPLiVE platform.
<https://rippl.childhealthbc.ca/ripplive>

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)

Limited social support/access barriers:

- “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?”

Protective factors:

- 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)

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

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.

- Consider asking: "If there are community supports you feel would benefit your family, what would you like help connecting to?"

Protective factors:

- 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

Limited supports/access barriers:

- "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)

Protective factors:

- 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	

References

- Bacciaglia, M., Neufeld, H. T., Neiterman, E., Krishnan, A., Johnston, S., & Wright, K. (2023). *Indigenous maternal health and health services within Canada: A scoping review*. *BMC Pregnancy and Childbirth*, 23, Article 327.
- BC Council for Families. (n.d.). *Nobody's Perfect Parenting Program*. <https://www.bccf.ca/program/1/>
- Canadian Association of Paediatric Health Centres. (2018). *Guideline for the management of medically complex children and youth through the continuum of care*. Children's Healthcare Canada. https://www.childrenshealthcarecanada.ca/media/yzanrkxm/caphc-national-complex-care-guideline-2018_final.pdf
- Center on the Developing Child at Harvard University. (2016). *From best practices to breakthrough impacts: A science-based approach to building a more promising future for young children and families*. <https://developingchild.harvard.edu>
- Clarke-Grant, D. (2025). *Healthcare access for Indigenous communities in rural Canada: A narrative review and interdisciplinary framework for action*. *Intergovernmental Research and Policy Journal*.
- Columbia Lighthouse Project. (n.d.). *The Columbia–Suicide Severity Rating Scale (C-SSRS)*. <https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/>
- Gérard, M., de Leeuw, S., & Lindsay, N. M. (2018). *Access to health services as a social determinant of First Nations, Inuit and Métis health*. National Collaborating Centre for Indigenous Health. https://www.nccih.ca/495/Access_to_health_services_as_a_social_determinant_of_First_Nations,_Inuit_and_Métis_health.nccih?id=279
- Government of Canada. (2020). *Child maltreatment surveillance indicator framework: Quick stats*. <https://www.canada.ca/en/public-health/services/reports-publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/vol-40-no-2-2020/child-maltreatment-surveillance-indicator-framework.html>
- Idzerda, L., Lazarescu, C., Corrin, T., Vallières, E., Couture, A., Khan, S., McIntyre, L., Tarasuk, V., & Jaramillo Garcia, A. (2025). Food-based interventions to mitigate household food insecurity in Canada: A systematic review. *Health Promotion and Chronic Disease Prevention in Canada*, 45(9), 367–385. <https://doi.org/10.24095/hpcdp.45.9.03>
- Indigenous Primary Health Care Council. (2025). *A wholistic and strength-based approach for measuring health and wellness: Considerations for public health indicators*.
- Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). Guilford Press.
- National Collaborating Centre for Determinants of Health. (2023). *Let's talk: Language of health equity*. <https://nccdh.ca/resources/entry/lets-talk-language-of-health-equity>
- National Institute on Drug Abuse. (n.d.). *The OARS model: Essential communication skills*. <https://nida.nih.gov/sites/default/files/oarsessentialcommunicationtechniques.pdf>
- Public Health Agency of Canada. (2023a). *Family-centred maternity and newborn care: National guidelines*. <https://www.canada.ca/en/public-health/services/maternity-newborn-care-guidelines.html>
- Public Health Agency of Canada. (2023b). *Promoting mental health and well-being for children and youth: Protective factors (infographic)*. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/infographic-mental-health-wellbeing-children-youth-protective-factors.html>
- Sansone, G., Williams, C. C., Crowe, A., & McDonald, J. (2024). *Supports and systems to respond to complex needs among children and youth in Ontario: Policy brief*. University of Toronto, Factor-Inwentash Faculty of Social Work. <https://socialwork.utoronto.ca/wp-content/uploads/2024/06/Policy-Brief-Complex-Needs-June2024-Final.pdf>
- Triple P International. (n.d.). *Triple P – Positive Parenting Program*. <https://www.triplep-parenting.ca/can-en/home/>
- Vedam, S., Stoll, K., Tarasoff, L., PhillipsBeck, W., Lo, W., MacDonald, K., et al. (2024). The RESPCCT Study: Community-led development of a person-centered instrument to measure health equity in perinatal services. *Journal of Participatory Research Methods*, 5(1). <https://doi.org/10.35844/001c.94399>

Appendix E:

Plan for Innovation Form for Variances to Application of Eligibility Criteria

Planned Innovation – Eligibility Criteria

Please complete a separate form for multiple requests

Regional Health Authority:	Date:
Health Service Delivery Area (if applicable):	
Health Authority Contact for recommendation	
Name and Title:	
Email:	

Description of Eligibility Criteria (automatic, combination, new addition, etc.):
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- **Provide details as to how EFHP Eligibility Criteria will be modified from the Eligibility Criteria, Referral, and Intake Guideline:**
- **What risks do you anticipate to the overall Program with this recommendation?**
- **Summary of any strategies utilized to maintain adherence to Program guiding principles:**

- **What are the potential positive and negative impacts of this recommended innovation for *providers*:**

- **What are the potential positive and negative impacts of this recommended innovation for *families*:**

- **Anticipated time frame for incorporation of proposal and plans to evaluate its benefit/outcome:**

Recommendation Reviewed by PHSA and Feedback Provided:

Yes No Date: _____ By: _____

PHSA Reviewer Feedback:

Review date to reassess provider proposal: _____

Appendix F:

Plan for Innovation Form for Variances to Program Team Composition

Plan for Innovation – Program Teams

Please complete a separate form for multiple requests

Regional Health Authority:	Date:
Health Service Delivery Area (if applicable):	
Health Authority Contact for recommendation	
Name and Title:	
Email:	

- Indicate which Team Structure you plan to implement: Structure 2 ___ Other ___
- Provide details about your proposed Program Team structure (i.e. provider designation, scope of each provider):
- What risks do you anticipate to the overall Program with this recommendation?
- Summary of any strategies utilized to maintain adherence to Program guiding principles:
- What are the potential positive and negative impacts of this recommended variance for *providers*:

- **What are the potential positive and negative impacts of this recommended variance for *families*:**

- **Anticipated time frame for incorporation of proposal and plans to evaluate its benefit/outcome:**

Recommendation Reviewed by PHSA and Feedback Provided:

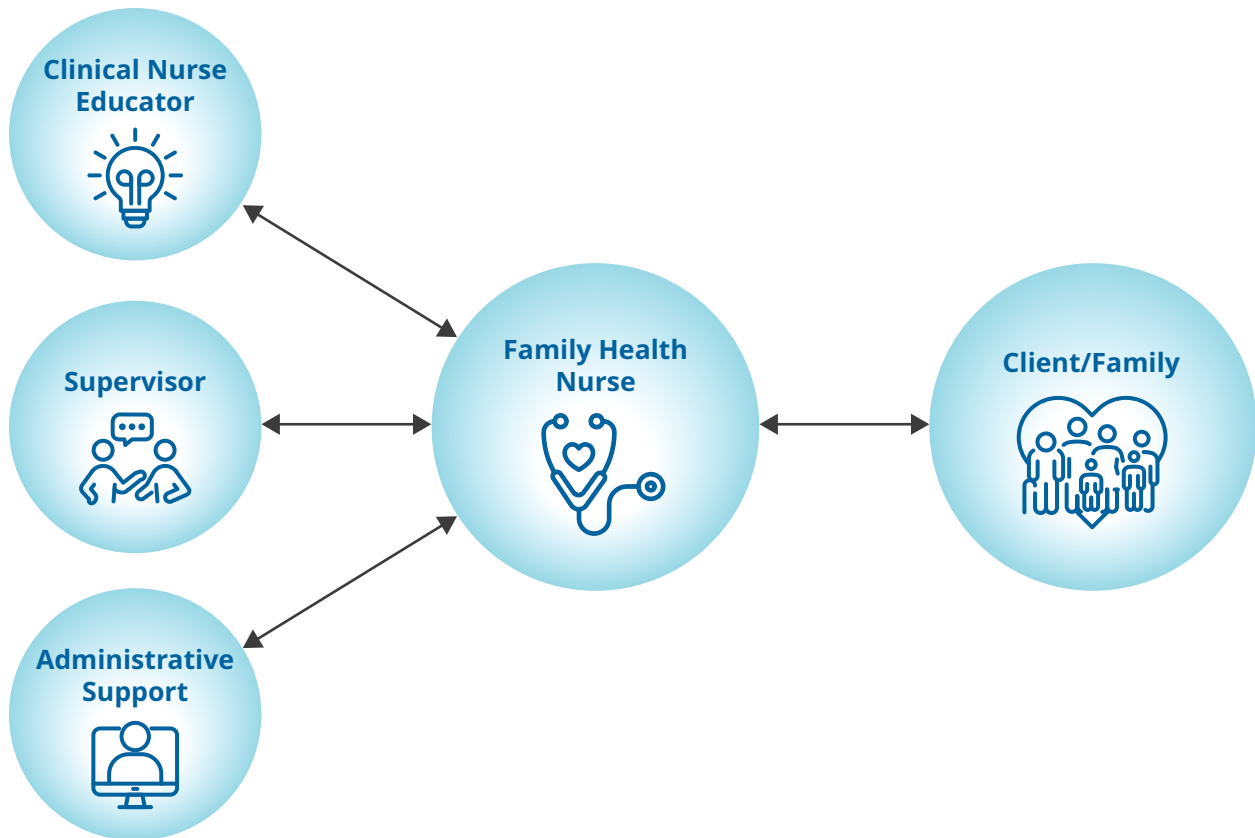
Yes No Date: _____ By: _____

PHSA Reviewer Feedback:

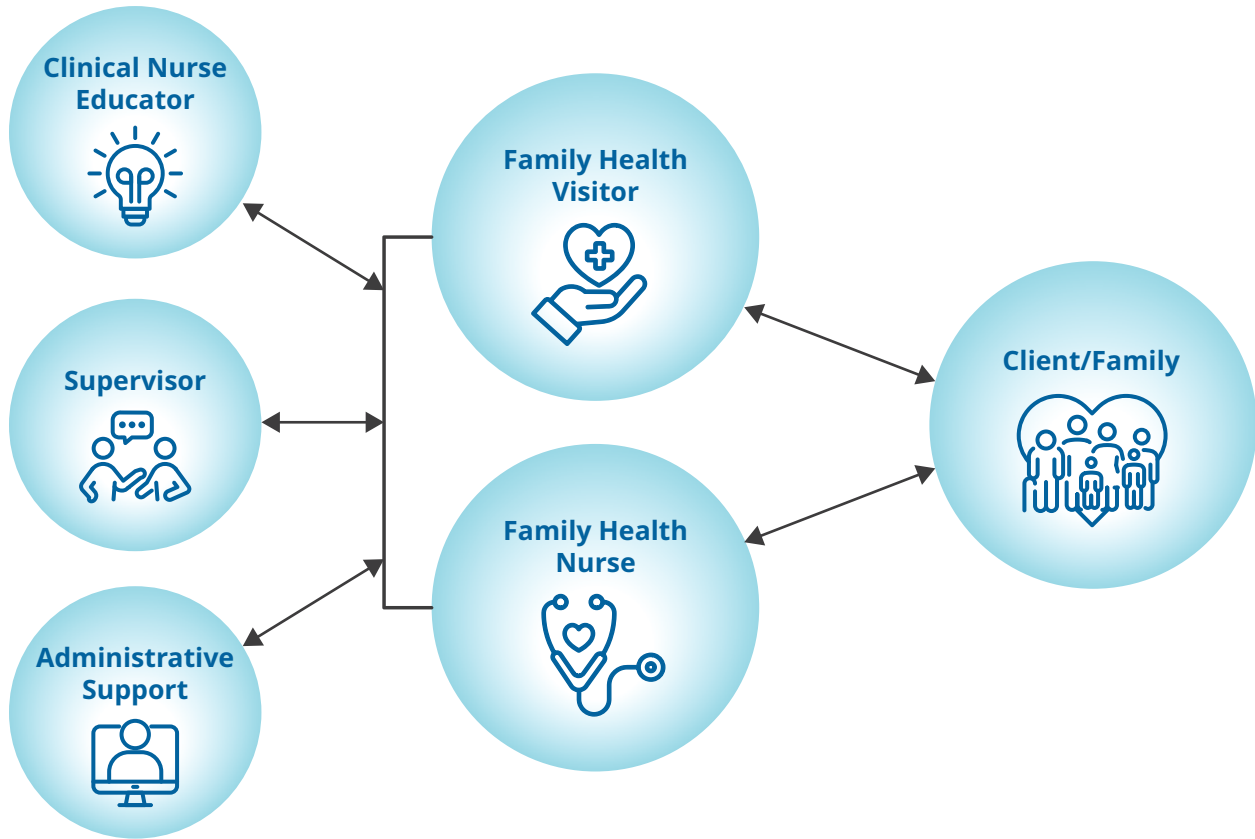
Review date to reassess provider proposal: _____

Family Visiting Structures

Structure 1 Family Health Nurse



Structure 2 Family Health Nurse/Family Health Visitor Dyad



Appendix H:

Intake Workflow – Example

Intake Contact Guide – Fraser Health Authority Example

For the initial prenatal contact, you will attempt to contact your client several times using different methods over a span of seven weeks. Ensure all attempts and methods of contact are documented.

Week 1	Phone call, voicemail, followed by text Consider contact attempts at different time of day.
Week 2	Phone call, voicemail, followed by text
Week 3	Check with Primary care provider office for alternate number or most recent contact information. If no update, mail unable to contact letter to client.
Week 5	Phone call, voicemail, followed by text Discuss with supervisor to arrange a drive by if appropriate or other options to make contact. (Pregnancy Outreach Programs, IHART, SHBBI)
Week 7	If no contact made, discharge client and notify health care provider. HCP letter

Text message example:

“Hi this is (blank) the public health nurse from the (blank) health unit. I just left you a voicemail. Hoping for you to return my call to this number or my office number xxx-xxx-xxxx at your earliest convenience. I typically work (blank to blank) 9am to 6pm. Hope to hear from you soon.”



Appendix I:

Referral Outcome Follow-Up and Unable to Contact Letter – Examples

Referral Outcome Follow-Up Letter for primary care provider – Fraser Health Authority Example



Date:

Patient's name:

PHN #:

DOB:

Expected date of delivery:

Health care provider:

Your patient has registered for the Fraser Health Public Health Best Beginnings Program and has agreed to participate in the Enhanced Family Visiting Program.

The Enhanced Family Visiting Program is a free, voluntary home visitation program that offers assistance throughout pregnancy until the child is 2 years of age. We offer a variety of perinatal services for vulnerable pregnant individuals and families which includes health education, referrals to community resources and ongoing public health nursing support. I will be your patient's public health nurse until the child reaches 2 years of age.

Please feel free to contact me if you would like more information about the care I am offering your patient or if you have any information or concerns to share. Our office hours are 8:30 am to 4:30 pm 7 days per week.

In collaboration with your patient we are working on the following:

Concerns:

Care Plan:

Sincerely,

Public Health Nurse

PHN contact number

Unable to Contact Letter for family – Fraser Health Authority Example



Thank you for completing the Best Beginnings Prenatal Registration form.

Fraser Health Public Health Nurses can offer assistance to pregnant individuals to help them have the healthiest pregnancy and baby possible. We offer a variety of services including education, referral to community resources that are specific to a pregnant individual needs and may include ongoing support from a Public Health Nurse.

I have been unable to reach you by telephone and I am forwarding this letter to offer you Public Health Nursing Services. If you would like to talk to me further about how I might be able to assist you, please call our office between the hours of 8:30 am to 4:30 pm 7 days a week.

We also have a number of resources to help you through your pregnancy and the first 6 months of life with your baby.

The 2 main resources to read and refer to often are:

1. [Having Your Baby - Your Hospital Stay](#) - helps you get ready for your baby's birth including how to get a virtual tour of your maternity hospital.
2. [Baby's Best Chance](#) - your guide to having a healthy pregnancy and giving your baby the best start in life.

Our **Best Beginnings website** [Fraserhealth.ca/pregnancy](https://fraserhealth.ca/pregnancy) has practical information for clients, expectant parents, and families. Learn the steps to having a healthy pregnancy, giving your baby a good start, and supporting a healthy future.

Health Link BC offers information on a wide range of health questions. Visit healthlinkbc.ca or call Health Link BC at 8-1-1. Health Link BC is open 24 hours, and available in 130 languages. For an interpreter, call 8-1-1, say your language in English and wait until an interpreter comes on the phone.

If you haven't already enrolled, visit smartparentcanada.ca to receive free text messages that will guide you through every week of your pregnancy. Standard message and data rates may apply.

For general health questions, contact [Fraser Health Virtual Care](#) at **1-800-314-0999**. This service is available 10 am to 10 pm 7 days per week.

I look forward to speaking with you and the opportunity to help you to have the healthiest pregnancy possible.

Thank you,

Public Health Nurse

Appendix J:

Transfer of Care Form – Example

Referral form for transferring family between health authorities – Fraser Health Authority Example



FAX to FH Central Data Entry Team 604-918-7491

PRENATAL, POSTPARTUM AND EARLY CHILDHOOD PUBLIC HEALTH NURSING REFERRAL

Client/Parent/Guardian aware of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No Note – Public health will not contact if client unaware of referral			
Referral Date	Client Last Name	Client First Name	Parent/Guardian Name (if applicable)
Date of Birth (dd/mm/yy)	Age	Gender	Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No Language spoken:
Address and postal code			Email address:
Primary Phone #		Consent to receive text messages <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal Health #		Name of Primary Care Provider	

Request for Public Health Nurse Follow-Up (Check all that apply):

<input type="checkbox"/> Maternal <input type="checkbox"/> Postpartum <input type="checkbox"/> Prenatal Expected Date of Delivery:	<input type="checkbox"/> Newborn/Infant Age: Gestational Age:	<input type="checkbox"/> Child Age:
<input type="checkbox"/> Prenatal Physiological Health <input type="checkbox"/> Postpartum Physiological Health <input type="checkbox"/> Breast/Chestfeeding <input type="checkbox"/> Mental Health <input type="checkbox"/> Alcohol/Substance/Tobacco Use <input type="checkbox"/> Financial Stress <input type="checkbox"/> Relationship Issues <input type="checkbox"/> Lack of Support/Isolation <input type="checkbox"/> Less than 25 years of age <input type="checkbox"/> History of Trauma <input type="checkbox"/> Immunizations <input type="checkbox"/> Other	<input type="checkbox"/> Feeding <input type="checkbox"/> Weight <ul style="list-style-type: none"> • Birth weight _____ • Current weight _____ <input type="checkbox"/> Growth/Development <input type="checkbox"/> Parenting/Attachment <input type="checkbox"/> Immunizations <input type="checkbox"/> Other	<input type="checkbox"/> Growth/Development <input type="checkbox"/> Feeding/Nutrition <input type="checkbox"/> Parenting/Attachment <input type="checkbox"/> Immunizations <input type="checkbox"/> Other

Summary of Concerns

Referred by: Last name _____ First name _____ Date _____

Signature/Title _____ Phone _____ Fax _____

Appendix K:

Plan for Innovation Form for Variances to Service Delivery

Plan for Innovation – Service Delivery

Please complete a separate form for multiple requests

Regional Health Authority:	Date:
Health Service Delivery Area (if applicable):	
Health Authority Contact for recommendation	
Name and Title:	
Email:	

- Provide details as to how EFHP Service Delivery will be modified from the Service Delivery Guideline:
- What risks do you anticipate to the overall Program with this recommendation?
- Summary of any strategies utilized to maintain adherence to Program guiding principles:
- What are the potential positive and negative impacts of this recommended variance for *providers*:

- **What are the potential positive and negative impacts of this recommended variance for *families*:**

- **Anticipated time frame for incorporation of proposal and plans to evaluate its benefit/outcome:**

Recommendation Reviewed by PHSA and Feedback Provided:

Yes No Date: _____ By: _____

PHSA Reviewer Feedback:

Review date to reassess provider proposal: _____

Clinical Toolkit

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Abbreviations

BCAPOP	British Columbia Association of Pregnancy Outreach Programs
BCCDC	BC Centre for Disease Control
BCCH	BC Children’s Hospital
BCCSU	BC Centre of Substance Use
BC FHVP	BC Family Health Visiting Program
BCRMP	BC Reproductive Mental Health Program
BCWH	BC Women’s Hospital
CAMH	Centre for Addiction and Mental Health
CBF	Canadian Breastfeeding Foundation
CCMI	Centre for Collaboration, Motivation & Innovation
CCSUA	Canadian Centre on Substance Use and Addiction
CEWH	Centre for Excellence in Women’s Health
CHBC	Child Health BC
CPS	Canadian Paediatric Society
EPDS	Edinburgh Postnatal Depression Scale
FHA	Fraser Health Authority
FNHA	First Nations Health Authority
HC	Health Canada
HLBC	HealthLink BC
IBC	International Breastfeeding Centre
IHA	Interior Health Authority
IPV	Intimate Partner Violence
LC	Lactation Consultant
LLLC	La Leche League Canada
MCFD	Ministry of Children and Family Development
MI	Motivational Interviewing
MNBC	Métis Nation of BC
MoH	Ministry of Health (British Columbia)
NCCIH	National Collaborating Centre for Indigenous Health

NESTS	Nutrition, exercise, sleep, time, supports
NHA	Northern Health Authority
PCRP	Parent-Child Relationship Programs
PHA	Public Health Agency of Canada
PHCP	Primary Health Care Provider
PHN	Public Health Nurse
PHO	Public Health Ontario
PHSA	Provincial Health Services Authority
PIPE	Partners in Parenting Education
PPC	Period of PURPLE Crying
PSBC	Perinatal Services BC
PSBSBC	Prevent Shaken Baby Syndrome BC
RHA	Regional Health Authority
RM	Registered Midwife
RN	Registered Nurse
SOGC	Society of Obstetricians and Gynecologists
SSC	Skin-to-Skin Contact
THI-CM	Traumatic Head Injury due to Child Maltreatment
UBC	University of British Columbia
UNICEF	United Nations International Children's Emergency Fund
VACFSS	Vancouver Aboriginal Child and Family Services Society
VCH	Vancouver Coastal Health
WHO	World Health Organization

Introduction

The purpose of this document is to 1) provide a list of the recommended tools for BC Family Health Visiting Program (BC FHVP) providers to utilize in their care of families, and 2) demonstrate a clear connection between the various practice tools and the program outcomes they support. This is a living document and will be updated as new or updated, high quality, evidence-informed tools and resources become available.

The tools and resources included in this Toolkit are appropriate for use with both Stream A and Stream B clients. The final selection of which tools and resources are offered to each client will be informed by the client's individualized care plan and clinical judgement. For example, if a Stream A client has specific goals related to their parenting capacity and connection to external programs and supports, their care provider may rely more heavily on resources in the Parenting Capacity or Connection to Community Supports section of the Toolkit. Stream A clients are also likely to receive more visits than clients in Stream B, and so there will be more opportunity to offer tools and resources, or allow for more repetition, than there may be for a Stream B client.

The tools in the BC FHVP Clinical Toolkit are divided into four types:

- **Health Assessment or Screening Tools:** Tools used to either identify those with unrecognized health risk factors, or systematically gather information to identify needs, problems, strengths, or risks to guide decision-making prior to taking action, or to reassess progress over time and adjust existing care plans.
- **Client Education and Parent Resources:** Educational resources provided to families that address a specific health or wellness topic, most often from a health promotion perspective. Resources are expected to be reviewed with families to ensure their suitability, acceptance, and understanding. These are further divided into three categories:
 - General Resources: provide information for families that are best viewed online.
 - PDF handouts/booklets/videos: resources that may be printed for families prior to a visit or videos or apps clients may view independently or with the Family Health Nurse/Family Health Visitor.

- Engagement tools: resources to support the provider to engage directly with their client. These may include discussion facilitators or communication guides, worksheets that a Family Health Nurse/Family Health Visitor may want to complete with their client, or other games or activities that lend themselves to engagement on a topic.
- **Direct care:** Provision of direct care such as providing immunizations, breastfeeding or chestfeeding support or safety planning.
- **Recommendations, Referrals, and Care Coordination:** Following a collaborative approach to care planning, providers may recommend that a family participate in a particular program or service virtually or in the community. These may include programs or services that require a formal referral or registration process, or informal programs and services that families can attend without prior enrolment. The expectation is that the Family Health Nurse/Family Health Visitor will follow up after a referral is made, to ensure client connection to programs and services as appropriate. This also includes the act of coordinating care with other providers.

How Tools Were Selected

The BC FHVP Clinical Toolkit does not include an exhaustive list of every available tool to support the program outcomes. Instead, the Clinical Toolkit prioritizes tools that are:

- Evidence-informed
- Developed and maintained by provincial or national organizations
- Recommended by health authorities in BC
- Low or no cost, and
- Offered in alternative languages

The recommendation of specific tools does not preclude the use of health authority-specific resources that are comparable in terms of both content and quality.¹

¹ If health authorities identify resources that are not included in this document, they are encouraged to share them with other regional BC FHVP teams in support of ongoing quality improvement and mutual learning.

Foundational Competencies and Approaches

In addition to the tools outlined in this document, there are several additional approaches and competencies that should be considered foundational to practice for all BC FHVP Family Health Nurse/Family Health Visitors and should be applied in every client or family interaction. These are not explicitly listed within the BC FHVP Clinical Toolkit, as they are expected to be incorporated into all approaches to care. The foundational approaches are:

- Establishing and maintaining a therapeutic relationship
- Motivational interviewing (MI)
- Brief action planning and goal setting
- Trauma- and violence-informed approaches to care
- Harm reduction approaches to care
- Culturally safe and respectful care

Key Resources

Throughout the BC FHVP Clinical Toolkit, attempts have been made to reduce redundancies by limiting the recommended number of tools to those that come from selected key resources. Some of the key resources include:

- **Pregnancy and Parent Learning Centre** (*Perinatal Services BC (PSBC)*); requires registration
- **Population and Public Health Prenatal Care Pathway** (*PSBC*)²
- **Postnatal Assessment and Care Guide** (*PSBC*); in development
- **Baby's Best Chance: Parents' Handbook of Pregnancy and Baby Care, 8th Edition** (*Ministry of Health (MoH)*)
 - 7th edition available in French, Farsi, Punjabi, Arabic, Chinese, Spanish, Tagalog

² The Perinatal Services BC (PSBC) Population Public Health Prenatal Care Pathway and the Postnatal Assessment and Care Guide (draft) are foundational tools for BC FHVP providers as they provide extensive information and resources for assessment, client education, links to handouts and other external resources, and recommended community referrals. The Postnatal Assessment and Care Guide (draft) has been referred to in creating this document as it is expected that the final version will be available prior to BC FHVP implementation in April 2026. Specific sections and page numbers within this document will require revision once the final version is released.

- **Toddler’s First Steps: A Best Chance Guide to Parenting Your 6 to 36-Month-Old, 4th Edition** (MoH)
 - 3rd edition available in French and Chinese
- **HealthLink BC**
- **2-1-1**
- **BRAIN tool**; general facilitator to support informed decision-making tool
- **BCCDC Immunization Manual** (BC Centre for Disease Control (BCCDC))
- **BCCDC Communicable Disease Manual** (BCCDC)
- **Physician Breastfeeding Guide – Evidence-Informed Practice Guide for the Healthy Term Infant** (KCR Community Resources)
- **Perinatal & Newborn Health Hub** (PSBC):
 - *Alcohol Use During the Perinatal Period*
 - *Cannabis Use During the Perinatal Period*
 - *Gender Inclusive Care in the First Trimester – Key Messages*
 - *Grief and Loss*
 - *Lactation and Newborn Feeding (First and Second Trimester)*
 - *Lactation and Newborn Feeding (Third Trimester)*
 - *Lactation and Newborn Feeding (Postpartum)*
 - *Opioid Use During the Perinatal Period*
 - *Postpartum Care*
 - *Safer Infant Sleep*
 - *Syphilis*
- **Family-Centred Maternity and Newborn Care: National Guidelines** (Public Health Agency of Canada (PHAC))

How to Use this Document

The BC FHVP Clinical Toolkit can be shared directly with BC FHVP teams as a resource and reference for care planning, or it can be used by regional health authorities to augment their existing enhanced program clinical toolkits to ensure they meet the minimum expectations for delivery of the BC FHVP.

Tools are listed as they relate to specific program outcomes; however, there is significant overlap between program outcome areas and thus the tools used to impact family health. Cross-referencing is used throughout the document to direct the user to other program outcome areas that may contain additional resources.

Tools are presented in a bulleted lists. Some comprehensive tools (e.g., PSBC Postnatal Assessment and Care Guide) will have an additional sub-list highlighting a few key resources that exist within the larger tool. See example below:

- **Postnatal Assessment and Care Guide (PSBC):**











Assessment and Care of the Feeding Dyad














- *Baby feeding cues (signs)*
- *Deciding how to feed your baby*
- *Breastfeeding or Chestfeeding*
- *Infant Formula: What you need to know*

This has been done to provide easy access to a few key resources within a more comprehensive tool. In the example above, these are client education resources within the Postnatal Care and Assessment Guide. This is not intended to imply that the listed resources are a full representation of all the valuable content within the Guide, but merely to highlight a few select tools that have been identified as being frequently used by providers.













When planning care, refer to the relevant program outcome or content area and review the associated sections to identify tools that support your practice. When selecting tools, consider both your client's and your health facility's access to technology (i.e., internet access, cell phone, or laptop availability), as well as your client's level of technology literacy.

Child Health and Well-Being

Safety and Injury Prevention						
Also refer to Program Activities/Tools for: Adult Mental Health and Well-Being , Substance Use , Healthy Adult Relationships						
Tool/Program Activity and Details A→文 – translated versions available			Tool/Program Activity Type			
Related Outcomes: <ul style="list-style-type: none"> • Prevention of infant mortality • Prevention of child mortality • Support families’ evolving goals for child health and well-being as they relate to the prevention of injuries (unintentional and intentional) 	Assessment/Screening 	Client Education/ Parent Resource 	General PDF, Handout, Booklet, Video Engagement Tools	Direct Care Intervention 	Recommendations, Referrals, and Care Coordination 	
Unintentional Injury						
Postnatal Assessment and Care Guide (PSBC): <ul style="list-style-type: none"> • Falls Prevention • Newborn Discharge Teaching Checklist – Newborn Safety and Injury Prevention 						
Baby’s Best Chance (MoH): <ul style="list-style-type: none"> • <i>Baby Safety</i>, pp.92-94 • <i>Safety Resources</i>, p.144 • <i>Shaken Baby Resource</i>, p.145; *please use updated language in clinical settings (<i>Traumatic Head Injury due to Child Maltreatment, THI-CM</i>) Toddler’s First Steps (MoH): <ul style="list-style-type: none"> • <i>Toddler Safety</i>, pp.102-118 • <i>Safety Resources</i>, p.136 • <i>Shaken Baby Resource</i>, p.137 *please use updated language in clinical settings (<i>Traumatic Head Injury due to Child Maltreatment, THI-CM</i>) 						
Injury Prevention (Health Canada (HC))						
















HealthLink BC (HLBC) (MoH) <ul style="list-style-type: none"> • <i>Keeping your Child Safe</i> • <i>Car Seats</i> • <i>Crib Safety</i> 						
Keeping your young child safe around the house (Canadian Paediatric Society (CPS))						
Your preschooler and safety: How to prevent injuries at home (CPS)						
Navigating Child Safety Concerns with Cultural Humility; short guide to support communication (PHN-PREP)						
Child Maltreatment						
Postnatal Assessment and Care Guide (PSBC): <ul style="list-style-type: none"> • <i>Bonding and Attachment</i> • <i>Emotional, Spiritual, Mental Health</i> <ul style="list-style-type: none"> – NESTS for Well-being • <i>Family Function</i> • <i>Substance Use</i> 						
BC Handbook for Action on Child Abuse and Neglect (Province of BC)						
A Mindful Approach: Assessing Child Maltreatment in a Multicultural Setting (CPS)						
A Million Messages (Alberta Health)						
Pregnancy and Parent Learning Centre (PSBC): <ul style="list-style-type: none"> • <i>Pregnancy Module 5: Staying Safe During Pregnancy and Postpartum</i> • <i>Postpartum and Newborn Care Module 11: Infant Crying</i> • <i>Postpartum and Newborn Care: Module 12: Safer Sleep</i> • <i>Postpartum and Newborn Care: Module 13: Baby Safety</i> (includes: crying, newborn care, home safety, sun safety, baby equipment, first aid, car seat safety) • <i>Postpartum and Newborn Care: Module 6: (Getting to Know Your Baby): Building Attachment</i> 						
Parent Child Interaction (PCI) Scales³ (TBD) (Parent-Child Relationship Programs (PCRP)) –or– Guide to Assessing Steps of Serve and Return (Vancouver Coastal Health (VCH))						


















³ Use of this resource is currently under exploration
















<ul style="list-style-type: none"> • 2-1-1; for parenting classes, parent support groups, peer supports, community safety committees, transition house • Social worker • Primary health care provider (PHCP) • BCAPOP • Reporting child abuse in BC; reporting neglect/abuse 1-800-663-9122 (<i>Government of BC</i>) • Childcare Resource and Referral programs; for supports 						
Crying						
Postnatal Assessment and Care Guide (PSBC): <ul style="list-style-type: none"> • <i>Behaviour States and Regulation</i> 						
Crying: Is My Baby Normal (Prevent Shaken Baby Syndrome BC (PSBSBC)): <ul style="list-style-type: none"> • Resources section for A→文 						
Period of PURPLE Crying ; refer to app, pamphlet and infographic (<i>National Center for Shaken Baby Syndrome (NCSBS)</i>)						
Sleep						
Safer Infant Sleep (PSBC Perinatal & Newborn Health Hub): <ul style="list-style-type: none"> • <i>Patient Resources</i> 						
Safer Sleep for My Baby (MoH)						
Honouring our Babies Toolkit: Safe Sleep Cards (PSBC)						
Infant Sleep Discussion Guide (PSBC)						
Purple Crying Postcard (Northern Health (NHA))						

Substance Use














Also refer to Program Activities/Tools for: [Safety and Injury Prevention](#), [Adult Mental Health and Well-Being](#)






Tool/Program Activity and Details A→文 – translated versions available	Tool/Program Activity Type					
Related Outcomes: <ul style="list-style-type: none"> Support families' evolving goals for child health and well-being as they relate to the prevention of harms related to substance use prenatally and in the infant/child's environment 	Assessment/Screening 	Client Education/ Parent Resource 	General	PDF, Handout, Booklet, Video	Engagement Tools	Direct Care Intervention Recommendations, Referrals, and Care Coordination  
Substance Use – General						
Population and Public Health Prenatal Care Pathway (PSBC) <ul style="list-style-type: none"> <i>Healthy Lifestyles, pp.38-43</i> 						
Postnatal Assessment and Care Guide (PSBC): <ul style="list-style-type: none"> <i>Substance Use</i> 						
Best Practice Guidelines for Mental Health Disorders in the Perinatal Period: Substance Use Disorders (PSBC) <ul style="list-style-type: none"> <i>Sample screening questions, Appendix 1, page 30</i> 						
Substance Use Documentation Form (TBD)						
Eating, Sleeping, Consoling (ESC) Care Tool; focus on non-pharmacological care interventions (PSBC)						
Pregnancy and Parent Learning Centre (PSBC): <ul style="list-style-type: none"> <i>Pregnancy Module 7: *Currently in development*</i> <i>Infant Feeding Module 7: Common Questions (Substance Use)</i> 						
Baby's Best Chance (MoH): <ul style="list-style-type: none"> <i>Lifestyle, pp.13-15</i> <i>Caffeine, Smoking, Vaping, Alcohol, Other Substances and Breastfeeding or Chestfeeding, pp.116-117</i> <i>Alcohol, Tobacco and Substance Use Resources, pp.126-127</i> <i>Birth and Postpartum Support Resources, p.128</i> 						






















Toddler's First Steps (MoH): <ul style="list-style-type: none"> • <i>Breastfeeding or Chestfeeding Your Toddler</i>, pp.38-40 • <i>Alcohol, Tobacco and Drug Use Resources</i>, p.120 						
Caring for your baby at risk of substance withdrawal (PSBC)						
Best Practice Guidelines for Mental Health Disorders in the Perinatal Period: Substance Use Disorders (PSBC): <ul style="list-style-type: none"> • <i>Effects of substances in pregnancy</i>, p.8, pp.20-23 						
Taking Care: A Short Guide to Breastfeeding and Substance Use (Centre of Excellence for Women's Health (CEWH))						
Celebrating the Circle of Life: Coming back to Balance and Harmony (BC Reproductive Mental Health Program (BCRMP))						
Baby Steps: Caring for Babies with Prenatal Substance Exposure; pp.8-12 (<i>Ministry of Children and Family Development (MCFD)</i>), (<i>VCH</i>), (<i>Vancouver Aboriginal Child and Family Services Society (VACFSS)</i>)						
Oh Shit, I'm Pregnant; booklet aimed at those living on the streets/in shelters (<i>H.E.R Pregnancy Program, Streetworks, Edmonton, AB</i>)						
Talking About Substance Use During Pregnancy: Collaborative Approaches for Health Care Providers; 2-pager communication guide (<i>CEWH</i>)						
Doorways to Conversation Brief Intervention on Substance Use with Girls and Women; pp.42-48 (<i>CEWH</i>)						
Brief Intervention on Substance Use with Girls and Women: 50 ideas for dialogue, skill building, and empowerment (CEWH)						
Indigenous Approaches to FASD Prevention: Brief Interventions with Girls and Women (CEWH)						
NESTS for Well-being (PSBC)						
BCAPOP Tool Cards (BCAPOP): <ul style="list-style-type: none"> • <i>Safety Planning</i> • <i>Grounding Exercise</i> • <i>Chest/breastfeeding Safety Plan</i> • <i>Relapse Prevention</i> 						
Taking Care of My Health or Well-being; action plan worksheet (<i>CCMI</i>)						
Strong Women – Social Support Group Workbook and Program; for women experiencing IPV and substance use, including alcohol and tobacco (<i>CEWH</i>)						










Parent Child Interaction (PCI) Scales⁴ (TBD) (PCRPP) –or– Guide to Assessing Steps of Serve and Return (VCH)						
Naloxone Kits and Training						
Foundational Care Practices ; motivational interviewing, brief action planning, harm-reduction approaches, therapeutic relationship, trauma, and resiliency-focused approaches						
Collaborative care approach/interdisciplinary care coordination						
BC Centre on Substance Use, BC 211 ; to refer to local addiction services, with preference for women-centred addiction care						
BCAPOP and other community-based parenting support groups						
Foundry BC ; free, confidential mental health and wellness services for youth up to 24 years and their families. Includes virtual and in person where available						
B.C. Alcohol and Drug Information and Referral Service (ADIRS) ; free, confidential, multilingual, information, education, and referral regarding community resources, 24/7, 365 days a year, 1-800-663-1441						
Help Starts Here ; online portal of resources for mental health, addiction, substance use						
Families in Recovery (FIR) Program at BC Women's Hospital ; comprehensive pregnancy to postpartum care supporting smooth community reintegration						
Specialized Housing Programs for Pregnant/Newly Parenting Women Using Substances (or in Early Recovery) ; Note: Open in Google, download Excel document from BC Women's Hospital (BC Women's Hospital (BCWH))						
Indigenous Health Liaisons, Overdose Outreach Teams, Mental Health and Substance Use Teams within regional health authorities (<i>Regional Health Authority (RHA) resource</i>)						
Virtual Substance use and Psychiatry Service (<i>First Nations Health Authority (FNHA)</i>)						
Doula services ; may help prevent attrition and increase sensitivity to parents in recovery						
Thunderbird Wellness App ; strengths-based, trauma-informed approach to supporting Indigenous wellness						

⁴ Use of this resource is currently under exploration

<p>Health Benefits Guide (FNHA):</p> <ul style="list-style-type: none"> • <i>Alcohol, Cannabis, Commercial Tobacco and Other Substances, p.6</i> • <i>Mental Health Resources, p.27</i> 						
<p>Here to Help - Wellness Modules; includes self-assessment quizzes</p>						
<p>Elizabeth Fry Society; EFry Societies are non-profits who support women and children affected by crime or justice involvement by providing gender-responsive services such as safe housing, justice advocacy, children's programs, and community supports. Their work focuses on helping individuals in conflict with the law build stable, independent, and positive futures.</p> <ul style="list-style-type: none"> • <i>Elizabeth Fry Society of Greater Vancouver</i> • <i>Elizabeth Fry Society South Cariboo</i> • <i>Elizabeth Fry Society of Central Okanagan</i> • <i>Archway Society, Vernon</i> • <i>Elizabeth Fry Society Kamloops</i> • <i>Elizabeth Fry Society Prince George and District</i> • <i>Elizabeth Fry Society Quesnel</i> 						
Commercial Tobacco/Nicotine						
<p>QuitNow; explore website</p> <ul style="list-style-type: none"> • <i>Download materials include resources for Indigenous populations, toolkits, A→文</i> • <i>Benefits of Quitting During Pregnancy</i> • <i>Tools and Resources – Take the quizzes</i> • <i>Talking to your patients about tobacco use: Use the 5As</i> • <i>Referring Your Patient to Quit Now</i> • <i>Pregnancy and Quitting Tobacco</i> 						
<p>Tobacco Reduction in Pregnancy and Parenting (FNHA)</p>						
<p>Respecting Tobacco; webpage, includes videos, links to resources (FNHA)</p>						
<p>E-Cigarettes: What you need to know to stay healthy; info sheet (FNHA)</p>						
<p>Are you trying to stop smoking or vaping?; fact sheet (FNHA)</p>						
<p>10 Myths about Smoking; fact sheet (FNHA)</p>						
<p>Quitting Commercial Tobacco FAQs; fact sheet (FNHA)</p>						





















Coverage for Products to Quit the Use of Commercial Tobacco; fact sheet (FNHA)						
QuitKit Guidebook and Journal (FNHA)						
HealthLink BC; search: vaping, quitting smoking <ul style="list-style-type: none"> • <i>The Harmful Effects of Second-hand Smoke</i> • <i>Quitting smoking and avoiding smoke during pregnancy</i> 						
Why Women vape during pregnancy and postpartum - conversation starters for your practice (CEWH)						
BC PharmaCare's Smoking Cessation Program; covers cost of NRT and some smoking cessation prescription medications						
Talk Tobacco; culturally appropriate support for quitting smoking, vaping, and commercial tobacco use to First Nations communities; via phone, text, live chat						
Dads in Gear – Indigenous; evidence-based program for Indigenous dads and granddads who want to be healthy and smoke-free						
Alcohol						
Alcohol Use During the Perinatal Period (PSBC Perinatal & Newborn Health Hub): <ul style="list-style-type: none"> • <i>Key Messages</i> • <i>Navigate Provider “Resource Section” and “Referral and Consultation resources”</i> 						
Provincial Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder: Pregnancy Supplement (BC Centre on Substance Use (BCCSU)): <ul style="list-style-type: none"> • <i>AUDIT-C: Second level screening tools (pp.43-46)</i> • <i>AUDIT-C: Alcohol Use Disorders Identification Test (AUDIT)</i> • <i>T-ACE: Tolerance, Annoyed, Cut down, Eye opener</i> • <i>TWEAK: Tolerance, Worry, Eye-opener, Amnesia, Cut down</i> 						
Drinking Less is Better (infographic) (Canadian Centre on Substance Use and Addiction (CCSUA))						
HealthLink BC (MoH): <ul style="list-style-type: none"> • <i>Pregnancy and Alcohol Use A→文</i> • <i>Alcohol Effects on a Fetus</i> • <i>Alcohol and other Drug Use During Pregnancy</i> • <i>Fetal Alcohol Spectrum Disorder; Note: the low-risk drinking guidelines in this resource have not been updated to reflect the 2023 Canada's Guidance on Alcohol and Health.</i> 						
Alcohol and Pregnancy Info-sheet (The Society of Obstetricians and Gynecologists of Canada (SOGC))						

Alcohol During Pregnancy Handout ; simplified resource (SOGC)						
Best Start: Mixing (Alcohol and Breastfeeding) ; Note: the low risk drinking guidelines in this resource have not been updated to reflect the 2023 Canada's Guidance on Alcohol and Health (<i>Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre</i>)						
Alcohol, Pregnancy and Prevention of Fetal Alcohol Spectrum Disorder What Men Can Do to Help (<i>Canada FASD Research Network</i>)						
Project Choices ; alcohol and sex discussion guide for youth, includes change plans and reflection prompts						
FNHA FASD Program ; early intervention, home visitation model for those using alcohol or drugs in pregnancy (FNHA)						
Cannabis						
Cannabis Use During the Perinatal Period (<i>PSBC Perinatal & Newborn Health Hub</i>): • Key Messages • Referral and Consultation						
Safe storage of cannabis (HC)						
How to help prevent cannabis poisoning in children (HC and PHAC)						
Cannabis and your health (HLC)						
Cannabis, Maternal Health and Parenting (FNHA)						
Non-medical Cannabis Information (FNHA)						
Thinking about using cannabis before or during pregnancy? (PHAC)						
Thinking about using cannabis while parenting? (PHAC)						
Canada's Lower-Risk Cannabis Use Guidelines (<i>Centre for Addiction and Mental Health (CAMH)</i>)						
Some Alternatives to Using Cannabis to Cope with Stress (CEWH)						
Is It OK to Use Cannabis During Pregnancy and while Breastfeeding? (CCSUA)						
Edible Cannabis Affects People Differently (factsheet) (CCSUA)						
Breastfeeding and Cannabis: Things you need to know (FNHA)						





















Harm Reduction and Cannabis: Making choices for safer use (FNHA)						
Breastfeeding and Cannabis: A Harm Reduction Resource for Health Care and Social Service Providers (CEWH)						
Knowing Your Limits With Cannabis – A Practical Guide Assessing Your Cannabis Use ; includes self-reflection questions, change prompts (CCSUA)						
Cannabis and Women’s Health , may be used to facilitate discussion (CEWH)						
Opioids/Unregulated Substances						
Opioid Use During the Perinatal Period (PSBC Perinatal & Newborn Health Hub): <ul style="list-style-type: none"> • Key Messages • Referral and Consultation 						
Using Drugs During Pregnancy (HLBC)						
Opioid Agonist Therapy and Substance Use in Breastfeeding (FHA)						

Infant and Young Child Feeding

Also refer to Program Activities/Tools for: [Parenting Capacity](#), [Connection to Community Supports](#)


Tool/Program Activity and Details A→文 – translated versions available	Tool/Program Activity Type					
<p>Related Outcomes:</p> <ul style="list-style-type: none"> Support families' evolving goals for child health and well-being as they relate to healthy infant and young child feeding 	Assessment/Screening 	Client Education/ Parent Resource 		Direct Care Intervention 	Recommendations, Referrals, and Care Coordination 	
General 		PDF, Handout, Booklet, Video 	Engagement Tools 			
Prenatal						
<p>Population and Public Health Prenatal Care Pathway (PSBC)</p> <ul style="list-style-type: none"> <i>Infant Feeding Plans</i>, p.24 						
<p>Lactation and Newborn Feeding Support (First and Second Trimester) (PSBC)</p> <ul style="list-style-type: none"> <i>Key Messages</i> <i>Patient Resources</i> <i>Local and Virtual Supports</i> 						
<p>Lactation and Newborn Feeding Support (Third Trimester); includes HealthLink BC resources, videos (PSBC):</p> <ul style="list-style-type: none"> <i>Key Messages</i> <i>Patient Resources</i> <i>Local and Virtual Supports</i> 						
<p>Breastfeeding My Baby (PSBC)</p>						
<p>10 Valuable Tips for Successful Breastfeeding (PHAC)</p>						
<p>Baby-Friendly Hospital Initiative: Implementation Guidance; International protocol for prenatal discussion, pp.15-16 (<i>World Health Organization (WHO)/UNICEF</i>)</p>						
<p>Prenatal Colostrum Expression (La Leche League Canada (LLCC))</p>						

















Baby Feeding Cues (signs) (PSBC)						
Breastfeeding or Chestfeeding (PSBC)						
Informed Decision-Making						
Deciding how to feed your baby (PSBC)						
INFORMATION FOR FAMILIES: Informal (peer-to-peer) human milk sharing (PSBC)						
10 Great Reasons to Breastfeed Your Baby (PHAC)						
Postpartum						
Postnatal Assessment and Care and Guide (PSBC) • <i>Assessment and Care of the Feeding Dyad</i>						
Pregnancy and Parent Learning Centre (PSBC): • <i>Labour and Birth Module 4: Giving Birth – review section 6, content related to The Golden Hour</i> • <i>Infant Feeding Modules</i> ; 8 modules, includes handouts						
Lactation and Newborn Feeding Support (Postpartum) (PSBC): • <i>Key Messages</i> • <i>Patient Resources</i> • <i>Local and Virtual Supports</i>						
Breast/chest feeding assessment in the first 14 days (PSBC)						
Physician Breastfeeding Guide – Evidence-Informed Practice Guide for the Healthy Term Infant (KCR Community Resources)						
Baby's Best Chance (MoH): • <i>Breastfeeding or Chestfeeding Your Baby</i> (breastfeeding/chest feeding basics), pp. 101-107 • <i>Vitamin D supplementation</i> , p.103; see recommendation box • <i>Breastfeeding or Chestfeeding Challenges You May Face</i> , pp.111-114 • <i>Healthy Eating During Breastfeeding or Chestfeeding</i> , p.115 • <i>Caffeine, Smoking, Vaping, Alcohol, Other Substances and Breastfeeding or Chestfeeding</i> , pp.116-117 • <i>Breastfeeding or Chestfeeding</i> , p.129						
Toddler's First Steps (MoH): • <i>Breastfeeding or Chestfeeding Your Toddler</i> , pp.38-40 • <i>Healthy Eating During Breastfeeding or Chestfeeding</i> , p.41						








About Breastfeeding ; videos, information to support breast feeding or chestfeeding (<i>About Breastfeeding</i>)						
Drugs and Lactation Database (LactMed®) (<i>National Library of Medicine</i>)						
BC Pediatric Nutrition Guidelines (Birth to Six Years) for Health Professionals (2022) (<i>BCCDC</i>)						
Trans parents ; parenting/feeding resources (<i>Trans Care BC</i>)						
Skin-to-Skin Contact – Key Messages for Health Care Providers (<i>PSBC</i>) <ul style="list-style-type: none"> • <i>Skin-to-Skin Contact Key Messages, p.2</i> • <i>Posters and fact sheets p.11</i> 						
Vitamin D for babies receiving any human milk (<i>CPS</i>)						
Early Childhood Assessment Parent Checklists (<i>RHA resources</i>)						
Galactogogues (<i>LLLC</i>)						
HealthLink BC (<i>MoH</i>): <ul style="list-style-type: none"> • <i>Latching Your Baby</i> • <i>Baby's Feeding Cues and Behaviours</i> • <i>Breastfeeding Positions</i> • <i>Breastfeeding and Chestfeeding</i>; links to handouts and videos 						
Caring for Your Sick Baby or Young Child (<i>FNHA</i>)						
Human Rights in British Columbia: Sex Discrimination and Sexual Harassment ; outlines right to breastfeed or chestfeed in public (<i>Government of British Columbia</i>)						
International Breastfeeding Centre ; videos, fact sheets (<i>International Breastfeeding Centre (IBC)</i>)						
Elsevier Clinical Skills: Breastfeeding ; breastfeeding topics and patient education handouts						
RHA breastfeeding/chestfeeding online modules such as: <ul style="list-style-type: none"> • <i>Breastfeeding/chestfeeding online modules (FHA)</i> • <i>Learning to breastfeed (NHA)</i> 						
Breastfeeding support education such as: reverse pressure softening (<i>NHA</i>); sore nipples, breast pumping, nipple shields (<i>HLBC</i>)						
Include partners in ongoing breastfeeding/chestfeeding communication , including their role in its maintenance						

Parent-Child Interaction Scales: Feeding Scales⁵ (TBD) (PCRP)						
2-1-1 or Pathways BC for local infant feeding clinics and peer supports						
BC Women's Provincial Milk Bank for access to pasteurized donor human milk						
BC Lactation Consultants Association for access to private lactation consultants						
BC Pediatric Feeding Service Providers ; list of provincial and regional programs (<i>BC Children's Hospital (BCCH)</i>)						
Pediatric Nutrition Consultation and Services (<i>BC Dietitians</i>)						
Primary health care provider (<i>PHCP</i>)						
Maternity and Babies Advice Line (MaBAL); resource for providers caring for expectant and new parents in rural/remote communities, including First Nations communities						
Infant and Child Development Association of BC ; local infant development programs						
Aboriginal Infant Development Programs						
Aboriginal Supported Child Development						
BC Association for Child Development and Intervention ; local child development programs						
FNHA Health Benefits ; p.9 breast pumps, nipple shields, baby vitamin supplements (<i>FNHA</i>)						
Dietitian Services, HealthLink BC						
La Leche League Canada ; encourages, promotes, and provides peer-to-peer breastfeeding or chestfeeding support and information (<i>LLLC</i>)						
Supplementary Feeding						
Baby's Best Chance (MoH): • <i>Expressing Your Milk</i> (expressing/storing EBM), pp.108-110 • <i>Supplementing</i> , pp.118-119						
Toddler's First Steps (MoH): • <i>Cleaning and Disinfecting Cleaning Equipment</i> , p.47 • <i>When Your Toddler Stops Breastfeeding or Chestfeeding</i> , p.42 • <i>Supplementing for 6- to 9-Month-Olds</i> , pp.43-44						





⁵ Use of this resource is currently under exploration

HealthLink BC (MoH): <ul style="list-style-type: none"> • <i>Storing Breast Milk</i> • <i>Cup Feeding and Other Feeding Methods</i> • <i>Get Started on Expressing Breast Milk</i> 						
Breastfeeding your adopted or surro-baby (Canadian BF Foundation (CBF))						
Breastfeeding an Adopted Baby (LLLC)						
Lactation Aid (SNS); includes video links (CBF)						
Formula Feeding						
Baby's Best Chance (MoH): <ul style="list-style-type: none"> • <i>Formula Feeding, pp. 120-121</i> 						
Toddler's First Steps (MoH): <ul style="list-style-type: none"> • <i>Formula Feeding for 6-to 9-Month-Olds, pp.45-46</i> 						
Infant Formula: What you need to know (PSBC)						
HealthLink BC (MoH): <ul style="list-style-type: none"> • <i>Feeding Your Baby Formula: Before You Start</i> • <i>Feeding Your Baby Formula: Safely Making and Storing</i> • <i>Nitrate in Well Water</i> 						
CPTIA						
Prevention and Management of Hypoglycaemia in BC First Nations' Infants and Young Children Including Screening for CPT1a Variant in Infants and Young Children Who Present with Ketonic and Hypoketotic Hypoglycemia (<i>Child Health BC (CHBC)</i>)						
FNHA Babies and Young Children with CPT1 Variant (FNHA)						
Solid Foods, Food Safety, Food Literacy						
BC Pediatric Nutrition Guidelines (Birth to Six Years) for Health Professionals (2022) (BCCDC)						
Baby's Best Chance (MoH): <ul style="list-style-type: none"> • <i>Introducing Solid Foods, p.123</i> • <i>Understanding Food Allergies, p.124</i> • <i>Nutrition Resources, p.141</i> 						
Toddler's First Steps (MoH): <ul style="list-style-type: none"> • <i>Feeding Your Toddler, pp.37-63</i> • <i>When Your Toddler Stops Breastfeeding or Chestfeeding, p.42</i> • <i>Supplementing for 6-to 9-Month-Olds, pp.43-44</i> 						











Eating Well with Canada's Food Guide A→文 (HC)						
Eating Well with Canada's Food Guide - First Nations, Inuit and Métis (HC)						
Canada's food guide kids: Toolkit for educators ; activities to support an equitable approach to healthy eating in children, includes Satter Division of Responsibility in Feeding (HC)						
Appetite to Play (CHBC)						
Activity: Picky Eating Facilitator's Guide (Interior Health Authority (IHA))						
Common Food Allergens (HC)						
HealthLink BC (MoH): <ul style="list-style-type: none"> • <i>Baby's First Foods</i> • <i>Feeding Your baby: Sample meals 6-12 months</i> • <i>Preventing choking in babies and young children: For childcare providers</i> • <i>Reducing Risk of Food Allergy in Your Baby; only for babies with increased risk</i> • <i>Eczema and food allergy in babies and young children</i> • <i>Severe Allergic Reactions to Food</i> • <i>Reducing Risk of Food Allergy for Babies at Higher Risk</i> • <i>Healthy Eating for Children</i> • <i>Food Safety: Easy Ways to Make Food Safer</i> • <i>Calcium and Your Health</i> • <i>Vitamin D and Your Health</i> • <i>Iron in Foods, Health File 68d</i> • <i>Healthy Habits for Healthy Life</i> • <i>The benefits of eating together for children and families</i> • <i>Vegan feeding guidelines for baby and toddlers</i> • <i>Vegetarian feeding guidelines for babies and toddlers</i> • <i>Your Toddler: Nutritious Meals for Picky Eaters</i> • <i>Weaning</i> • <i>8-1-1 Public Health Dietitian</i> 						
Hello Cup! Bye Bye Baby Bottle (VCH) A→文						
Honey and Your Baby (FHA)						
A Guide to Your Baby's First Foods (FNHA)						
Safe Food Handling for Children Ages 5 and Under (HC)						

Parent-Child Interaction Scales: Feeding Scales⁶ (TBD) (PCRP)						
BC Pediatric Feeding Service Providers ; list of provincial and regional programs (BCCH)						
Pediatric Nutrition Consultation and Services (BC Dietitians)						
Regional Eating Disorders Programs						
BC Provincial Specialized Eating Disorders Program						
Primary health care provider						












Growth and Development
Also refer to Program Activities/Tools for: [Parenting Capacity](#), [Adult Physical Health – Pregnancy](#)










Tool/Program Activity and Details A→文 – translated versions available	Tool/Program Activity Type					
Related Outcomes: <ul style="list-style-type: none"> • Support families’ evolving goals for healthy child development as they relate to: <ul style="list-style-type: none"> – Physical health and well-being – Language and cognitive development – Communication skills and general knowledge – Social competence and social experiences – Emotional maturity and regulation 	 Assessment/Screening	Client Education/ Parent Resource 		 Direct Care Intervention	Recommendations, Referrals, and Care Coordination 	
		General	PDF, Handout, Booklet, Video			Engagement Tools











Growth – General

Postnatal Assessment and Care and Assessment Guide (PSBC) <ul style="list-style-type: none"> • <i>Assessment and Care Guidance of the Newborn</i> • <i>Growth</i> • <i>Newborn Discharge Teaching Checklist</i> 						
NEWT nomogram						
Newborn and Infant Growth Measurements (PSBC)						

⁶ Use of this resource is currently under exploration










BC Pediatric Nutrition Guidelines (Birth to Six Years) for Health Professionals (BCCDC, 2022)						
A Health Professional's Guide for using the WHO Growth Charts for Canada (Dietitians of Canada and CPS)						
WHO Growth Charts for Canada; 0-24 mos, 2-19 yrs, boys/ girls (WHO)						
Fenton Preterm Growth Charts <ul style="list-style-type: none"> • <i>Girls' growth chart</i> • <i>Boys' growth chart</i> 						
Early Child Health Assessment Parent Checklist; 2, 4, 6, 12, 18 mos, 4-6 years; RHA resource providing growth and development guidance						
ASQ-3 and ASQ:SE-2 Factors to Consider Before Beginning the Referral Process (Ages and Stages Questionnaires®: Social-Emotional, Second Edition (ASQ:SE-2®) User's Guide) <ul style="list-style-type: none"> • <i>Learning Activities for Parents and Tip Sheets</i> • <i>ASQ Kit</i> • <i>ASQ: Tips for Discussing Screening Results with Families</i> 						
Growth and Development Checklist (RHA resource)						
Pregnancy and Parent Learning Centre (PSBC): <ul style="list-style-type: none"> • <i>Postpartum and Newborn Care Module 6: Getting to Know Your Newborn Baby</i> • <i>Postpartum and Newborn Care Module 7: Newborn Tests, Screening and Procedures</i> • <i>Postpartum and Newborn Care Module 10: Newborn Development</i> • <i>Postpartum and Newborn Care Module 11: Infant Crying</i> • <i>Postpartum and Newborn Care Module 12: Safer Sleep</i> • <i>Postpartum and Newborn Care Module 13: Baby Safety; (includes: crying, newborn care, home safety, sun safety, baby equipment, first aid, car seat safety)</i> 						
















<p>HealthLink BC (MoH):</p> <ul style="list-style-type: none"> • <i>Young children and their vision</i> • <i>Hearing loss in children</i> • <i>Your child's development from birth to 3 years</i> A→文 • <i>Growth and Development Milestones</i>; includes links for ages 2-6 years • <i>Baby growth and development</i>; includes links to broad range of topics and advice for parenting babies 0-12 months old • <i>Toddler growth and development</i>; includes links for broad range of topics and advice for parenting toddlers, 12-30+ months • <i>Preschooler Growth and Development</i>; includes tips for parents on screen time, play and promoting speech and language • <i>Caring for your preschooler</i>; parental guidance on a broad range of topics and common concerns • <i>Back to school</i>; links to various health and wellness topics for children preparing to enter school 						
<p>Baby's Best Chance (MoH):</p> <ul style="list-style-type: none"> • <i>Baby Care, pp.73-95</i> • <i>Baby Development, pp.96-100</i> • <i>Child Development resources, p.130</i> • <i>Children with Support Needs resources, p.131</i> 						
<p>Toddler's First Steps (MoH):</p> <ul style="list-style-type: none"> • <i>Toddler Development, pp.9-36</i> • <i>Family Violence/Abuse, pp.117-118</i> 						
<p>SmartParent app</p>						
<p>Assessing Sleep Health in Families (PHN-PREP)</p>						
<p>Sleep, Feed and Play Tracker (PHN-PREP)</p>						
<p>Growing Up Healthy; resource for First Nations and Métis families in BC, pregnancy to age 6, print copies available (<i>National Collaborating Centre for Indigenous Health (NCCIH)</i>)</p>						
<p>Parents as First Teachers; emphasizes early childhood development and early learning through experience and play for First Nations and Métis parents (<i>NCCIH</i>)</p>						
<p>KidCare Canada –Videos; social and emotional basics, language development, healthy development, etc. (<i>KidCare Canada</i>)</p>						
<p>Encyclopedia on Early Childhood Development; includes downloadable fact sheets with tips for parents, on various topics (<i>Université de Montréal</i>)</p>						























First Impressions: Exposure to Violence and the Child's Developing Brain; video (CA Department of Justice)						
When I Go to Kindergarten (BC Ministry of Education)						
Vroom Videos Playlist <ul style="list-style-type: none"> • <i>Brain Building Basics</i> • <i>Vroom: Tips for Indoors</i> • <i>Vroom: Tips for Outdoors</i> 						
Promoting Maternal Mental Health During Pregnancy: Activities ⁷ ; Unit 7: Enhancing My Baby's Brain and Development; (PCRP)						
Brain-Building Through Play: Activities for Infants, Toddlers, and Children; includes games to play with children age 6 months-6+ years (Harvard Center on the Developing Child)						
Play and Learn; includes games and activities for 1.5- to 6-year-olds, includes videos (McMaster University)						
BRAIN Decision Making Worksheet (CCMI)						
Growing with Love Monthly Activities (IHA)						
Choosing Partners in Parenting Education (PIPE) Topics: (May apply to all categories – physical, language and cognitive, and social and emotional) <ul style="list-style-type: none"> • <i>Patterns & Expectations</i> • <i>Baby Cues</i> • <i>Floortime</i> • <i>Reading to Baby</i> • <i>Love Needs a Safe Base</i> • <i>Attachment</i> • <i>Love is Letting Go</i> • <i>Love and Limits</i> • <i>Emotional Refueling</i> • <i>Baby's First Teacher</i> • <i>Learning the Do's</i> • <i>Music and Rhythm</i> • <i>Learning Language</i> • <i>Each Child is Different</i> • <i>Play is Imitation and Turn-taking</i> • <i>What are Children Really Learning</i> 						
Infant and Child Development Association of BC; local infant development programs						



















⁷ Use of this resource is currently under exploration

Aboriginal Infant Development Programs						
Aboriginal Supported Child Development Program						
BC Association for Child Development and Intervention; local child development programs						
Early Childhood Intervention Programs (<i>Government of BC</i>)						
Early Intervention Therapy Program Guidelines; see Appendix B: Overview of Services for Children and Youth with Special Needs and Their Families						
Local parks and recreation programs						
Local library programs						
Strong Start BC						
Aboriginal Head Start on Reserve						
2-1-1; search resources for: Children and Families/Early Childhood Development						
Slocan Centre; located in Vancouver, services are virtual and in person; supports children up to 19 years of age who are living with complex, chronic health conditions						
BC Centre for Ability; serves families in Lower Mainland only; family counselling, autism navigator, FASD and CDBC supports						
Primary health care provider						
Maternity and Babies Advice Line (MaBAL); resource for providers caring for expectant and new parents in rural/ remote communities, including First Nations communities						
First Nation community health care providers						
Local group-based parenting supports						
Physical						
Postnatal Assessment and Care Guide (<i>PSBC</i>) • <i>Assessment and Care Guidance of the Mother/Birth Parent and Newborn in the Presence of Communicable Diseases</i>						
BCCDC Immunization Manual (<i>BCCDC</i>)						
BCCDC Communicable Disease Manual (<i>BCCDC</i>)						
Health Gateway app (<i>Government of BC</i>)						

Quick Guide to Common Childhood Diseases (BCCDC)						
Move with me from birth to three; movement activities (LeapBC)						
Baby's Best Chance (MoH): <ul style="list-style-type: none"> • <i>Dental Care Resources</i>, p.132 • <i>Hearing Resources</i>, p.136 • <i>Immunization Resources</i>, pp.136-137 • <i>Vision Resources</i>, p.146 • <i>Physical Development</i>, p.98 						
Toddler's First Steps (MoH): <ul style="list-style-type: none"> • <i>Dental Care Resources</i>, p.125 						
Physical development 101: A guide to gross and fine motor skills in infants, toddlers, and preschoolers (Active for Life)						
Ellyn Satter's Division of Responsibility in Activity (Ellyn Satter Institute)						
Appetite to play: Healthy eating and physical activity in the early years (CHBC)						
Canadian 24-Hour Movement Guidelines (Canadian Society for Exercise Physiology): <ul style="list-style-type: none"> • <i>Early Years (0-4)</i> • <i>Children (5-17)</i> 						
Live 5-2-1-0; includes tips and fact sheets for families on physical activity, healthy eating, screen time (BC Children's Hospital Research Institute)						
Play Today: A Guide for Families (Province of British Columbia)						
Healthy childhood development through outdoor risky play; discussion guide (CPS)						
Play; includes a guide for families, activities, A→文 (Government of BC)						
Go play outside! An outside play tool for parents and caregivers (Outside Play Lab)						
Activities for Infants Four to Eight Months Old and Physical Literacy Checklists for varying age (Active for Life)						
Constipation – A Resource Guide; includes red flags, resources, and videos for parents (BCCH)						
The poo in you – Constipation and Encopresis Educational Video (Children's Hospital Colorado)						
Constipation and soiling (encopresis) in children (SickKids)						

Toilet Training Basics: Is it time to start?; 6 part video series (<i>Alberta Health</i>)						
Build a bedtime routine (<i>Kelty Mental Health</i>)						
Interventions to Promote Sleep: Supporting Families in their Management of Sleep Concerns (<i>PHN-PREP</i>)						
HealthLinkBC <ul style="list-style-type: none"> • <i>Immunizations; includes links to schedules, aftercare, accessing records, and vaccine health files, A→文</i> • <i>Toilet learning (92d)</i> • <i>Constipation, Age 11 and Younger</i> • <i>Time for bed (92e)</i> • <i>Young children and their vision</i> • <i>Physical activity and physical literacy: Early years (0-4); includes Canadian 24-hour movement guidelines</i> • <i>Physical activity and physical literacy: Children and Youth (5-17); includes Canadian 24-hour movement guidelines</i> • <i>Dental Care for Your Infant and Toddler</i> • <i>Constipation, Age 11 and Younger</i> • <i>Positional Plagiocephaly (Flattened Head)</i> • <i>Brushing and Flossing Your Teeth</i> 						
Child Health Passport (<i>MoH</i>)						
Newborn Screening BC (<i>PHSA</i>)						
Is my Child Growing Well? (<i>Dietitians of Canada</i>)						
Health Benefits Guide (<i>FNHA</i>): <ul style="list-style-type: none"> • <i>Baby Oral Health, Infant Medication, p.9</i> 						
Children's dental program; for low-income families without dental coverage (<i>UBC</i>)						
Canadian Dental Care Plan (<i>Government of Canada</i>)						
Find a Dentist database (<i>BC Dental Association</i>)						
Children's Oral Health Initiative; early childhood tooth decay prevention program for First Nations children age 0-7, their caregivers, pregnant persons, living or accessing services in First Nations communities (<i>FNHA</i>)						
BC Healthy Kids program helps low-income families with the costs of basic dental care and prescription eyewear for their children						
Local public health dental programs						

Find a Doctor of Optometry (<i>BC Doctor of Optometry</i>)						
Optical coverage for families receiving income or disability assistance (<i>Government of BC</i>)						
Vision Care Benefit ; provides glasses for Indigenous children and adults (<i>FNHA</i>)						
We See BC Foundation ; help families with low income by providing equitable access to high-quality vision services and rehabilitation devices						
Language and Cognitive						
HealthLink BC (<i>MoH</i>): <ul style="list-style-type: none"> • <i>Speech and Language Development: Red Flags</i> • <i>Speech and Language Development</i> • <i>Encouraging language development in your preschooler</i> • <i>Cognitive development, ages 1 to 12 months</i> • <i>Cognitive development, ages 12 to 24 months</i> • <i>Stimulate your baby's learning</i> • <i>Your child and play from birth to 3 years</i> 						
ABCs for new parents (<i>CHBC</i>)						
Literacy matters (<i>Canadian Children's Literacy Foundation (CCLF)</i>)						
Read, speak, sing to your baby: How parents can promote literacy from birth (<i>CPS</i>)						
Early Words for Healthcare Providers ; EOI for program opens end of summer every year for Health Unit participation in program (<i>CCLF</i>)						
Baby's Best Chance (<i>MoH</i>): <ul style="list-style-type: none"> • <i>Language Development, p.100</i> • <i>Speech-Language Therapy resources, p.145</i> 						
Toddler's First Steps (<i>MoH</i>): <ul style="list-style-type: none"> • <i>Speech-Language Therapy resources, p.138</i> 						
All about early literacy (<i>Ministry of Education and Child Care</i>)						
Activities for language development (<i>Speech and Hearing BC</i>)						
BC Early Hearing Program ; provides newborn hearing screening for all infants in the province, follow-up hearing assessments, and coordination of early language services (<i>PHSA</i>)						
Local public health speech and language programs						

Public health hearing (audiology) clinics (PHSA)						
Local public libraries						
Social and Emotional						
ASQ:SE-2 Factors to Consider Before Beginning the Referral Process						
Feelings First: Social and emotional development (CHBC)						
Everyday Anxiety Strategies for Early Years (HealthyMindsBC)						
Kelty Mental Health Resource Centre – Social and Emotional Development; includes podcast links (BCCH)						
Kelty Mental Health Resource Centre – Finding Support; includes tips for accessing support, connection to family peer support workers (BCCH)						
Multi-Language Mental Health Resources for Families (Kelty Mental Health, BCCH)						
Child and Youth Mental Health Resources and Supports; comprehensive booklet, A→文 (Government of BC)						
Baby's Best Chance (MoH): • <i>Social and Emotional Development</i> , p.99						
Supporting your Child's Mental Wellness: Screen Use for Children aged 0-4 (BCCH, Kelty Mental Health, VCH)						
HealthLink BC (MoH): • <i>Emotional development Ages 2-5 years</i> • <i>Helping your child build inner strength</i> • <i>Your child's social and emotional development from birth to 3 years</i>						
Family connections (FNHA)						
5 steps for brain building serve and return interactions (Harvard Center on the Developing Child)						
Confident Parents: Thriving Kids; Anxiety Program, Big Worries Program (CMHA)						
Child and Youth Mental Health Intake Clinics (Government of BC)						
Mind Space – BC; programs are designed to help adults manage mild-to-moderate anxiety, depression, stress, insomnia, and ADHD. They also provide support for parents navigating the complexities of caring for children aged 0-6						
Métis Child Safety and Wellness Circle (Métis Nation of BC (MNBC))						
Youth Mental Wellness Coordinators (MNBC)						











Primary Caregiver/Family Health and Well-Being














Adult Physical Health and Well-Being




















Also refer to Program Activities/Tools for: [Substance Use](#)




















Tool/Program Activity and Details A→文 – translated versions available	Tool/Program Activity Type							
Related Outcomes: <ul style="list-style-type: none"> Support families' evolving goals for mental health and wellness 	Assessment/Screening 	Client Education/ Parent Resource 		General	PDF, Handout, Booklet, Video	Engagement Tools	Direct Care Intervention 	Recommendations, Referrals, and Care Coordination 



















Pregnancy
















Population and Public Health Prenatal Care Pathway (PSBC) <ul style="list-style-type: none"> Health Care/Physical Well-being, pp.6-16. Nutrition in Pregnancy, pp.17-25. Injury Prevention, pp.54-55, Preparation for Birth, pp.56-59 						
BCCDC Immunization Manual (BCCDC) <ul style="list-style-type: none"> Routine Immunization Schedule C and D and Worksheet 						
Immunization Communication Tool (BCCDC)						
BCCDC Communicable Disease Manual (BCCDC)						
Your Guide to a Healthy Pregnancy (PHAC)						
Eat Safely, Eat Well: Food Safety during Pregnancy (BCCDC)						
Benefits of Using Food Labels (Government of Canada)						

Healthy Snacks (Government of Canada)						
Food Guide Snapshot (Canada's Food Guide, 2026)						
Healthy Eating When Pregnancy and Breastfeeding (Canada's Food Guide)						
Exercise during pregnancy (SOGC)						
Working during pregnancy (SOGC)						
Pregnancy and Parent Learning Centre (PSBC): <ul style="list-style-type: none"> • <i>Pregnancy Module 1: Preparing for Your Pregnancy</i> • <i>Pregnancy Module 2: Prenatal Health Care</i> • <i>Pregnancy Module 3: Common Changes During Pregnancy</i> • <i>Pregnancy Module 4: Caring for Yourself</i> • <i>Pregnancy Module 6: Eating Well During Pregnancy</i> • <i>Pregnancy Module 9: Special Considerations in Pregnancy</i> • <i>Journey 2: Labour and Birth (5 Modules)</i> 						
Baby's Best Chance (MoH): <ul style="list-style-type: none"> • <i>Lifestyle, p.11</i> • <i>Eating Well for Pregnancy, pp.19-23</i> • <i>Weight Gain in Pregnancy, p.24</i> • <i>Taking Care of Yourself, pp.25-29</i> • <i>Healthcare During Pregnancy, pp.30-31</i> • <i>Pregnancy Risk Factors, p.32</i> • <i>Stages of Pregnancy, pp.34-35</i> • <i>Your Developing Baby, p.38</i> 						
Here to Help - Wellness Modules; includes self-assessment quizzes						
Trans parents; Pregnancy: What to expect during and after (<i>Trans Care BC</i>)						
Growing Up Healthy; resource for First Nations and Métis families in BC, pregnancy to age 6, print copies available (<i>NCCIH</i>)						
Pregnancy: Kick Counts (HLBC)						
Videos for New Moms; video series that aims to support life-givers and their families before and after the sacred ceremony of birth (FNHA)						

HealthLink BC (MoH): <ul style="list-style-type: none"> • <i>Why is oral health during pregnancy important</i> • <i>Pregnancy: Chemicals, Cosmetics, and Radiation</i> • <i>Nitrates in Well Water</i> • <i>Immunizations; includes links to schedules, aftercare, accessing records, and vaccine health files, A→文</i> • <i>COVID-19: Advice if You're Planning a Pregnancy, Pregnant, Recently Pregnant, or Breastfeeding</i> 						
Our Special Journey Pregnancy Passport (PSBC)						
Indigenous Pregnancy Passport (PSBC)						
Oh Shit, I'm Pregnant; booklet aimed at those living on the streets/in shelters (<i>H.E.R Pregnancy Program, Streetworks, Edmonton, AB</i>)						
Oral Health Tips for Pregnant Women (PHAC)						
Health Gateway app						
SmartParent app						
Fact Sheets; information on 275+ exposures and how they may impact pregnancy and breastfeeding (<i>MotherToBaby</i>)						
BRAIN Decision Making Worksheet (CCMI)						
Childbearing: The Classic Series; illustrations of labour/delivery and newborn						
Worksheets that can be completed with client (PSBC): <ul style="list-style-type: none"> • <i>Labour and Birth Packing List</i> • <i>Deciding How to Feed Your Baby</i> • <i>Birth Preference Guide</i> • <i>Postpartum Support Guide</i>, also available in <i>Baby's Best Chance</i> appendices, pp.151-167) 						
My Birth Plan (HLBC)						
Provide family/household immunizations (during home visit or low barrier clinic setting)						
8-1-1; public health dietitian						
Register your pregnancy for prenatal care (HLBC)						
Find a Midwife in BC (Midwife Association of BC)						

























Health Benefits Guide (FNHA): • <i>Travel for Prenatal Care Checkups and Delivery, Prenatal Vitamins, Oral Health, Eyes and Vision, Pregnancy Discomforts, Diabetes and Gestational Diabetes, pp.5-9</i>						
Local or virtual prenatal classes (e.g., The Pregnancy Hub), including prenatal classes for young parents						
BCAPOP programs ; may offer free prenatal vitamins						
Foundry BC ; Free, confidential physical wellness services for youth up to 24 years and their families. Includes virtual and in person where available						
PHCP ; may provide free prenatal vitamins						
Baby Be Healthy Program ; free prenatal vitamins at various grocery stores						
Local pharmacist ; for medication questions						
Extended health care providers (e.g., physio)						
Local recreation centres						
WorkSafeBC or employment union ; for injury prevention concerns						
Pregnancy HUB (BCAPOP)						
Parent						
Postnatal Assessment and Care Guide (PSBC) • Physiological Health • Assessment and Care Guidance of the Mother/Birth Parent in the Presence of Communicable Diseases						
BCCDC Immunization Manual (BCCDC)						
BCCDC Communicable Disease Manual (BCCDC)						
HealthLink BC (MoH): • Immunizations ; includes links to schedules, aftercare, accessing records, and vaccine health files, A→文						
Healthy eating when pregnant and breastfeeding (Government of Canada)						
Eating Well with Canada's Food Guide A→文 (HC)						
Eating Well with Canada's Food Guide - First Nations, Inuit and Métis (HC)						


















Pregnancy and Parent Learning Centre (PSBC): <ul style="list-style-type: none"> • <i>Postpartum and Newborn Care Module 1: Preparing for Your Baby</i> • <i>Postpartum and Newborn Care Module 2: Caring for Yourself Postpartum</i> • <i>Postpartum and Newborn Care Module 3: Postpartum Health Care</i> 						
Caring for yourself after birth –Your Body (BCWH)						
Growing Up Healthy; resource for First Nations and Métis families in BC, pregnancy to age 6, print copies available (NCCIH)						
Baby’s Best Chance (MoH): <ul style="list-style-type: none"> • <i>Your Body After Pregnancy</i>, pp.57-58 • <i>Indigenous Services</i>, p.137 • <i>Physical Activity Resources</i>, p.142 • <i>Pregnancy Weight Gain Calculator</i>, p.143 • <i>PSBC Prenatal Genetic Screening</i>, p.143 • <i>Prescription Drugs</i>, p.143 						
Toddler’s First Steps (MoH): <ul style="list-style-type: none"> • <i>Indigenous Services</i>, p.130 						
Sexual/Reproductive Health						
Population and Public Health Prenatal Care Pathway (PSBC) <ul style="list-style-type: none"> • <i>Communicable Diseases and Immunization</i>, p.12-14 • <i>Sexuality in Pregnancy</i>, pp.49-50 						
Postnatal Assessment and Care Guide (PSBC) <ul style="list-style-type: none"> • <i>Family Planning/Sexuality</i> • <i>Assessment and Care Guidance of the Mother/Birth Parent and Newborn in the presence of Communicable Diseases</i> 						
Informed Consent for Contraception; for use prenatally (FNHA)						
Sex During Pregnancy (HLBC)						
Sexually Transmitted Infections During Pregnancy (HLBC)						
Sexual health after childbirth (PSBC)						
Caring for Yourself After Birth – Sex + birth control (BCWH)						
Smart Sex Resource; STIs, contraception, sexual orientation, etc. (BCCDC)						























Sex and U; contraception, STIs, sexual orientation, etc. (SOGC)						
Using the Lactational Amenorrhea Method (Options for Sexual Health)						
Options for Sexual Health; Sex, STIs, birth control						
Syphilis (PSBC Perinatal & Newborn Health Hub): <ul style="list-style-type: none"> • Patient Resources • Key Messages 						
Trans parents; Family creation: information on reproductive planning (Trans Care BC)						
Project Choices; alcohol and sex discussion guide for youth, includes change plans and reflection prompts						
STBI prevention guide: Assessment and counselling; provides approaches to conversations about sexual health (Government of Canada)						
Provide family/household immunizations; during home/visit or low barrier clinic setting						
Health Benefits Guide (FNHA): <ul style="list-style-type: none"> • Contraceptives, p.9 						
Baby's Best Chance (MoH): <ul style="list-style-type: none"> • 2SLGBTQIA+ Resources, p.138 • Family Planning and Birth Control, p.133 						
Toddler's First Steps (MoH): <ul style="list-style-type: none"> • 2SLGBTQIA+ Resources, p.131 						
Foundry BC; Free, confidential sexual health care services for youth up to 24 years and their families. Includes virtual and in person where available						
Options for Sexual Health; Clinics						

Adult Mental Health and Well-Being

Also refer to Program Activities/Tools for: [Substance Use](#), [Healthy Adult Relationships](#)

Tool/Program Activity and Details A→文 – translated versions available	Tool/Program Activity Type					
Related Outcomes: <ul style="list-style-type: none"> Support families' evolving goals for mental health and wellness 	Assessment/Screening 	Client Education/ Parent Resource 	General 	PDF, Handout, Booklet, Video 	Engagement Tools 	Direct Care Intervention Recommendations, Referrals, and Care Coordination  
Pregnancy						
Population and Public Health Prenatal Care Pathway (PSBC) <ul style="list-style-type: none"> <i>Psychosocial Health, pp.26-35</i> 						
Edinburgh Perinatal Depression Scale A→文 (EPDS) (PSBC)						
Perinatal Depression and Anxiety Quick Reference Guide (MoH, UBC)						
Pregnancy and Parent Learning Centre (PSBC): <ul style="list-style-type: none"> <i>Pregnancy Module 4: Caring for Yourself</i> <i>Pregnancy Module 9: Living with Pregnancy Loss</i> 						
Parent						
MomsOverMatter: A web application to support mental health during the postpartum period; links for both EPDS/GAD-7 for clients and providers (PHN-PREP)						
Postnatal Assessment and Care Guide (PSBC) <ul style="list-style-type: none"> <i>Psychosocial Health</i> 						
Edinburgh Perinatal Depression Scale A→文 (EPDS) (PSBC)						
Here to Help - Wellness Modules; includes self-assessment quizzes						
Celebrating the Circle of Life: Coming back to balance and harmony (BCRMHP)						























Reproductive Mental Health Services; education materials, stories from peers, a mood and anxiety tracker, self-care guides (BCWH)						
Pregnancy and Parent Learning Centre (PSBC): • <i>Postpartum and Newborn Care Module 4: Mental Health and Well-Being</i>						
Baby's Best Chance (MoH): • <i>Taking Care of Yourself</i> , pp.25-30 • <i>Having a Baby After a Pregnancy Loss</i> , p.55 • <i>Your Emotional Health</i> , pp.59-61 • <i>Dealing with Frustration</i> , p.62 • <i>Family Resources</i> , p.133 • <i>Pregnancy Loss Resources</i> , p.143						
Toddler's First Steps (MoH): • <i>Staying Calm</i> , p.90 • <i>Emotional Upset</i> , pp.94-95 • <i>2SLGBTQIA+ Mental Health Resources</i> , p.131						
Videos for New Moms; video series that aims to support life-givers and their families before and after the sacred ceremony of birth (FNHA)						
Transition 2 Parenthood: Ask + Offer; conversation starters (Family Smart)						
Caring For Yourself After Birth – Your Mood (BCWH)						
Family-centred maternity and newborn care; Chapter 7: Loss and Grief; 3.5 Assessment of the Bereaved Families' Care and Support Needs (PHAC)						
Coping with anxiety in pregnancy and following birth; booklet, includes handouts) (BCRMHP)						
Coping with depression in pregnancy and following birth; booklet, includes handouts, self tests, goal setting worksheet (BCRMHP)						
Postpartum Support Guide (PSBC)						
Reproductive Mental Health Services; fact sheets on baby blues, bipolar disorder, GAD, panic disorder, treatments, SSRI use (BCWH)						
HealthLink BC (MoH): • <i>Depression and Anxiety During Pregnancy</i> • <i>Postpartum Depression</i> • <i>Anxiety: Stop Negative Thoughts</i>						





















Thriving Spirits: Métis Perspectives on Wellness Magazine (MNBC)						
Working with Neurodivergent Families: A Strength-based Approach; Webinar (PHN-PREP)						
Support for Mothers with Borderline Personality Disorder Webinar; (PHN-PREP)						
NESTS for Well-being; worksheet (PSBC)						
Communicating with Families Experiencing a Pregnancy Loss (CPS)						
Grief and Loss (PSBC Perinatal & Newborn Health Hub): • Key Messages						
Send family a card acknowledging loss						
Postnatal depression in men (HeadsUpGuys)						
Dad Central; includes support, tools, community connection, free course						
Pacific Post Partum Support Society; telephone, virtual support						
Reproductive Mental Health Services (BCWH)						
BounceBack; free skill-building program for adults and youth 13+, 3-5 counselling sessions (CMHA)						
Foundry BC; Free, confidential mental health and wellness services for youth up to 24 years and their families. Includes virtual and in person where available						
Mind Space - BC; programs are designed to help adults manage mild-to-moderate anxiety, depression, stress, insomnia, and ADHD. We also provide support for parents navigating the complexities of caring for children aged 0-6						
Soaring Together digital toolkit; for First Nations youth, to support journeys through life						
Health Benefits Guide (FNHA): • Mental Health, p.7						
Regional Mental Wellness Coordinators; for Métis families (MNBC)						
Youth Mental Wellness Coordinators; for Métis families (MNBC)						
BC Mental Health and Substance Use Services; provide health care services and specialized treatment for people across the province with complex needs, including severe and persistent mental health and substance use/addiction issues						


















Child and Youth Mental Health Resources and Supports; comprehensive booklet geared toward youth and children, A→文 (Government of BC)						
Mental health supports and resources; includes various crisis/support lines, including RHA specific programs (HealthLink BC)						
Provincial Refugee Mental Health Line; non-crisis support line, M-F 9-5, for providers supporting newcomer survivors of forced migration, war, and torture in BC. Toll Free: 1-866-393-3133 (Vancouver Association for the Survivors of Torture)						
Métis Crisis Line Call 1-833-MétisBC (1-833-638-4722)						
KUU-US Crisis Line Society; A 24-hour provincial Indigenous crisis line						
9-1-1						
Métis Counselling Connection Program; may cover expenses for up to ten 60min counselling sessions						
Moving Forward Family Services; non-profit, free short-term counselling, across BC						
Find a Psychologist British Columbia Psychological Association; private pay/extended benefits						
Primary health care provider						
Maternity and Babies Advice Line (MaBAL); resource for providers caring for expectant and new parents in rural/remote communities, including First Nations communities						
Indigenous mental health liaison (RHA resource)						
BC Association of Clinical Counsellors; find a counsellor (private pay/extended benefits)						
FNHA Virtual Substance Use and Psychiatry Service						
Virtual Doctor of the Day (FNHA)						
Aboriginal Friendship Centres						
Doulas for Aboriginal Families Grant Program						
Community counselling grant recipients; programs that may be able to offer low and no-cost counselling						
Indian Residential School Survivors Society (IRSSS)						
First Nations and Inuit Hope for Wellness Help Line						

Healthy Adult Relationships











Also refer to Program Activities/Tools for: [Adult Mental Health and Well-Being](#), [Safety and Injury Prevention](#)

Tool/Program Activity and Details A→文 – translated versions available	Tool/Program Activity Type						
Related Outcomes: <ul style="list-style-type: none"> Support families' evolving goals for mental health and wellness 	Assessment/Screening 	Client Education/ Parent Resource 	General 	PDF, Handout, Booklet, Video 	Engagement Tools 	Direct Care Intervention 	Recommendations, Referrals, and Care Coordination 
Intimate Partner Violence							
Population and Public Health Prenatal Care Pathway (PSBC) <ul style="list-style-type: none"> <i>Healthy Relationships, pp.44-50</i> 							
Postnatal Assessment and Care Guide (PSBC) <ul style="list-style-type: none"> <i>Family Function</i> 							
Initiating a Discussion about Intimate Partner Violence: Indicator-Based Assessment (PHN-PREP)							
Intimate Partner Violence: Brief Risk Assessment; directs provider when to administer Danger Assessment-5 (PHN-PREP)							
iHEAL app; Danger Assessment, Power and Control Wheel, Symptom Checklist <ul style="list-style-type: none"> <i>iHEAL website</i> (videos describing what app does) <i>Power and control wheel</i> <i>Safety actions activity</i> 							
Assessment and Response to Intimate Partner Violence by Public Health Nurses (PHN-PREP)							
The VEGA (Violence, Evidence, Guidance, Action) Project's Guidance for Responding Safely to IPV: Adapted for PHNs (PHN-PREP)							













BC Handbook for Action on Child Abuse and Neglect; p.31, pp.41-42, pp.59-61 (MCFD)						
Pregnancy and Parent Learning Centre (PSBC): <ul style="list-style-type: none"> • <i>Pregnancy Module 5: Staying Safe During Pregnancy and Postpartum</i> • <i>Postpartum and Newborn Care Module 5: Postpartum Relationships, Sexual Health and Family Planning</i> 						
Separation and Divorce: Helping Children Adjust to Family Changes (Keltly Mental Health Resource Centre)						
Family Law in BC; support for separation/divorce, children, family violence						
HealthLink BC (MoH) <ul style="list-style-type: none"> • <i>Partner Support During Pregnancy</i> • <i>Domestic Violence</i> 						
First Impressions: Exposure to Violence and the Child's Developing Brain – video (CA Department of Justice)						
Publications for Victims of Crime A→文 (Government of BC)						
Legal Aid BC – IPV; resources in French/English						
Aboriginal Legal Aid; Child and family rights (Government of BC)						
Sexual Violence and Sexual Assault (Foundry)						
Respect Sexual Consent (RCMP)						
Duluth Power and Control Wheel A→文 (Domestic Abuse Intervention Programs)						
Intimate Partner Violence: Immediate Response to a Disclosure (PHN-PREP)						
Mother's Mental Health Toolkit; Family Violence, pp.97-105; (IWK Health)						
Strong Women – Social Support Group Workbook; for women experiencing IPV and substance use, including alcohol and tobacco (CEWH)						
Navigating Child Safety Concerns with Cultural Humility; short guide to support communication (PHN-PREP)						
Life History Timelines; webinar describing how to create a life history timeline with client (PHO)						















<p>Develop Safety Plan with client:</p> <ul style="list-style-type: none"> • <i>Creating a Safety Plan</i> (Ministry of Justice, booklet, 2015) • <i>Safety Planning</i> (Legal Aid BC) • <i>Personalized Safety Plan</i>; fillable booklet (Nova Scotia Victim Services) • <i>How do I clear my internet browser history?</i> (Government of BC) • <i>Factors to Consider When Domestic Violence Safety Planning</i>; fillable booklet (Government of BC, 2012) 						
<p>Foundry BC; Free, confidential mental health and wellness services for youth up to 24 years and their families. Counselling, peer support. Includes virtual and in person where available</p>						
<p>Elizabeth Fry Society Transition Housing/Shelters</p>						
<p>Toddler's First Steps (MoH):</p> <ul style="list-style-type: none"> • <i>Family Violence Resources</i>; p.127 						
<p>8-1-1 or 2-1-1; search/request agencies supporting IPV, transition/safe houses, community parenting programs that address parental conflict or for general support</p>						
<p>Community agencies in receipt of government funding for IPV programs</p>						
<p>VictimLink BC; 1-800-563-0808 or Email 211-VICTIMLINKBC@UWBC.CA for 24/7 support, available in 240 languages</p>						
<p>Primary health care provider</p>						
<p>Local social worker</p>						
<p>Maternity and Babies Advice Line (MaBAL); resource for providers caring for expectant and new parents in rural/remote communities, including First Nations communities</p>						
<p>Family Law in BC; support for separation/divorce, children, family violence, including info on transition houses, child protection, etc.</p>						
<p>Crime Victim Assistance Program; benefits to support recovery including various income supports (Government of BC)</p>						
<p>Transition Houses and Safe Homes List (BC Housing)</p>						
<p>Get Help Now (BC Society of Transition Houses)</p>						
<p>MCFD; self-referral</p>						
<p>Salal's Sexual Violence Support Centre (24-hr crisis and info line)</p>						
<p>Strong Women Program; for women experiencing IPV and substance use, including alcohol and tobacco (CEWH)</p>						








Primary Caregiver/Family Support and Capacity

Parenting Capacity						
Also refer to Program Activities/Tools for: Growth and Development , Adult Mental Health and Well-Being , Healthy Adult Relationships						
Tool/Program Activity and Details A→文 – translated versions available		Tool/Program Activity Type				
Related Outcomes: <ul style="list-style-type: none"> Support families’ evolving goals as they relate to: <ul style="list-style-type: none"> Primary caregiver confidence and capacity to parent and provide a safe, nurturing environment Primary caregiver self-efficacy and vision/aspiration for their future 		Assessment/Screening	Client Education/ Parent Resource 		Direct Care Intervention 	Recommendations, Referrals, and Care Coordination 
			General	PDF, Handout, Booklet, Video		
Responsive Parenting, Bonding and Attachment						
Population and Public Health Prenatal Care Pathway (PSBC) • <i>Preparation for Parenthood, pp.60-61</i>						
Postnatal Assessment and Care Guide (PSBC) • <i>Bonding and Attachment</i>						
Parent-Child Interaction (PCI) Scales⁸ (TBD); Feeding, Teaching or Guide to Assessing; (PCRP) -OR- Steps of Serve and Return (VCH)						
Honouring the Mother’s Experience (FHA)						
Pregnancy and Parent Learning Centre (PSBC): • Postpartum and Newborn Care Module 6: <i>Getting to Know Your Baby</i>						
Attachment: A connection for life (CPS)						







⁸ Use of this resource is currently under exploration

Trans parents ; resources for children of trans parents (<i>Trans Care BC</i>)						
Growing Up Healthy ; resource for First Nations and Métis families in BC, pregnancy to age 6, print copies available (<i>NCCIH</i>)						
Fatherhood is Forever – BC ; discusses important parenting role of for First Nations and Métis fathers (<i>NCCIH</i>)						
Parents as First Teachers ; emphasizes early childhood development and early learning through experience and play for First Nations and Métis parents (<i>NCCIH</i>)						
Family Connections - BC ; focus on bonding, forming secure attachments with children, and connecting with extended family and community for First Nations and Métis families (<i>NCCIH</i>)						
Kid Care Canada – Videos ; mindful parenting, dad’s important role, family and community, parenting advice in under 1 minute, etc.						
Informed Decision Making ; worksheet (<i>CCMI</i>)						
Baby’s Best Chance (MoH): <ul style="list-style-type: none"> • <i>Life with Your Baby</i>, p.56 • <i>Cultural Differences in Parenting</i>, p.63 • <i>Support for your Personal Situation</i>, p.64 • <i>Fathering Resources</i>, p.135 • <i>Postpartum Support Guide</i> 						
Toddler’s First Steps (MoH): <ul style="list-style-type: none"> • <i>Growing as a Parent</i>, p.83 • <i>Temperament</i>, pp.10-11 • <i>Why Does Your Toddler Act Out</i>, p.84 • <i>Positive Discipline</i>, pp.85-87 • <i>Dealing with Common Challenging Behaviours</i>, pp.88-89 • <i>Staying Calm</i>, p.90 • <i>Helping your Toddler through Change</i>, pp.91-93 • <i>Parenting Issues</i>, pp.94-98 • <i>Balancing Work and Childcare</i>, pp.99-101 • <i>Child Support and Family Services resources</i>: p.125-127 						















HealthLink BC (MoH): <ul style="list-style-type: none"> • <i>Relationships and emotional health; refer to resources under “family relationships” and “parenting”</i> • <i>Your Child’s Feelings A→文</i> • <i>How to Teach Your Child by Example</i> • <i>Sensory and Motor Growth in Newborns</i> • <i>Preparing siblings to meet your new baby</i> 						
Role modelling and self-regulation (Alberta Health)						
The Three R’s: Reaching the Learning Brain; infographic from Beacon House (Perry, Bruce Dr.)						
ABC’s For New Parents; videos (Kid Care Canada)						
Understanding Temperament: A Foundation for Positive Parenting (Zero to Three)						
Building Babies’ Brains Through Play: Mini Parenting Master Class (Harvard Center on the Developing Child)						
Brain Architecture; video (Alberta Family Wellness)						
5 Steps for Brain-Building Serve and Return (Harvard Center on the Developing Child)						
Brain-Building Through Play: Activities for Infants, Toddlers, and Children (Harvard Center on the Developing Child)						
Growing Together Parent Handouts A→文 (BC Council for Families)						
Importance of Self-Efficacy (Transforming Education)						
Visit Plan Form (RHA resource) and Bubble Map (VCH)						
Encounter Summary Form; worksheet to support planning and goal setting (VCH)						
Everyday Wellness Game; card game to identify priorities, incorporate MI and BAP into goal setting (IHA)						

<p>PCRP Activities and Resources:⁹</p> <ul style="list-style-type: none"> • <i>Promoting Maternal Mental Health During Pregnancy: Activities; Unit 2: Connecting with My Baby; Unit 3: Attachment</i> • <i>Promoting Maternal Mental Health During Pregnancy: Activities; Unit 1: Entering Motherhood; Unit 5: Honouring the Woman in Me</i> • <i>BabyCues®: A Child's First Language; cards</i> • <i>Meeting the social and emotional needs of infants and toddlers; cards</i> • <i>Games and Exercises to use with Caregivers to Learn Baby Cues</i> 						
<p>Support and include dads; tips to engage dads in services (Government of Canada)</p>						
<p>Long-term parenting goals; worksheet (Alberta Health)</p>						
<p>Circle of Security (Circle of Security International)</p>						
<p>BRAIN Decision Making Worksheet (CCMI)</p>						
<p>5 Way to Help Adults Build Their Core Life Skills (Harvard Center on the Developing Child)</p>						
<p>NESTS for Well-being; worksheet (PSBC)</p>						












⁹ Use of this resource is currently under exploration




























<p>PIPE activities (<i>Partners in Parenting Educations (PIPE)</i>)</p> <ul style="list-style-type: none"> • <i>Love Needs a Safe Base</i> • <i>Patterns & Expectations</i> • <i>Reading to Baby</i> • <i>Baby Cues</i> • <i>Floortime</i> • <i>Each Child is Different</i> • <i>Joy and Laughter</i> • <i>Attachment</i> • <i>Love is Letting Go</i> • <i>Love and Limits</i> • <i>Emotional Refueling</i> • <i>Baby's First Teacher</i> • <i>What Are Children Really Learning</i> • <i>Learning the Do's</i> • <i>Playing is Imitation and Turn Taking</i> <p>Supplemental PIPEs</p> <ul style="list-style-type: none"> • <i>Cribside Communication</i> • <i>Tune In/Tune Out</i> • <i>Learning Language</i> • <i>Music and Rhythm</i> • <i>Touch Tones</i> • <i>Love is Sometimes a Rocky Road</i> • <i>Roadblocks to Learning</i> 					
<p>Keys to Infant Caregiving (PCR¹⁰)</p>					
<p>Celebrate goal attainment</p>					
<p>Mind Space – BC; Raising Resilient Kids Parenting groups (preventative care program designed to strengthen caregiver-child relationships, for parents with kids 0-6 years, physician referral)</p>					
<p>Foundry BC; Free, confidential mental health and wellness services for youth up to 24 years and their families. Counselling, peer support, workshops/group learning. Includes virtual and in person where available</p>					
<p>Dad Central; includes support, tools, community connection, free course</p>					

















¹⁰ Use of this resource is currently under exploration

Group based parenting programs such as: <ul style="list-style-type: none"> • Nobody's Perfect parenting groups • Strong Start • Aboriginal Head Start 						
Triple P Positive Parenting Canada						
Dads in Gear Program for New Dads (<i>UBC Okanagan</i>)						
2-1-1 (search: Local parenting groups)						
Indigenous Family Support Services						
Métis Counselling Connections Program (<i>MNBC</i>)						
Métis Mental Health and Harm Reduction (<i>MNBC</i>)						
WorkBC ; Explore Training and Education						
Core Life Skills						
<ul style="list-style-type: none"> • Resilience Building Blocks; cards and handbook (<i>Community Resilience Initiative</i>) • Resilience Trumps ACEs; cards and handbook (<i>Community Resilience Initiative</i>) 						
Graduation Requirements (<i>Government of BC</i>)						
British Columbia Adult Graduation Diploma Program (<i>Government of BC</i>)						
Adult Upgrading (<i>Government of BC</i>)						
Family Services of Greater Vancouver ; Financial Empowerment (includes access to online workshops on financial literacy, budgeting, taxes, etc.)						
Going back to work (<i>FHA</i>)						

Community

Connection to Community Supports							
Also refer to Program Activities/Tools for: Connection to Culture							
Tool/Program Activity and Details A→文 – translated versions available		Tool/Program Activity Type					
<p>Related Outcomes:</p> <ul style="list-style-type: none"> • Support families’ goals to engage with resources such as community services and social supports (e.g., family programs, primary care, peer groups) • Support families’ goals as they relate to connection with community activities and gatherings • Support families’ evolving goals as they relate to family self-sufficiency • Support families’ evolving goals as they relate to accessing safe, low barrier, low-cost childcare 	<p>Assessment/Screening</p> 	Client Education/ Parent Resource	<p>General</p>	<p>PDF, Handout, Booklet, Video</p>	<p>Engagement Tools</p>	<p>Direct Care Intervention</p> 	<p>Recommendations, Referrals, and Care Coordination</p> 
		<p></p>					
Connection With Community Services and Social Supports							
<p>Helpline for Children; offers help for anyone under the age of 19 suffering from physical, emotional, or sexual abuse, including abandonment, desertion, neglect, ill treatment, or failure to meet the physical, emotional, or medical needs of a child. Anyone can call, 24 hours a day, including parents and caregivers who are afraid they might hurt their child or anyone who knows a child is being abused. You can call anonymously. Phone: 310-1234 (no area code needed)</p>		<p></p>					
<p>HealthLink BC (MoH):</p> <ul style="list-style-type: none"> • Routine Checkups 		<p></p>				<p></p>	
<p>TransCare BC; Parents and Families (resources for adults and youth on sex and gender, care, and support, etc.)</p>		<p></p>					
<p>Natal Supplement; information on subsidization for natal vitamins (<i>Province of BC</i>)</p>		<p></p>					
<p>Baby’s Best Chance (MoH):</p> <ul style="list-style-type: none"> • Emergency Preparedness Resources, p.133 						<p></p>	
<p>Foundry BC; Free, confidential wellness services for youth up to 24 years and their families. Counselling, peer support, workshops/group learning, support with work and education. Includes virtual and in person where available</p>						<p></p>	

Family and Social Supports (Government of BC)						
Doulas for Aboriginal Families Grant Program						
Local Knowledge Keepers						
Public Health Social Worker referral if available						
Immigrant Services Society of BC						
Local Immigration Partnership						
Local parenting programs						
Pathways Community Service Directory						
BC Refugee Hub – Programs and Services						
Family Resource Programs of BC – Program Directory						
Parent Support Services Society of BC; includes parenting support groups in various languages						
Provincial Language Services (PHSA)						
Nobody’s Perfect parenting groups						
Local parks, recreation, library programs						
Family Self-Sufficiency						
Financial Help for Pregnancy (VCH) or Financial Help for Pregnancy and After Your Baby is Born (FHA)						
Financial Coaching Toolkit (Prosper Canada)						
Supports, Budgeting Workbooks, Saving Workbooks						
7 Ways to a Budget Made Easy (My Money Coach by Credit Counselling Society)						
12 Ways to Save Big on Groceries (My Money Coach by Credit Counselling Society)						
Healthy Eating on a Budget (FHA)						
Rental Assistance Program (BC Housing)						
Income Assistance (Government of BC)						
Canada Revenue Agency Child/Family Benefit Programs						
Benefits Wayfinder (Prosper Canada)						

Why File Your Taxes? (<i>Money Matters</i>)						
BC Disability Benefits Help Sheets (<i>Disability Alliance BC</i>)						
Financial Help for Pregnancy (<i>VCH</i>)						
Braiding Mind, Body and Spirit: A Financial Wellness Bundle (<i>Prosper Canada</i>)						
Baby's Best Chance (<i>MoH</i>):						
<ul style="list-style-type: none"> • <i>Doing the paperwork</i>, pp.65-66 • <i>Housing Resources</i>, p.136 						
2-1-1: Food and Basic Goods						
BCAPOP ; programs often include meals, food vouchers, prenatal vitamins						
BC Farmers' Markets Nutrition Coupon Program						
Find a Food Bank (<i>Food Banks BC</i>)						
Safe, Low Barrier, Low-Cost Childcare						
Toddlers First Steps (<i>MoH</i>):						
<ul style="list-style-type: none"> • <i>Balancing work and childcare</i>, pp.94-96 • <i>Childcare information and resources</i>, pp.123 • <i>Parenting Resources</i>, p.135 						
Child Care Resource and Referral (<i>Province of British Columbia</i>)						
Strong Start BC						
Future Bright (<i>Elizabeth Fry Society of Greater Vancouver</i>)						
Aboriginal Head Start						

Connection to Culture

Also refer to Program Activities/Tools for: [Connection to Community Supports](#)












Tool/Program Activity and Details A→文 – translated versions available	Tool/Program Activity Type						
Related Outcomes: <ul style="list-style-type: none"> Support families' goals as they relate to connection to cultural heritage, Indigenous Nations, traditions, practices, and ceremonies 	Assessment/Screening 	Client Education/ Parent Resource 	General 	PDF, Handout, Booklet, Video 	Engagement Tools 	Direct Care Intervention 	Recommendations, Referrals, and Care Coordination 






















Connection to Culture
















Family Connections - BC ; focus on bonding, forming secure attachments with children, and connecting with extended family and community for First Nations and Métis families (NCCIH)							
FirstVoices ; collaborative platform to manage, curate, and share Indigenous languages							
Culture, Heritage and Language (MNBC)							
Indigenous language app							
Thriving Spirits: Métis Perspectives on Wellness Magazine							
Newcomers with Disabilities Welcome Guide (BC Refugee Hub)							
Food is Medicine - Cooking Show and Recipe Book (FNHA)							
First Nations Traditional Foods – Fact Sheets (FNHA)							
Lego Spirit Program							
Thunderbird Wellness App ; strengths-based, trauma-informed approach to supporting Indigenous wellness							
Soaring Together digital toolkit ; for First Nations youth, to support journeys through life							

Baby's Best Chance (MoH): • <i>New Immigrants and Refugee Resources, p.141</i>						
Toddler's First Steps (MoH): • <i>Indigenous Services, p.130</i>						
Aboriginal Head Start						
BC Association of Aboriginal Friendship Centres; Our Friendship Centres (map of centres in BC)						
Apply for Citizenship; for Métis families (MNBC)						
Early Years Navigators; for Métis families (MNBC)						
Connect families to Elders or Knowledge Keepers						
Connect families to traditional foods						
Land-based programming for youth						
Immigrant Services Society of BC						
Local Immigration Partnership						

Systems of Care

Health Care Coordination and Trust									
Also refer to Program Activities/Tools for: Connection to Culture									
Tool/Program Activity and Details A→文 – translated versions available	Tool/Program Activity Type								
Related Outcomes: <ul style="list-style-type: none"> • Timely initiation and continuous engagement and access to care • Strengthened trust in the health system • Increased system navigation support and capacity building in complex care coordination both within the health sector and externally • Strengthened partnerships among family-serving organizations, services, and programs • Provincially consistent care supported by clinical guidance and standardized competencies • Documentation that supports continuity of care • Enhanced health care provider well-being and engagement in service delivery • Improved workforce retention 	 Assessment/Screening	Client Education/ Parent Resource 		Direct Care Intervention 	Recommendations, Referrals, and Care Coordination 				
		General	PDF, Handout, Booklet, Video				Engagement Tools		
Trust in Health Care									
Honouring the Mother’s Experience (FHA)									
Life History Timelines ; webinar describing how to create a life history timeline with client (PHO)									
Caring for Kids New to Canada ; guide for working with immigrant/refugee children and youth; includes education for provider, assessment and screening strategies, referrals for numerous health and wellness areas (CPS)									
Bubble Map ; choice sheets for planning visit priorities (VCH)									
Pregnancy planning for newcomers to Canada (SOGC)									
Baby’s Best Chance (MoH): • <i>Medical Resources</i> , pp.138-139									
Toddler’s First Steps (MoH): • <i>When Your Toddler is Sick</i> , pp.80-83									
HealthLink BC (MoH): • <i>Regular Checkup for a Child</i>									

Welcome to the BC Drug and Poison Information Centre (BC Drug and Poison Information Centre (BC DPIC))						
Finding your way around our health care system; A guide for newcomers to Canada (FHA)						
Welcome Letter (IHA)						
How are we doing? (TBD) to assess provider-family relationship						
Provider access to cell phone for text message communication						
Gender Inclusive Care in the First Trimester (PSBC Perinatal & Newborn Health Hub): • Key Messages						
Gender Inclusive Language: Building relationships with new clients (Trans Care BC)						
Health Connect Registry; to connect families to primary care providers						
Therapeutic relationship with BC FHVP provider						
Motivational Interviewing						
Trauma informed and anti-racist approaches to care						
Celebrate milestones; e.g., child's birthday or start of school						
Case finding; outreach to enrol and reach clients						
Provincial Language Services (PHSA)						
Indigenous Health Liaisons (RHA resource)						
Health Connections; regional travel assistance program for rural residents traveling for non-emergency medical care outside their communities (Government of BC)						
BC PharmaCare Program						
Health Benefits Guide (FNHA)						
Seamless Coordination of Care						
BC FHVP Discharge Assessment; to assess for readiness for discharge from program (TBD)						
BC FHVP Service Utilization and Referral Form; (TBD) (PHSA)						
RHA internal process for receiving postpartum and newborn community liaison records from acute care						

RHA internal process for connecting with family's First Nations community (if applicable)						
RHA internal process for accessing regionally specific supports such as public health social worker, Indigenous health liaison, mental health professionals, community integration specialists, etc.						
RHA internal process for receiving prenatal, postpartum, and early childhood referrals into BC FHVP						
BC FHVP Referral Form for transfer of care between RHAs (TBD) (PHSA)						
Warm handover when transferring care between RHAs						
Federal Health Care: Refugees (Government of Canada)						
Health Connect registry						
Provincial attachment system ; available health-care resources while you wait (Government of BC)						
Outcome of Referral Letter (FHA)						
Program Provider Well-Being						
BC FHVP Competency Assessment Tool (PHSA)						
Visit Plan Form (to organize visits)						
BC FHVP Visit Planning Flowsheets ; Pregnancy, Infancy, Toddler (IHA)						
Participation in Provincial Communities of Practice						
Occupational and Critical Incident Stress Management Services (OCISM) <ul style="list-style-type: none"> • Critical Incident Stress Reaction Services • Peer Assistance Line (PALs): Non-crisis support (debriefing, coping, mentoring, etc.) via telephone • Cumulative Stress and Wellness Coaching • Resiliency Coaching for Nursing Leaders 						
Family Overview ; facesheet for providers to capture snapshot of family circumstances						

Appendix M: Visit Guide

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Abbreviations

BCCDC	BC Centre for Disease Control
BCCSU	BC Centre of Substance Use
BC FHVP	BC Family Health Visiting Program
CCMI	Centre for Collaboration, Motivation & Innovation
CPS	Canadian Paediatric Society
ECHA	Early Childhood Health Assessment
FHA	Fraser Health Authority
FNHA	First Nations Health Authority
HC	Health Canada
HCDC	Harvard Center on the Developing Child
HLBC	HealthLink BC
IHA	Interior Health Authority
MoH	Ministry of Health
NCCIH	National Collaboration Centre for Indigenous Health
NCSBC	National Centre for Shaken Baby Syndrome
NESTS	Nutrition, exercise, sleep, time, supports
PCRP	Parent-Child Relationship Programs
PHN	Public Health Nurse
PHO	Public Health Ontario
PHSA	Provincial Health Services Authority
PIPE	Partners in Parenting Education
PP	Postnatal
PSBC	Perinatal Services BC
RHA	Regional Health Authority
SUD	Substance Use Disorder
UBC	University of British Columbia
UDF	User Defined Form
VCH	Vancouver Coastal Health
WHO	World Health Organization

Purpose

The BC FHVP Visit Guide (the Visit Guide) is a resource designed to support providers in planning BC FHVP visits with clients and families. It outlines recommended program activities and clinical tools to use during program intake and across various family life stages.

The Visit Guide and Clinical Toolkit are companion documents and are intended to be used alongside one another. It outlines program activities that should be routinely offered to all Program clients or families and directs providers to relevant sections of the BC FHVP Clinical Toolkit.

Additional activities and resources that support the *client's individualized care plan* should be selected from the appropriate sections of the BC FHVP Clinical Toolkit and incorporated into the care activities recommended in the Visit Guide.

The program activity schedule in the Visit Guide is intended as a recommendation only. Providers should use clinical judgment and consult with an BC FHVP supervisor as needed to determine the timing, frequency, and appropriateness of all activities and tools.

How to Use the Visit Guide

Step 1: Begin at Intake

At Program entry, review the Intake section and select program activities based on the family's life stage (i.e., pregnancy, postnatal (PP) to 2 years, or 2–6 years). Complete all recommended intake visits before progressing to ongoing program visits.

Step 2: Move to the Current Life Stage Section

After intake is complete, plan visits according to:

- The client's gestational period, or
- The child's current age (as listed in the *Program/Life Stage* column)

Step 3: Review Earlier Sections as Needed

Before delivering activities in the current age/stage section:

- Scan earlier sections of the Visit Guide and identify program activities and topics that may benefit the client or family.

Step 4: Use “Every Visit” Activities

At every encounter:

- Use the tools and activities listed in the “Every Visit” section.
- Introduce additional resources based on the *client's individualized care plan* (e.g., mental health, healthy adult relationships, parenting support).

Step 5: Complete Recommended Routine Assessments

Refer to the **Recommended Program Assessments and Frequency** (Table 1) to ensure that routine assessments are completed at the appropriate intervals.

Step 6: Continue Through the Appropriate Stages

Progress through the Visit Guide in sequence until:

- The client has received the number of visits determined by their stream,
- Program goals are achieved, or
- The client chooses to self-discharge.

When preparing for program completion, refer to the [Discharge](#) section of the Visit Guide.

Example: Enrolling a Parent with a 9-Month-Old Child

A provider would:

1. Use tools from the “Every Visit” section at each encounter.
2. Complete the Postnatal (PP) to 2 years Intake Visits.
3. Navigate to the “8–9 month” section of the Visit Guide.
4. Review earlier postnatal sections (e.g., newborn, 2–4 months, 6 months) to identify any beneficial activities.
5. Deliver recommended activities in the “8–9 month” section and introduce additional resources or program activities depending on the client’s individualized care plan focus areas.
6. Refer to the Recommended Program Assessments and Frequency (Table 1) to ensure routine assessments are completed.
7. Continue progressing through Visit Guide sections until discharge criteria are met.
8. Complete program activities listed in the [Discharge](#) section of the Visit Guide.

Assessment Frequency

Throughout the Visit Guide, certain assessments are recommended to occur at specific frequencies. These assessments are detailed below in Table 1.

Table 1: Recommended Program Assessments and Frequency

Assessment	Frequency	Notes
ASQ-3 and ASQ:SE-2 screening	<ul style="list-style-type: none"> • Every 4–6 months 	<p>More frequent assessments may be indicated based on screening results.</p> <p>Screening is not required if the family is accessing a referral through Infant or Child Development Program (<i>IDP/CDP</i>).</p>
Partners in Parenting Education (PIPE) activity	<ul style="list-style-type: none"> • Every 2–3 visits 	<p>PIPE activities may be used up to age 6 with age and developmentally appropriate modifications.</p>
Healthy Adult Relationships	<ul style="list-style-type: none"> • Prenatally (visit 5–7) • 6–8 weeks PP • 15–17 months of age • Annually thereafter or as indicated 	<p>This includes allowing dedicated time to discuss supports and relationships using an Eco-Map, reviewing the Duluth Power and Control Wheel and exploring the iHEAL app to explore the client's relationships and determine if further indicator-based assessments or clinical actions are warranted.</p> <p>If indicated, utilize the Healthy Relationships Assessment UDF which includes the Composite Abuse Scale (Revised) – Short Form. If additionally indicated, a danger assessment and/or IPV Offerings and Supports UDF may also be completed if further intervention is warranted.</p> <p>Assessments may be more frequent depending on care plan focus areas (e.g., consider re-assessment when client starts a new relationship). Re-assessment is not indicated after a disclosure of intimate partner violence (IPV).</p>

Early Childhood Assessment (ECHA)	<ul style="list-style-type: none"> • 2 months • 4 months • 6 months • 9 months • 12 months • 18 months • Every 6–12 months thereafter 	<p>Fraser Health Nursing Care Pathway provides direction on assessment areas based on age for 2, 4, 6, 9, 12, 18 month, and 4–6 years. Rourke Baby Record includes assessments every year from age 2–5 years. Tools for completing an ECHA are to be determined by the regional health authority (RHA).</p>
Edinburgh Perinatal/ Postnatal Depression Scale	<ul style="list-style-type: none"> • Pregnancy: <ul style="list-style-type: none"> – 28–32 weeks • Postnatal: <ul style="list-style-type: none"> – 6–8 weeks – 4–6 months – 12 months 	<p>Assessment is embedded within the Panorama Family Health Prenatal Intake, Postpartum Assessment, and Adult Health Assessment UDFs.</p>
Healthy Lifestyle Assessment (substance use assessment)	<ul style="list-style-type: none"> • After visit 3 • 36 weeks gestation • 12 months postpartum • 24 months postpartum • Annually thereafter • Discharge 	<p>Assessments may be more frequent depending on care plan focus areas and clinical judgement.</p>
How Are We Doing? (TBD)	<ul style="list-style-type: none"> • After visit 5 or late pregnancy • 2–3 months postpartum • Annually thereafter 	<p>To routinely assess relationship between Family Health Nurse/Family Health Visitor and family, as well as when provider notices signs of disengagement.</p>
Generalized Self-Efficacy Scale	<ul style="list-style-type: none"> • At intake • Every 6 months thereafter • Discharge 	<p>Tool used to assess self-efficacy to be determined. Questions are embedded in the Intake and Client Monitoring UDF.</p>
Kessler Psychological Distress Scale	<ul style="list-style-type: none"> • At intake • Every 6 months thereafter • Discharge 	<p>Tool used to assess overall mental wellness. Questions are embedded in the Intake and Client Monitoring UDF.</p>

Summary of Program Activities and Clinical Tools: Intake and Every Visit

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Every Visit	<p>Use the following tools at every visit to organize care and determine priorities:</p> <ul style="list-style-type: none"> • Visit Plan Form to organize visits (<i>Fraser Health Authority (FHA); Interior Health Authority (IHA)</i>) • Bubble Map – choice sheets for planning visit priorities (<i>Vancouver Coastal Health (VCH)</i>) • BC FHVP Visit Planning Flowsheets – Pregnancy, Infancy, Toddler; update after each visit (<i>IHA</i>) • The need for recommendations or referrals to additional services and support should be assessed at each visit and documented appropriately (as needed) within the Client Interaction Record 	

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
General Intake (first 1–3 visits)	<p>Support adult physical health using the following resources:</p> <ul style="list-style-type: none"> • Complete an intake assessment (prenatal, postpartum, or adult) utilizing the BC FHVP Eligibility Assessment Tool to determine eligibility and stream (<i>Provincial Health Services Authority (PHSA)</i>) • Population and Public Health Prenatal Care Pathway (<i>Perinatal Services BC (PSBC)</i>) or Postnatal Assessment and Care Guide (<i>PSBC</i>) to complete a holistic adult assessment (TBD) • BCCDC Communicable Disease Control Manual (<i>BC Centre for Disease Control (BCCDC)</i>) • Pregnancy Passport: Our Special Journey or Our Sacred Journey (<i>PSBC</i>) • Baby's Best Chance; focus on Pregnancy or Postpartum section (as applicable) OR Toddler's First Steps; focus on relevant sections (<i>Ministry of Health, British Columbia (MoH)</i>) • Pregnancy and Parent Learning Centre; requires client to login (<i>PSBC</i>) <ul style="list-style-type: none"> – Pregnancy Module 4: Caring for Yourself (6 lessons) – Pregnancy Module 5: Staying Safe During Pregnancy and Postpartum (8 lessons) – Postpartum & Newborn Care – all modules – Infant Feeding – all modules • SmartParent app • Health Gateway app; to access immunization records 	<ul style="list-style-type: none"> ▶ Adult Physical Health and Well-Being – Pregnancy or Parent

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
General Intake (first 1–3 visits) <i>cont.</i>	Support adult mental health using the following resources: <ul style="list-style-type: none"> • Perinatal Depression & Anxiety Quick Reference Guide (<i>MoH; University of British Columbia (UBC)</i>) 	► Adult Mental Health and Well-Being – Pregnancy or Parent
	Support child health and development using the following resources (as applicable): <ul style="list-style-type: none"> • Complete an intake assessment (newborn or child) utilizing the BC FHVP Eligibility Assessment Tool to determine eligibility and stream (<i>PHSA</i>) • Complete a holistic assessment of newborn/child using Postnatal Assessment and Care Guide (<i>PSBC</i>) (TBD) or Early Child Nursing Care Pathways (<i>RHA resource</i>) • Newborn and Infant Growth Measurements (<i>PSBC</i>) • WHO Growth Chart Assessment and Counselling – Key Messages and Actions (<i>Dietitians of Canada</i>) • BC Pediatric Nutrition Guidelines (Birth to Six Years) for Health Professionals (<i>BCCDC, 2022</i>) • BCCDC Immunization Manual (<i>BCCDC</i>) • ASQ-3 and ASQ:SE-2 • Child Health Passport (<i>MoH</i>) • Health Gateway app; to access immunization records • Refer to Baby’s Best Chance or Toddler’s First Steps for age-appropriate guidance on applicable topics (<i>MoH</i>) 	► Growth and Development
	Support healthy infant and child feeding using the following resources (as applicable): <ul style="list-style-type: none"> • Postnatal Assessment and Care Guide (<i>PSBC</i>) <ul style="list-style-type: none"> – <i>Assessment and Care of the Feeding Dyad</i> • Lactation and Newborn Feeding Support (Postpartum) – Key Messages (<i>PSBC</i>) • Breast/Chest Feeding Assessment in the First 14 Days (<i>PSBC</i>) 	► Infant and Young Child Feeding
	Assess client/family’s priorities and goals using tools such as: <ul style="list-style-type: none"> • Honouring the Mother’s Experience to explore goals and dreams for self, child, family (<i>FHA</i>) 	► Parenting Capacity

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
General Intake (first 1–3 visits) <i>cont.</i>	Support the development of core life skills and goal planning using resources such as: <ul style="list-style-type: none"> • Building the Skills Adults Need for Life (<i>Harvard Center on the Developing Child (HCDC)</i>) • Parenting Goals; worksheet (<i>Alberta Health</i>) 	► Parenting Capacity
	Set clear expectations for BC FHVP and service delivery using the following resources and actions: <ul style="list-style-type: none"> • Complete and document site risk assessment prior to first home visit, following organizational policies and guidelines • Provide overview of program (service description, provider/program contact information) • Obtain consent for digital communication and to communicate with primary care provider(s) • Discuss confidentiality, duty to report • Provide families with a warm introduction to the program and provide a Welcome Letter (<i>IHA</i>) • Provide a binder for filing resources • If intake occurs after child’s second birthday, collaborate on care plan focus areas with BC FHVP supervisor 	► Health Care Coordination and Trust
	Support family’s connection to community resources using: <ul style="list-style-type: none"> • Relevant referrals that are a priority for the client using the Recommendations, Referrals, and Care Coordination sections of the BC FHVP Clinical Toolkit (<i>PHSA</i>) 	► Connection to Community Supports
	Support coordination of care by the following actions: <ul style="list-style-type: none"> • Collaborate on care plan focus areas based on assessments • Send Outcome of Referral Letter (<i>FHA</i>) to provider who initiated referral to inform them of program acceptance/refusal, care plan focus areas, and Family Health Nurse/Family Health Visitor contact information • Create a care plan once holistic assessment completed 	► Health Care Coordination and Trust

Summary of Program Activities and Clinical Tools: Prenatal to Age 2 Years

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Early Pregnancy (1 st trimester)	Support physical health and well-being of the primary caregiver using the following tools and assessments: <ul style="list-style-type: none"> • Population and Public Health Prenatal Care Pathway (PSBC): <ul style="list-style-type: none"> - <i>Health Care/Physical Well-being, pp.6-16</i> - <i>Nutrition in Pregnancy, pp.17-25</i> - <i>Injury Prevention, pp.54-55</i> - <i>Preparation for Birth, pp.56-59</i> 	► Adult Physical Health and Well-Being
	Once therapeutic relationship is established, assess substance use behaviours using tools such as: <ul style="list-style-type: none"> • Population and Public Health Prenatal Care Pathway (PSBC): <ul style="list-style-type: none"> - <i>Healthy Lifestyles, pp.38-43</i> • Best Practice Guidelines for Mental Health Disorders in the Perinatal Period: Substance Use Disorders; sample screening questions, Appendix 1, p.30 (PSBC) • Provincial Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder: Pregnancy Supplement (BC Centre on Substance Use (BCCSU)): <ul style="list-style-type: none"> - <i>AUDIT-C: Second level screening tools, pp.43-46</i> - <i>AUDIT-C: Alcohol Use Disorders Identification Test (AUDIT)</i> - <i>T-ACE Screening Tool (Tolerance, Annoyed, Cut down, Eye opener)</i> - <i>TWEAK: Tolerance, Worry, Eye-opener, Amnesia, Cut down</i> • Cannabis Use During the Perinatal Period – Key Messages, Perinatal & Newborn Health Hub (PSBC) • Opioid Use During the Perinatal Period – Key Messages, Perinatal & Newborn Health Hub (PSBC) 	► Substance Use

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Early Pregnancy (1 st trimester) <i>cont.</i>	<p>Once therapeutic relationship is established, assess tobacco and nicotine substance use and offer supports with cessation or reduction using resources such as:</p> <ul style="list-style-type: none"> • HealthLink BC (<i>HLBC</i>), Pregnancy and parenting resources: <ul style="list-style-type: none"> – <i>Search: vaping, Quitting Smoking</i> – <i>The harmful effects of second-hand tobacco smoke and vapour</i> – <i>Quitting Smoking and Avoiding Smoke During Pregnancy</i> – <i>Quit or reduce vaping</i> • QuitNow BC <ul style="list-style-type: none"> – <i>Download materials include resources for Indigenous populations, toolkits</i> – <i>Benefits of Quitting During Pregnancy</i> • First Nations Health Authority (FNHA) resources: <ul style="list-style-type: none"> – <i>E-Cigarettes: What you need to know to stay healthy; info sheet</i> – <i>Are You Trying to Stop Smoking or Vaping?; fact sheet</i> – <i>Quitting Commercial Tobacco FAQs</i> – <i>Quitting Commercial Tobacco: Covered Products to Help Support Your Transition; fact sheet</i> – <i>QuitKit Guidebook and Journal</i> – <i>Talk Tobacco</i> • Smoking Cessation Program (<i>BC PharmaCare</i>) 	<p>► Substance Use</p>

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Early Pregnancy (1 st trimester) <i>cont.</i>	<p>Once therapeutic relationship is established, assess healthy adult relationships using tools such as:</p> <ul style="list-style-type: none"> • Understanding the Duluth Power and Control Wheel • How to make an ecomap; video to support family and relationship assessment (<i>Family Finding</i>) • Initiating a Discussion about Intimate Partner Violence: Indicator-Based Assessment (PHN-PREP) • Intimate Partner Violence: Brief Risk Assessment; directs provider when to administer Danger Assessment-5 (<i>PHN-PREP</i>) • iHEAL app; <i>Introduce iHEAL app to all clients</i> <ul style="list-style-type: none"> - <i>Danger Assessment</i> - <i>Power and Control Wheel</i> - <i>Symptom Checklist</i> • Assessment and Response to Intimate Partner Violence by Public Health Nurses (PHN-PREP) • The VEGA (Violence, Evidence, Guidance, Action) Project's Guidance for Responding Safely to Intimate Partner Violence: Adapted for Public Health Nurses (PHN-PREP) 	<ul style="list-style-type: none"> ▶ Healthy Adult Relationships
	<p>Support health of primary caregiver and family by assessing and providing up-to-date immunizations, using the following tools as needed for guidance:</p> <ul style="list-style-type: none"> • BCCDC Immunization Manual Routine Immunization Schedule C and D and Worksheet (BCCDC) • BCCDC Communicable Disease Control Manual Chapter 2: Immunization, Appendix C - Contraindications and Precautions Contraindications and Precautions for Immunization (BCCDC) • BCCDC Communicable Disease Control Manual (BCCDC) • Immunizations; includes links to schedules, aftercare, accessing records, and vaccine health files (<i>HLBC</i>) • COVID-19: Advice if You're Planning a Pregnancy, Pregnant, Recently Pregnant, or Breastfeeding (HLBC) • Immunization Communication Tool (BCCDC) • BRAIN Decision-Making Worksheet (Centre for Collaboration, Motivation & Innovation (CCMI)) 	<ul style="list-style-type: none"> ▶ Adult Physical Health and Well-Being

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Early Pregnancy (1 st trimester) <i>cont.</i>	Engage client in activities to support mental well-being and positive connections to pregnancy resources such as: <ul style="list-style-type: none"> • Promoting Maternal Mental Health During Pregnancy: Activities (<i>Parent-Child Relationship programs (PCRP)</i>): <ul style="list-style-type: none"> - <i>Dream Baby</i> - <i>Attachment</i> - <i>Connection</i> - <i>DIAPERS</i> • NESTS for Well-being; worksheet (<i>PSBC</i>) 	<ul style="list-style-type: none"> ▶ Adult Mental Health and Well-Being
	Promote health care engagement and knowledge building using resources such as: <ul style="list-style-type: none"> • Create a Life History Timeline following direction from this webinar: Life History Timelines: A trauma- and violence-informed approach (<i>Public Health Ontario (PHO)</i>) 	<ul style="list-style-type: none"> ▶ Health Care Coordination and Trust
	Promote attachment and positive parenting by using one of the following Partners in Parenting Education (PIPE) activities: <ul style="list-style-type: none"> • Emotional Refueling • Patterns & Expectations • Reading to Baby • Baby Cues • Love Needs a Safe Base 	<ul style="list-style-type: none"> ▶ Parenting Capacity ▶ Growth and Development

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Mid Pregnancy (2 nd trimester)	<p>Support physical health and well-being of the primary caregiver using the following tools and assessments:</p> <ul style="list-style-type: none"> • Population and Public Health Prenatal Care Pathway (PSBC): <ul style="list-style-type: none"> - <i>Health Care/Physical Well-being, pp.6-16</i> - <i>Nutrition in Pregnancy, pp.17-25</i> - <i>Injury Prevention, pp.54-55</i> - <i>Preparation for Birth, pp.56-59</i> • BCCDC Immunization Manual Routine Immunization Schedules C and D, and worksheets (BCCDC) • BCCDC Communicable Disease Control Manual Chapter 2: Immunization, Appendix C – Contraindications and Precautions Contraindications and Precautions for Immunization (BCCDC) • BCCDC Communicable Disease Control Manual (BCCDC) • Immunizations; includes links to schedules, aftercare, accessing records, and vaccine health files (HLBC) • COVID-19: Advice if You’re Planning a Pregnancy, Pregnant, Recently Pregnant, or Breastfeeding (HLBC) • Immunization Communication Tool (BCCDC) • BRAIN Decision-Making Worksheet (CCMI) • Promoting Maternal Mental Health During Pregnancy: Activities (PCRPP): <ul style="list-style-type: none"> - <i>Dream Baby</i> - <i>Attachment</i> - <i>Connection</i> - <i>Diapers</i> 	<ul style="list-style-type: none"> ▶ Adult Physical Health and Well-Being – Pregnancy ▶ Adult Mental Health and Well-Being – Pregnancy

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Mid Pregnancy (2 nd trimester) <i>cont.</i>	Support client's learning needs in pregnancy with resources such as: <ul style="list-style-type: none"> • Pregnancy & Parent Learning Centre (PSBC): <ul style="list-style-type: none"> – <i>Pregnancy Module 1: Preparing for Your Pregnancy</i> – <i>Pregnancy Module 2: Prenatal Health Care</i> – <i>Pregnancy Module 3: Common Changes During Pregnancy</i> – <i>Pregnancy Module 4: Caring for Yourself</i> – <i>Pregnancy Module 6: Eating Well During Pregnancy</i> – <i>Pregnancy Module 8: Special Considerations in Pregnancy</i> • Baby's Best Chance; Pregnancy topics (MoH): <ul style="list-style-type: none"> – <i>Lifestyle, p.11</i> – <i>Eating Well for Pregnancy, pp.19-23</i> – <i>Weight Gain in Pregnancy, p.24</i> – <i>Taking Care of Yourself, pp.25-29</i> – <i>Health Care During Pregnancy, pp.30-31</i> – <i>Pregnancy Risk Factors, p.32</i> – <i>Stages of Pregnancy, pp.34-35</i> – <i>Your Developing Baby, p.38</i> 	<ul style="list-style-type: none"> ▶ Adult Physical Health and Well-Being – Pregnancy
	Support client in assessing goals, identifying barriers and gaining confidence in informed decision-making around infant feeding and birth experience , using resources such as: <ul style="list-style-type: none"> • <i>Deciding how to feed your baby (PSBC)</i> • <i>Birth Preference Guide (PSBC)</i> • <i>My Birth Plan (HLBC)</i> 	<ul style="list-style-type: none"> ▶ Infant and Young Child Feeding ▶ Adult Physical Health and Well-Being – Pregnancy
	Explore client's current support system using tools such as: <ul style="list-style-type: none"> • <i>How to make an ecomap</i>; video to support family and relationship assessment (<i>Family Finding</i>) • <i>Family Support Circle</i>; worksheet (<i>VCH</i>) • <i>Circle of Support</i>; activity (<i>IHA</i>) 	<ul style="list-style-type: none"> ▶ Connection to Community Supports
	Support capacity building by ensuring client is connected to resources such as: <ul style="list-style-type: none"> • <i>Canada child benefit (CCB)</i> – requires current taxes to be filed (<i>Government of Canada</i>) • <i>Benefits Wayfinder</i>; assistance filing taxes, disability supports, budgeting workbooks, savings workbook (<i>Prosper Canada</i>) 	<ul style="list-style-type: none"> ▶ Parenting Capacity

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Mid Pregnancy (2 nd trimester) <i>cont.</i>	Promote positive parenting experiences and parenting capacity by introducing families to resources such as: <ul style="list-style-type: none"> • Vroom videos (PCRP) • BabyCues® cards (PCRP) • Understanding Infants: Keys to Infant Caregiving; handouts (PCRP) 	<ul style="list-style-type: none"> ▶ Parenting Capacity
	Promote attachment and positive parenting experiences by using one of the following Partner in Parenting education (PIPE) activities: <ul style="list-style-type: none"> • Patterns & Expectations • Reading to Baby • Emotional Refueling 	<ul style="list-style-type: none"> ▶ Parenting Capacity ▶ Growth and Development
Late Pregnancy (3 rd trimester)	Support physical health and well-being of the primary caregiver using the following tools and assessments: <ul style="list-style-type: none"> • Population and Public Health Prenatal Care Pathway (PSBC): <ul style="list-style-type: none"> – Health Care/Physical Well-being, pp.6-16 – Nutrition in Pregnancy, pp.17-25 – Injury Prevention, pp.54-55 – Preparation for Birth, pp.56-59 • BCCDC Immunization Manual Routine Immunization Schedules C and D, and worksheets (BCCDC) • BCCDC Communicable Disease Control Manual Chapter 2: Immunization, Appendix C - Contraindications and Precautions Contraindications and Precautions for Immunization (BCCDC) • BCCDC Communicable Disease Control Manual (BCCDC) • Immunizations; includes links to schedules, aftercare, accessing records, and vaccine health files (HLBC) • COVID-19: Advice if You're Planning a Pregnancy, Pregnant, Recently Pregnant, or Breastfeeding (HLBC) • Immunization Communication Tool (BCCDC) • BRAIN Decision-Making Worksheet (CCMI) 	<ul style="list-style-type: none"> ▶ Adult Physical Health and Well-Being – Pregnancy
	Support physical health and well-being of the primary caregiver and child physical health by providing Tetanus, diphtheria, pertussis (Tdap) vaccine at 27-32 weeks to ensure pertussis protection.	<ul style="list-style-type: none"> ▶ Adult Physical Health and Well-Being – Pregnancy ▶ Child Physical Health

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Late Pregnancy (3 rd trimester) <i>cont.</i>	<p>Support mental health of the primary caregiver by completing Edinburgh Perinatal/Postnatal Depression Scale (EPDS) at 28-32 weeks.</p> <p>Support physical and mental health by assessing substance use behaviours and offer supports as needed using resources such as:</p> <ul style="list-style-type: none"> • Population and Public Health Prenatal Care Pathway (PSBC): <ul style="list-style-type: none"> – <i>Healthy Lifestyles, pp.38-42</i> • Best Practice Guidelines for Mental Health Disorders in the Perinatal Period: Substance Use Disorders; Sample screening questions, Appendix 1, page 30 (PSBC) • Provincial Guideline for the Clinical Management of High-Risk Drinking and Alcohol Use Disorder: Pregnancy Supplement (BC Centre on Substance Use (BCCSU)): <ul style="list-style-type: none"> – <i>AUDIT-C: Second level screening tools, pp.43-46</i> – <i>AUDIT-C: Alcohol Use Disorders Identification Test (AUDIT)</i> – <i>T-ACE Screening Tool (Tolerance, Annoyed, Cut down, Eye opener)</i> – <i>TWEAK: Tolerance, Worry, Eye-opener, Amnesia, Cut down</i> • Cannabis Use During the Perinatal Period – Key Messages, Perinatal & Newborn Health Hub (PSBC) • Opioid Use During the Perinatal Period – Key Messages, Perinatal & Newborn Health Hub (PSBC) 	<ul style="list-style-type: none"> ▶ Adult Mental Health – Pregnancy ▶ Substance Use

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Late Pregnancy (3 rd trimester) <i>cont.</i>	<p>Support client's learning needs around birth and transition to parenting role by reviewing resources such as:</p> <ul style="list-style-type: none"> • Baby's Best Chance; Birth topics (MoH): <ul style="list-style-type: none"> - <i>Preparing to Give Birth</i>, pp.40-41 - <i>Preparing for Labour</i>, pp.42-44 - <i>Giving Birth</i>, p.45 - <i>Stages of Labour</i>, pp.46-48 - <i>Medical Procedures to Help Labour and Birth</i>, pp.49-51 • Baby's Best Chance; Life With Your Baby topics (MoH): <ul style="list-style-type: none"> - <i>Bringing Your Baby Home</i>, p.56 - <i>Your Body After Pregnancy</i>, pp.57-58 - <i>Your Emotional Health</i>, pp.59-61 - <i>Dealing with Frustration</i>, p.62 - <i>Doing the Paperwork</i>, pp.65-66 • Baby's Best Chance; Baby Care topics (MoH): <ul style="list-style-type: none"> - <i>Clothing</i>, p.73 - <i>Sleep</i>, pp.74-78 - <i>Developing Attachment</i>, p.79 - <i>Pooping, Peeing, and Diapering</i>, pp.80-81 - <i>Cleaning</i>, p.82 - <i>Teething</i>, p.83 - <i>Crying</i>, p.84 - <i>Healthy Habits</i>, p.85 - <i>Baby Medical Care</i>, pp.86-91 - <i>Baby Safety</i>, pp.92-95 • Pregnancy & Parenting Learning Centre (PSBC): <ul style="list-style-type: none"> - <i>Labour & Birth</i>, 5 Modules (PSBC) - <i>Postpartum & Newborn Care</i>, 13 modules (PSBC) • Period of PURPLE Crying®; refer to app, pamphlet, and infographic (<i>National Center on Shaken Baby Syndrome (NCSBS)</i>) • <i>Safer Sleep for My Baby</i> (PSBC) • <i>Safer sleeping for babies</i> (HLBC) 	<ul style="list-style-type: none"> ▶ Adult Physical Health and Well-Being ▶ Parenting Capacity ▶ Adult Mental Health and Well-Being – Pregnancy ▶ Growth and Development

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Late Pregnancy (3 rd trimester) <i>cont.</i>	Support client in assessing goals, identifying, and gaining confidence in informed decision-making around infant feeding and birth experience , using resources such as: <ul style="list-style-type: none"> • Postpartum Support Guide worksheet (<i>PSBC</i>); also available in <i>Baby's Best Chance appendices</i>, pp.151-167 • Labour and birth hospital packing list (<i>PSBC</i>) • Deciding How to Feed Your Baby (<i>PSBC</i>) • Birth Preference Guide (<i>PSBC</i>) or My Birth Plan (<i>HLBC</i>) 	<ul style="list-style-type: none"> ▶ Parenting Capacity
	Support capacity building by assessing whether client has filed current taxes in preparation for application of Canada child benefit (CCB) .	<ul style="list-style-type: none"> ▶ Parenting Capacity
	Promote health care engagement and therapeutic relationship using resources such as: <ul style="list-style-type: none"> • How Are We Doing? (TBD) 	<ul style="list-style-type: none"> ▶ Health Care Coordination and Trust
	Promote attachment and positive parenting experiences by using one of the following PIPE activities : <ul style="list-style-type: none"> • Emotional Refueling • Love Needs a Safe Base • Patterns & Expectations • Reading to Baby • Baby Cues 	<ul style="list-style-type: none"> ▶ Parenting Capacity ▶ Growth and Development
Postnatal Visits 0–8 weeks	Support adult and child physical health by completing postpartum and newborn assessments using resources such as: <ul style="list-style-type: none"> • Postnatal Assessment and Care Guide (<i>PSBC</i>) 	<ul style="list-style-type: none"> ▶ Adult Physical Health and Well-Being – Parent ▶ Adult Mental Health and Well-Being – Parent

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 0–8 weeks <i>cont.</i>	Complete infant feeding assessment and support feeding goals by using resources such as: <ul style="list-style-type: none"> • Lactation and Newborn Feeding Support (Postpartum) – Key Messages (PSBC) • Breastfeeding or Chestfeeding (PSBC) • Infant Formula: What you need to know; for infants receiving formula only (PSBC) • Breastfeeding My Baby (PSBC) <ul style="list-style-type: none"> – <i>PSBC Postnatal Assessment and Care Guide – Assessment and Care of the Feeding Dyad (PSBC)</i> • Pregnancy & Parenting Learning Centre (PSBC): <ul style="list-style-type: none"> – <i>Infant Feeding</i>; 8 modules • Baby’s Best Chance; Feeding Your Baby section, pp. 101-124 (MoH) 	► Infant and Young Child Feeding
	Promote health care engagement and positive attachment by inviting family to share birth experience by using resources such as: <ul style="list-style-type: none"> • Our Special Journey Pregnancy Passport; Our Birth Story, pp.25-26 (PSBC) • Our Sacred Journey Indigenous Pregnancy Passport; pp.28-29 (PSBC) 	► Health Care Coordination and Trust
	Support your client in dealing with infant feeding challenges or variances by reviewing resources such as: <ul style="list-style-type: none"> • Baby’s Best Chance; Feeding Your Baby topics (MoH): <ul style="list-style-type: none"> – Breastfeeding or Chestfeeding Challenges You May Face, pp.111-114 	► Infant and Young Child Feeding
	Support parental mental well-being by completing Edinburgh Perinatal/Postnatal Depression Scale (EPDS) at 6-8 weeks postpartum.	► Adult Mental Health and Well-Being

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 0–8 weeks <i>cont.</i>	Support healthy relationships by performing healthy adult relationships assessment at 6-8 weeks postpartum, using resources such as: <ul style="list-style-type: none"> • Understanding the Duluth Power and Control Wheel • How to make an ecomap; video to support family and relationship assessment (<i>Family Finding</i>) • Initiating a Discussion about Intimate Partner Violence: Indicator-Based Assessment (PHN-PREP) • Intimate Partner Violence: Brief Risk Assessment; directs provider when to administer Danger Assessment-5 (<i>PHN-PREP</i>) • iHEAL app; <i>Introduce iHEAL app to all clients</i> <ul style="list-style-type: none"> – <i>Danger Assessment</i> – <i>Power and Control Wheel</i> – <i>Symptom Checklist</i> • Assessment and Response to Intimate Partner Violence by Public Health Nurses (PHN-PREP) • The VEGA (Violence, Evidence, Guidance, Action) Project's Guidance for Responding Safely to Intimate Partner Violence: Adapted for Public Health Nurses (PHN-PREP) 	► Healthy Adult Relationships
	Assess tobacco and nicotine substance use and offer education around the importance of a smoke-free environment and supports with cessation or reduction using tools such as: <ul style="list-style-type: none"> • The harmful effects of second-hand tobacco smoke and vapour (HLBC) • Baby's Best Chance; Feeding Your Baby topics (MoH): <ul style="list-style-type: none"> – Caffeine, Smoking, Vaping, Alcohol, Other Substances and Breastfeeding or Chestfeeding, pp.116-117 • QuitNow BC <ul style="list-style-type: none"> – Download materials include resources for Indigenous populations, toolkits • Quitting Smoking or Quit or Reduce Vaping (HLBC) • FNHA resources: <ul style="list-style-type: none"> – E-Cigarettes: What you need to know to stay healthy; info sheet – Are You Trying To Stop Smoking Or Vaping?; fact sheet – Quitting Commercial Tobacco FAQs – Frequently Asked Questions: Quitting Commercial Tobacco; fact sheet – QuitKit Guidebook and Journal 	► Substance Use

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 0–8 weeks <i>cont.</i>	Support connection to community and government supports using resources such as: <ul style="list-style-type: none"> • Government of Canada: Financial support and leave options; client must have filed current taxes to complete applications for Canada child benefit (CCB). • Benefits Wayfinder; assistance filing taxes, disability supports, budgeting workbooks, savings workbook (<i>Prosper Canada</i>) • Baby's Best Chance; Life With Your Baby topics (<i>MoH</i>): <ul style="list-style-type: none"> – Doing the Paperwork, pp.65-66 	<ul style="list-style-type: none"> ▶ Connection to Community Supports
	Support client's learning needs around transitioning to parenting role and newborn stage by reviewing resources such as: <ul style="list-style-type: none"> • NESTS for Well-Being; worksheet (<i>PSBC</i>) • Safer Sleep for My Baby (<i>PSBC</i>) • Honouring Our Babies (Safer Sleep Cards) (<i>PSBC</i>) • Pregnancy & Parenting Learning Centre (<i>PSBC</i>) <ul style="list-style-type: none"> – Postpartum and Newborn Care, 13 Modules • Baby's Best Chance; Life With Your Baby topics (<i>MoH</i>): <ul style="list-style-type: none"> – Bringing Your Baby Home, p.56 – Your Body After Pregnancy, pp.57-58 – Your Emotional Health, pp.59-61 – Dealing with Frustration, p.62 – Doing the Paperwork, pp.65-66 • Baby's Best Chance; Baby Care topics (<i>MoH</i>): <ul style="list-style-type: none"> – Clothing, p.73 – Sleep, pp.74-78 – Developing Attachment, p.79 – Pooping, Peeing and Diapering, pp.80-81 – Cleaning, p.82 – Teething, p.83 – Crying, p.84 – Healthy Habits, p.85 – Baby Medical Care, pp.86-91 – Baby Safety, pp.92-95 	<ul style="list-style-type: none"> ▶ Parenting Capacity ▶ Growth and Development

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 0–8 weeks <i>cont.</i>	Promote parenting capacity and attachment by introducing families to resources such as: <ul style="list-style-type: none"> • Baby Cues®: A Child’s First Language; cards (<i>PCRP</i>) • Vroom Videos • Building Babies’ Brains Through Play: Mini Parenting Master Class; video (<i>HCDC</i>) • Consider the following PIPE activities: <ul style="list-style-type: none"> – Love Needs a Safe Base – Baby Cues 	<ul style="list-style-type: none"> ▶ Parenting Capacity ▶ Growth and Development
	Support family’s connection to community supports : <ul style="list-style-type: none"> • Follow up on previous recommendations and referrals • Explore tools within the BC FHVP Clinical Toolkit – Connection to Community Supports to identify appropriate supports based on family’s care plan • Make new referrals as determined by client’s care plan 	<ul style="list-style-type: none"> ▶ Connection to Community Supports

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 2–4 months	Support healthy child growth and development and provide anticipatory guidance around introducing solid foods using resources such as: <ul style="list-style-type: none"> • Complete an Early Child Health Assessment (ECHA) • Oral health assessment as part of ECHA: <ul style="list-style-type: none"> – <i>Local public health dental programs</i> – <i>Find A Dentist in BC; database (BC Dental Association)</i> – <i>Canadian Dental Care Plan (Government of Canada)</i> – <i>BC Healthy Kids program; helps low-income families with the costs of basic dental care and prescription eyewear for their children (Ministry of Social Development and Poverty Reduction)</i> – <i>Children's Dental Program for low-income families without dental coverage (UBC)</i> – <i>Children's Oral Health Initiative; early childhood tooth decay prevention program for First Nations children age 0-7, their caregivers, pregnant persons, living or accessing services in First Nations communities (FNHA)</i> • <i>First Nations Health Benefits Coverage: Pregnancy and Infant Care, Baby Oral Health, p.9 (FNHA)</i> • <i>Baby's Best Chance; Dental Care resources, p.132 (MoH)</i> • Provide or facilitate immunizations at 2 months of age (HLBC) • <i>BC Pediatric Nutrition Guidelines (Birth to Six Years) for Health Professionals (BCCDC, 2022)</i> • <i>Nutrition for Healthy Term Infants: Recommendations for Birth to Six Months (Health Canada (HC))</i> • <i>Vitamin D and your health (HLBC)</i> • <i>Baby's first foods (HLBC)</i> • <i>Baby's Best Chance; Feeding Your Baby topics (MoH):</i> <ul style="list-style-type: none"> – <i>Breastfeeding or Chestfeeding Your Baby, p.107</i> – <i>Supplementing, pp.118-119</i> – <i>Introducing Solid Foods, p.123</i> – <i>Understanding Food Allergies, p.124</i> 	<ul style="list-style-type: none"> ▶ Growth and Development ▶ Infant and Young Child Feeding
	Support parental mental well-being by completing: <ul style="list-style-type: none"> • <i>Edinburgh Perinatal/Postnatal Depression Scale (EPDS)</i> if not already completed. Repeat at 4-6 months as needed. • Introduce resources such as <i>NESTS for Well-being (PSBC worksheet)</i> if applicable 	<ul style="list-style-type: none"> ▶ Adult Mental Health and Well-Being
	Promote health care engagement and therapeutic relationship using resources such as: <ul style="list-style-type: none"> • <i>How Are We Doing? (TBD)</i> 	<ul style="list-style-type: none"> ▶ Health Care Coordination and Trust

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 2–4 months <i>cont.</i>	Support community engagement and assess supports and resources such as: <ul style="list-style-type: none"> • StrongStart BC (<i>Government of BC</i>) • Local library programs • Local group-based parenting supports 	► Connection to Community Supports
	Complete healthy adult relationships assessment at 8 weeks postpartum (if not already completed in postpartum period) using the following resources: <ul style="list-style-type: none"> • Understanding the Duluth Power and Control Wheel • How to make an ecomap; video to support family and relationship assessment (<i>Family Finding</i>) • Initiating a Discussion about Intimate Partner Violence: Indicator-Based Assessment (<i>PHN-PREP</i>) • Intimate Partner Violence: Brief Risk Assessment; directs provider when to administer Danger Assessment-5 (<i>PHN-PREP</i>) • iHEAL app: <ul style="list-style-type: none"> – Danger Assessment – Power and Control Wheel – Symptom Checklist • Assessment and Response to Intimate Partner Violence by Public Health Nurses (<i>PHN-PREP</i>) • The VEGA (Violence, Evidence, Guidance, Action) Project's Guidance for Responding Safely to Intimate Partner Violence: Adapted for Public Health Nurses (<i>PHN-PREP</i>) 	► Healthy Adult Relationships
	Assess primary caregiver self-efficacy and core life skills using resources such as: <ul style="list-style-type: none"> • Importance of Self-Efficacy (<i>Transforming Education</i>) • Growing Together Parent Handouts (<i>BC Council for Families</i>) • What is The Circle of Security (<i>Circle of Security International</i>) • Brief Action Planning Flow Chart (<i>CCMI</i>) • Building the Skills Adults Need for Life: A Guide for Practitioners (5 Ways to Help Adults Build Their Core Life Skills), p.2 (<i>HCDC</i>) 	► Parenting Capacity

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 2–4 months <i>cont.</i>	Promote attachment and positive parenting experiences by using one of the following resources PIPE activities : <ul style="list-style-type: none"> • Baby Cues • Patterns & Expectations • Emotional Refueling • Attachment • Floortime • Each Child is Different • Baby’s First Teacher 	<ul style="list-style-type: none"> ▶ Parenting Capacity ▶ Growth and Development
Postnatal Visits 4–6 months	Support healthy child growth and development and provide anticipatory guidance around introducing solid foods using resources such as: <ul style="list-style-type: none"> • Complete an Early Childhood Assessment (ECHA) • Early Child Health Assessment Parent Checklist • Oral health assessment during Early Child Health Assessment: <ul style="list-style-type: none"> – <i>Local public health dental programs</i> – <i>Find A Dentist in BC; database (BC Dental Association)</i> – <i>Canadian Dental Care Plan (Government of Canada)</i> – <i>BC Healthy Kids program helps low-income families with the costs of basic dental care and prescription eyewear for their children (Ministry of Social Development and Poverty Reduction)</i> – <i>Children’s Dental Program; for low-income families without dental coverage (UBC)</i> – <i>Children’s Oral Health Initiative; early childhood tooth decay prevention program for First Nations children age 0-7, their caregivers, pregnant persons, living or accessing services in First Nations communities (FNHA)</i> • <i>First Nations Health Benefits Coverage: Pregnancy and Infant Care, Baby Oral Health, p.9 (MoH)</i> • Baby’s Best Chance; <i>Dental Care resources, p.132 (MoH)</i> • 4-month immunizations for family as indicated • ASQ-3 4-month and ASQ:SE-2 • BC Pediatric Nutrition Guidelines (Birth to Six Years) for Health Professionals (BCCDC, 2022) • Nutrition for Healthy Term Infants: Recommendations for Birth to Six Months (HC) • Vitamin D and Your Health (HLBC) • Baby’s first foods (HLBC) 	<ul style="list-style-type: none"> ▶ Growth and Development ▶ Infant and Young Child Feeding

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 4–6 months <i>cont.</i>	<ul style="list-style-type: none"> • Baby's Best Chance; Feeding Your Baby topics (<i>MoH</i>): <ul style="list-style-type: none"> – <i>Breastfeeding or Chestfeeding Your Baby</i>, p.107 – <i>Supplementing</i>, pp.118-119 – <i>Introducing Solid Foods</i>, p.123 – <i>Understanding Food Allergies</i>, p.124 	<ul style="list-style-type: none"> ▶ Growth and Development ▶ Infant and Young Child Feeding
	Support parental mental health using resources such as: <ul style="list-style-type: none"> • Edinburgh Perinatal/Postnatal Depression Scale (EPDS) (complete between 4-6 months postpartum) • NESTS for Well-being; worksheet (<i>PSBC</i>) 	<ul style="list-style-type: none"> ▶ Infant and Young Child Feeding
	Promote attachment and positive parenting using resources such as the following PIPE activities : <ul style="list-style-type: none"> • Patterns & Expectations • Emotional Refueling • Attachment • Each Child is Different • Baby's First Teacher 	<ul style="list-style-type: none"> ▶ Parenting Capacity ▶ Growth and Development
	Support family's connection to community supports : <ul style="list-style-type: none"> • Follow up on previous recommendations and referrals • Explore tools within the BC FHVP Clinical Toolkit – Connection to Community Supports to identify appropriate supports based on family's care plan • Make new referrals as determined by client's care plan 	<ul style="list-style-type: none"> ▶ Connection to Community Supports
	Promote health care engagement and therapeutic engagement using resources such as: <ul style="list-style-type: none"> • How Are We Doing? (TBD) 	<ul style="list-style-type: none"> ▶ Health Care Coordination and Trust
	Support parenting capacity using resources such as: <ul style="list-style-type: none"> • Parenting Self-Efficacy Assessment (i.e., Parenting Sense of Competence Scale) (TBD) • Baby's Best Chance; Life With Your Baby topics (<i>MoH</i>): <ul style="list-style-type: none"> – <i>Dealing With Frustration</i>, p.62 – <i>Cultural Differences in Parenting</i>, p.63 • ABC's For New Parents; videos (<i>Kid Care Canada</i>) • Sensory and Motor Growth in Newborns (<i>HLBC</i>) • Brain-Building Through Play: Activities for Infants, Toddlers, and Children (<i>HCDC</i>) 	<ul style="list-style-type: none"> ▶ Parenting Capacity

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 4–6 months <i>cont.</i>	Support the development of core life skills using resources such as: <ul style="list-style-type: none"> • Building the Skills Adults Need for Life (HCDC) • Brief Action Planning Flow Chart (CCMI) 	► Parenting Capacity
Postnatal Visits 6–12 months	Support healthy child growth and development using resources such as: <ul style="list-style-type: none"> • Complete an Early Childhood Assessment (ECHA); consider at 6 and 9 months • Early Child Health Assessment Parent Checklist • 6-month immunizations/seasonal immunizations for family as indicated • ASQ-3 and ASQ:SE-2 (at 8 and 12 months; complete every 4-6 months or as indicated) • Toddler’s First Steps; Feeding Your Toddler topics (<i>MoH</i>): <ul style="list-style-type: none"> – Breastfeeding or Chestfeeding Your Toddler, pp.38-40 – When Your Toddler Stops Breastfeeding or Chestfeeding, p.42 – Supplementing for 6- to 9-Month-Olds, pp.43-44 – Formula Feeding for 6- to 9-Month-Old, pp.45-46 – Introducing Solid Foods, p.48 – Good Mealtime Habits, p.59 – Eating Well, p.37 – Feeding by Age, pp.50-53 – Healthy Meals and Snack Ideas, p.54 – Safe, Healthy Foods and Drinks, pp.55-56 – Vitamin and Mineral Supplements, p.57 – Drinking From a Cup, p.49 • Toddler’s First Steps; Parenting Your Toddler topics (<i>MoH</i>): <ul style="list-style-type: none"> – Balancing Work and Child Care, pp.99-101 	► Growth and Development

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 6–12 months <i>cont.</i>	<ul style="list-style-type: none"> • Dental resources (HLBC): <ul style="list-style-type: none"> – Dental care for your infant and toddler – Brushing and Flossing a Child's Teeth – Dental care and teething for toddlers • Toddler's First Steps; Your Toddler's Growth, Learning and Health topics and resources (MoH): <ul style="list-style-type: none"> – Looking After Your Child's Teeth, pp.71-73 – Dental Care Resources, p.125 • Tooth Brushing for children three and under – The knee-to-knee technique (VCH) • Local public health dental programs • Find A Dentist in BC; database (BC Dental Association) • Canadian Dental Care Plan (Government of Canada) • BC Healthy Kids program helps low-income families with the costs of basic dental care and prescription eyewear for their children (Ministry of Social Development and Poverty Reduction) • Children's dental program for low-income families without dental coverage (UBC) • Children's Oral Health Initiative; early childhood tooth decay prevention program for First Nations children age 0-7, their caregivers, pregnant persons, living or accessing services in First Nations communities (FNHA) • First Nations Health Benefits Coverage: Pregnancy and Infant Care, Baby Oral Health, p.9 (FNHA) 	<ul style="list-style-type: none"> ▶ Growth and Development
	<p>Promote safety and injury prevention in the home using resources such as:</p> <ul style="list-style-type: none"> • Toddler's First Steps; Toddler Safety topics and resources (MoH): <ul style="list-style-type: none"> – Toddler Safety, pp.102 – Shaken Baby Resources, p.137 – Safety Resources, p.136 • A Million Messages; review age-related section to determine priority conversation topics (Alberta Health) • Keeping your young child safe around the house (Canadian Paediatric Society (CPS)) • Injury prevention (HC) • HealthLink BC (MOH): <ul style="list-style-type: none"> – Keeping your child safe – Child Car Seats – Crib Safety 	<ul style="list-style-type: none"> ▶ Safety and Injury Prevention

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 6–12 months <i>cont.</i>	Support parenting capacity and core life skills using resources such as: <ul style="list-style-type: none"> • Returning to work <ul style="list-style-type: none"> – Going back to work (FHA) – WorkBC; explore <i>Training and Education</i> • Education Supports <ul style="list-style-type: none"> – Graduation Requirements (Government of BC) – British Columbia Adult Graduation Diploma Program (Government of BC) – Adult Upgrading (Government of BC) • Financial Empowerment <ul style="list-style-type: none"> – Family Services of Greater Vancouver; <i>Financial Empowerment (includes access to online workshops on financial literacy, budgeting, taxes, etc.)</i> – Prosper Canada; <i>Benefits Wayfinder, Assistance with Filing Taxes, Disability Supports, Budgeting Workbooks, Saving Workbooks</i> • Decision-Making and Goal Setting: <ul style="list-style-type: none"> – BRAIN Decision-Making Worksheet (CCMI) – Building the Skills Adults Need for Life: A Guide for Practitioners (5 Ways to Help Adults Build Their Core Life Skills), p.2 (HCDC) – Brief Action Planning Flow Chart (CCMI) – Parenting Goals: Long-term goals; worksheet (Alberta Health) – Generalized Self-Efficacy Scale (embedded in Intake and Client Monitoring UDF) 	<ul style="list-style-type: none"> ▶ Parenting Capacity ▶ Connection to Community Supports
	Promote attachment and positive parenting using resources such as the following PIPE Activities : <ul style="list-style-type: none"> • Floor Time • What are Children Really Learning • Reading to Baby • Play is Imitation and Turn Taking • Learning the Do's • Joy & Laughter • Love is Letting Go 	<ul style="list-style-type: none"> ▶ Parenting Capacity ▶ Growth and Development
	Promote therapeutic relationship with family using: <ul style="list-style-type: none"> • How Are We Doing? (TBD) (complete closer to 12 months) 	<ul style="list-style-type: none"> ▶ Health Care Coordination and Trust

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 6–12 months <i>cont.</i>	Support family's connection to community supports : <ul style="list-style-type: none"> • Follow up on previous recommendations and referrals • Explore tools within the BC FHVP Clinical Toolkit – Connection to Community Supports to identify appropriate supports based on family's care plan • Make new referrals as determined by client's care plan 	<ul style="list-style-type: none"> ▶ Connection to Community Supports
Postnatal Visits 12–18 months	Support healthy child growth and development using resources such as: <ul style="list-style-type: none"> • Complete an Early Childhood Assessment (ECHA) • Early Child Health Assessment Parent Checklist • Oral health assessment during Early Child Health Assessment: <ul style="list-style-type: none"> – <i>Local public health dental programs</i> – <i>Find A Dentist in BC; database (BC Dental Association)</i> – <i>Canadian Dental Care Plan (Government of Canada)</i> – <i>BC Healthy Kids program helps low-income families with the costs of basic dental care and prescription eyewear for their children (Ministry of Social Development and Poverty Reduction)</i> – <i>Children's Dental Program for low-income families without dental coverage (UBC)</i> – <i>Children's Oral Health Initiative; early childhood tooth decay prevention program for First Nations children age 0-7, their caregivers, pregnant persons, living or accessing services in First Nations communities (FNHA)</i> • <i>First Nations Health Benefits Coverage: Pregnancy and Infant Care, Baby Oral Health, p.9 (FNHA)</i> • Toddler's First Steps; <i>Dental Care resources, p.125 (MoH)</i> • <i>Immunizations at 12 months of age (HLBC Healthfile)</i> and respiratory immunizations for family as indicated • <i>ASQ-3</i> and <i>ASQ:SE-2</i> (at 16 months; complete every 4-6 months or as indicated) 	<ul style="list-style-type: none"> ▶ Growth and Development

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 12–18 months <i>cont.</i>	<ul style="list-style-type: none"> • Toddler’s First Steps; Feeding Your Toddler topics (<i>MoH</i>): <ul style="list-style-type: none"> – <i>Reducing Choking Hazards</i>, p.58 – <i>Picky Eating</i>, p.60 – <i>Drinking From a Cup</i>, p.49 • Toddler’s First Steps; Your Toddler’s Growth, Learning and Health topics (<i>MoH</i>): <ul style="list-style-type: none"> – <i>Typical Child Development by Age</i>, pp.16-25 – <i>Learning About Your Toddler</i>, pp.9-11 – <i>Brain Development</i>, pp.12-13 – <i>The 5 Areas of Child Development</i>, pp.14-15 – <i>Sexual Development</i>, p.26 – <i>Independence</i>, p.29 – <i>Empathy</i>, p.30 – <i>Play</i>, pp.31-32 – <i>Physical Activity</i>, p.65 – <i>Toys</i>, p.33 – <i>Reading to Your Toddler</i>, p.35 – <i>Sleep and Your Toddler</i>, pp.66-68 – <i>If You Have Concerns About Your Toddler’s Development</i>, p.36 • Toddler’s First Steps; Toddler Safety topics (<i>MoH</i>): <ul style="list-style-type: none"> – <i>Key Safety Messages</i>, p.102 – <i>Childproofing Your Home</i>, pp.103-105 – <i>Car Safety</i>, pp.106-107 – <i>Equipment Safety</i>, pp.108-110 – <i>Playing Safely Outside</i>, pp.111-112 – <i>Water Safety</i>, p.113 – <i>Safety in the Community</i>, pp.114-115 – <i>Safety With Animals</i>, p.116 – <i>Family Violence/Abuse</i>, pp.117-118 	<ul style="list-style-type: none"> ▶ Growth and Development
	<p>Support child safety and injury prevention using resources such as:</p> <ul style="list-style-type: none"> • <i>A Million Messages</i>; review age related section to determine priority conversation topics (<i>Alberta Health</i>) • <i>Healthy child development through outdoor risky play</i>; discussion guide (<i>CPS</i>) • <i>Injury prevention</i> (<i>HC</i>) • <i>Child Car Seats</i> (<i>HLBC</i>) • <i>Sun safety tips for parents</i> (<i>Government of Canada</i>) 	<ul style="list-style-type: none"> ▶ Safety and Injury Prevention

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 12–18 months <i>cont.</i>	Support parent health using the following resources: <ul style="list-style-type: none"> • Complete Healthy Lifestyles Assessment, create safety plan as needed, using resources from the Substance Use section of the Clinical Toolkit. Do not delay earlier assessment if evidence/concern of substance use. • Support parental mental health using resources such as: <ul style="list-style-type: none"> – Edinburgh Perinatal/Postnatal Depression Scale (EPDS) (offer at 12 months as needed) – NESTS for Well-being; worksheet (<i>PSBC</i>) • Complete a healthy adult relationships assessment at 15-17 months, using the following resources: <ul style="list-style-type: none"> – Understanding the Duluth Power and Control Wheel – How to make an ecomap; video to support family and relationship assessment (<i>Family Finding</i>) – Initiating a Discussion about Intimate Partner Violence: Indicator-Based Assessment (PHN-PREP) – Intimate Partner Violence: Brief Risk Assessment; directs provider when to administer Danger Assessment-5 (<i>PHN-PREP</i>) – iHEAL app: <ul style="list-style-type: none"> ▪ <i>Danger Assessment</i> ▪ <i>Power and Control Wheel</i> ▪ <i>Symptom Checklist</i> – Assessment and Response to Intimate Partner Violence by Public Health Nurses (PHN-PREP) – The VEGA (Violence, Evidence, Guidance, Action) Project's Guidance for Responding Safely to Intimate Partner Violence: Adapted for Public Health Nurses (PHN-PREP) 	<ul style="list-style-type: none"> ▶ Adult Physical Health and Well-Being ▶ Adult Mental Health and Well-Being ▶ Healthy Adult Relationships ▶ Substance Use
	Support family's connection to community supports : <ul style="list-style-type: none"> • Follow up on previous recommendations and referrals • Explore tools within the BC FHVP Clinical Toolkit – Connection to Community Supports to identify appropriate supports based on family's care plan • Make new referrals as determined by client's care plan 	<ul style="list-style-type: none"> ▶ Connection to Community Supports

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 12–18 months <i>cont.</i>	Support parenting capacity using resources such as: <ul style="list-style-type: none"> • Parenting Self-Efficacy Assessment (i.e., <i>Parenting Sense of Competence Scale</i>) (TBD) • <i>5 Steps for Brain-Building Serve and Return</i> (HCDC) • <i>Serve-and-Return Activities</i>; from birth to 4 years old (<i>Alberta Health</i>) • Consider the following PIPE activities: <ul style="list-style-type: none"> – Emotional Refueling – Love and Limits – Patterns & Expectations – Baby’s First Teacher – Reading to Baby – Joy and Laughter 	► Parenting Capacity
	Celebrate successes with family: <ul style="list-style-type: none"> • Celebrate 1-year milestone – provide a card for baby, or book as gift 	► Parenting Capacity
Postnatal Visits 18–24 months	Support healthy child growth and development using resources such as: <ul style="list-style-type: none"> • Complete an Early Childhood Assessment (ECHA) • Early Child Health Assessment Parent Checklist • Oral health assessment during Early Child Health Assessment: <ul style="list-style-type: none"> – <i>Local public health dental programs</i> – <i>Find A Dentist in BC; database (BC Dental Association)</i> – <i>Canadian Dental Care Plan (Government of Canada)</i> – <i>BC Healthy Kids program helps low-income families with the costs of basic dental care and prescription eyewear for their children (Ministry of Social Development and Poverty Reduction)</i> – <i>Children’s Dental Program; for low-income families without dental coverage (UBC)</i> – <i>Children’s Oral Health Initiative; early childhood tooth decay prevention program for First Nations children age 0-7, their caregivers, pregnant persons, living or accessing services in First Nations communities (FNHA)</i> • <i>First Nations Health Benefits Coverage: Pregnancy and Infant Care, Baby Oral Health, p.9 (FNHA)</i> • <i>Toddler’s First Steps; Dental Care resources, p.125 (MoH)</i> • 18-month immunizations/respiratory immunizations for family as indicated 	► Growth and Development

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 18–24 months <i>cont.</i>	<ul style="list-style-type: none"> • ASQ-3 and ASQ:SE-2 (at 20 and 24 months; complete every 4–6 months or as indicated) • Understanding Temperament: A Foundation for Positive Parenting (Zero to Three) • Toddler’s First Steps; Your Toddler’s Growth, Learning and Health topics (MoH): <ul style="list-style-type: none"> – Typical Child Development by Age, pp.16-25 – Learning About Your Toddler, pp.9-11 – Brain Development, pp.12-13 – The 5 Areas of Child Development, pp.14-15 – Sleep and Your Toddler, pp.66-68 – Sexual Development, p.26 – Independence, p.29 – Empathy, p.30 – Play, pp.31-32 – Physical Activity, p.65 – Toys, p.33 – Reading to Your Toddler, p.35 – If You Have Concerns About Your Toddler’s Development, p.36 • Toddler’s First Steps; Parenting Your Toddler topics (MoH): <ul style="list-style-type: none"> – Why Does Your Toddler “Act Out”, p.84 – Positive Discipline, pp.85-87 – Dealing with Common Challenging Behaviours, pp.88-89 – Staying Calm, p.90 – Helping Your Toddler Through Change, pp.91-93 • Toddler’s First Steps; Toddler Safety topics (MoH): <ul style="list-style-type: none"> – Key Safety Messages, p.102 – Childproofing Your Home, pp.103-105 – Car Safety, pp.106-107 – Equipment Safety, pp.108-110 – Playing Safely Outside, pp.111-112 – Water Safety, p.113 – Safety in the Community, pp.114-115 – Safety With Animals, p.116 – Family Violence/Abuse, pp.117-118 • Vroom Video Playlists <ul style="list-style-type: none"> – Brain Building Basics Playlists – Vroom: Tips for Indoors – Vroom: Tips for Outdoors 	<ul style="list-style-type: none"> ▶ Growth and Development

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 18–24 months <i>cont.</i>	Support child safety and injury prevention using resources such as: <ul style="list-style-type: none"> • A Million Messages; review age-related section to determine priority conversation topics (<i>Alberta Health</i>) • Keeping your young child safe around the house; review tips with family to identify areas for further exploration (<i>CPS</i>) • Healthy child development through outdoor risky play; discussion guide (<i>CPS</i>) • Injury prevention (<i>HC</i>) • Child Car Seats (<i>HLBC</i>) • Sun safety tips for parents (<i>Government of Canada</i>) 	► Safety and Injury Prevention
	Support development of parent's core life skills using resources such as: <ul style="list-style-type: none"> • Building the Skills Adults Need for Life (<i>HCDC</i>) • Brief Action Planning Flow Chart (<i>CCMI</i>) 	► Parenting Capacity
	Healthy Lifestyles Assessment at 24 months of age, create safety plan as needed, using resources from the Substance Use section of the Clinical Toolkit. Do not delay earlier assessment if evidence/concern of substance use.	► Substance Use
	Support family's connection to community supports : <ul style="list-style-type: none"> • Follow up on previous recommendations and referrals • Explore tools within the BC FHVP Clinical Toolkit – Connection to Community Supports to identify appropriate supports based on family's care plan • Make new referrals as determined by client's care plan 	► Connection with Community Supports

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 18–24 months <i>cont.</i>	Support parenting capacity and attachment using the following activities: <ul style="list-style-type: none"> • Parenting Self-Efficacy Assessment (i.e., <i>Parenting Sense of Competence Scale</i>) (TBD) • <i>5 Steps for Brain-Building Serve and Return</i> (HCDC) • <i>Serve-and-Return Activities</i>; from birth to 4 years old (<i>Alberta Health</i>) • PIPE activities: <ul style="list-style-type: none"> – Play is Imitation and Turn Taking – Learning the Do’s – Each Child is Different – What are Children Really Learning – Love Needs a Safe Base – Floor Time – Love is Letting Go – Attachment 	<ul style="list-style-type: none"> ▶ Parenting Capacity ▶ Growth and Development
	Promote therapeutic relationship with family using: <ul style="list-style-type: none"> • How Are We Doing? (TBD) (complete closer to 24 months) 	<ul style="list-style-type: none"> ▶ Health Care Coordination and Trust

Summary of Program Activities and Clinical Tools: Age 2–6 Years

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 24–30 months	Support healthy child growth and development using resources such as: <ul style="list-style-type: none"> • Early Childhood Assessment (ECHA) • ASQ-3 and ASQ:SE-2 (at 24 and 28 months; complete every 4-6 months or as indicated) • Toddler’s First Steps; Your Toddler’s Growth, Learning and Health topics (<i>MoH</i>): <ul style="list-style-type: none"> – Typical Child Development by Age, pp.16-25 – Learning About Your Toddler, pp.9-11 – Brain Development, pp.12-13 – The 5 Areas of Child Development, pp.14-15 – Sleep and Your Toddler, pp.66-68 – Learning to Use the Toilet, pp.69-70 – Sexual Development, p.26 – Gender Identity, pp.27-28 – Independence, p.29 – Empathy, p.30 – Play, pp.31-32 – Physical Activity, p.65 – Toys, p.33 – Reading to Your Toddler, p.35 – If You Have Concerns About Your Toddler’s Development, p. 36 • Toddler’s First Steps; Parenting Your Toddler topics (<i>MoH</i>): <ul style="list-style-type: none"> – Why Does Your Toddler “Act Out”, p.84 – Positive Discipline, pp.85-87 – Dealing With Common Challenging Behaviours, pp.88-89 – Staying Calm, p.90 – Helping Your Toddler Through Change, pp.91-93 	► Growth and Development

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 24–30 months <i>cont.</i>	<ul style="list-style-type: none"> • Toddler’s First Steps; Toddler Safety topics (<i>MoH</i>): <ul style="list-style-type: none"> – <i>Key Safety Messages</i>, p.102 – <i>Childproofing Your Home</i>, pp.103-105 – <i>Car Safety</i>, pp.106-107 – <i>Equipment Safety</i>, pp.108-110 – <i>Playing Safely Outside</i>, pp.111-112 – <i>Water Safety</i>, p.113 – <i>Safety in the Community</i>, pp.114-115 – <i>Safety With Animals</i>, p.116 • Executive Function Activities for 18- to 36-months-olds (<i>HCDC</i>) 	<ul style="list-style-type: none"> ▶ Growth and Development
	<ul style="list-style-type: none"> • <i>Brain-Building Through Play: Activities for Infants, Toddlers, and Children</i> (<i>HCDC</i>) • <i>100 Ways to Bond with your Child Handout</i> (<i>HCDC</i>) • <i>Understanding Temperament: A Foundation for Positive Parenting (0-3)</i> 	<ul style="list-style-type: none"> ▶ Growth and Development
	<p>Support child safety and injury prevention using resources such as:</p> <ul style="list-style-type: none"> • <i>A Million Messages</i>; review age-related section to determine priority conversation topics (<i>Alberta Health</i>) • <i>Your preschooler and safety: How to prevent injuries at home</i>; review with family to determine areas for further discussion (<i>CPS</i>) • <i>Healthy Child Development Through Outdoor Risky Play</i> (<i>CPS</i>) • <i>Injury Prevention</i> (<i>HC</i>) 	<ul style="list-style-type: none"> ▶ Safety and Injury Prevention
	<p>Complete Healthy Lifestyles Assessment at 24 months of age, create safety plan as needed, using resources from the Substance Use section of the Clinical Toolkit. Do not delay earlier assessment if evidence/concern of substance use.</p>	<ul style="list-style-type: none"> ▶ Substance Use
	<p>Support family’s connection to community supports:</p> <ul style="list-style-type: none"> • Follow up on previous recommendations and referrals • Explore tools within the BC FHVP Clinical Toolkit – Connection to Community Supports to identify appropriate supports based on family’s care plan • Make new referrals as determined by client’s care plan 	<ul style="list-style-type: none"> ▶ Connection with Community Supports

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 24–30 months <i>cont.</i>	Support parent-child attachment using resources such as: <ul style="list-style-type: none"> • Attachment: A connection for life (CPS) • Family Connections (National Collaborating Centre for Indigenous Health (NCCIH)) • ABC's For New Parents; videos – mindful parenting, dad's important role, family and community, parenting advice in under 1 minute, etc. (Kid Care Canada) • 5 Steps for Brain-Building Serve and Return (HCDC) • Serve-and-Return Activities; from birth to 4 years old (Alberta Health) • Brain-Building Through Play: Activities for Infants, Toddlers, and Children (HCDC) • Baby's Best Chance; Baby Development topics and resources (MoH): <ul style="list-style-type: none"> – Brain Development, pp.96-97 – "Brain Builder Boxes" throughout resource 	<ul style="list-style-type: none"> ▶ Parenting Capacity ▶ Growth and Development
	Support healthy relationships by performing a healthy adult relationships assessment at 24 months and annually thereafter or as clinically indicated, using resources such as: <ul style="list-style-type: none"> • Understanding the Duluth Power and Control Wheel • How to make an ecomap; video to support family and relationship assessment (Family Finding) • Initiating a Discussion about Intimate Partner Violence: Indicator-Based Assessment (PHN-PREP) • Intimate Partner Violence: Brief Risk Assessment; directs provider when to administer Danger Assessment-5 (PHN-PREP) • iHEAL app: <ul style="list-style-type: none"> – Danger Assessment – Power and Control Wheel – Symptom Checklist • Assessment and Response to Intimate Partner Violence by Public Health Nurses (PHN-PREP) • The VEGA (Violence, Evidence, Guidance, Action) Project's Guidance for Responding Safely to Intimate Partner Violence: Adapted for Public Health Nurses (PHN-PREP) 	<ul style="list-style-type: none"> ▶ Healthy Adult Relationships
	Celebrate successes with family: <ul style="list-style-type: none"> • Celebrate second birthday milestone – provide a card for toddler, or book as a gift 	<ul style="list-style-type: none"> ▶ Parenting Capacity

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 30–36 months	Support healthy child growth and development using resources such as: <ul style="list-style-type: none"> • Complete an Early Childhood Assessment (ECHA) • ASQ-3 and ASQ:SE-2 (at 32 and 36 months; complete every 4-6 months or as indicated) • Toddler’s First Steps; Your Toddler’s Growth, Learning and Health topics (<i>MoH</i>): <ul style="list-style-type: none"> – Typical Child Development by Age, pp.16-25 – Learning About Your Toddler, pp.9-11 – Brain Development, pp.12-13 – The 5 Areas of Child Development, pp.14-15 – Sleep and Your Toddler, pp.66-68 – Learning to Use the Toilet, pp.69-70 – Sexual Development, p.26 – Gender Identity, pp.27-28 – Independence, p.29 – Empathy, p.30 – Play, pp.31-32 – Physical Activity, p.65 – Toys, p.33 – Reading to Your Toddler, p.35 – If You Have Concerns About Your Toddler’s Development, p. 36 	► Growth and Development

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 30–36 months <i>cont.</i>	<ul style="list-style-type: none"> • Toddler’s First Steps; Parenting Your Toddler topics (MoH): <ul style="list-style-type: none"> – <i>Why Does Your Toddler “Act Out”</i>, p.84 – <i>Positive Discipline</i>, pp.85-87 – <i>Dealing With Common Challenging Behaviours</i>, pp.88-89 – <i>Staying Calm</i>, p.90 – <i>Helping Your Toddler Through Change</i>, pp.91-93 • Toddler’s First Steps; Toddler Safety topics (MoH): <ul style="list-style-type: none"> – <i>Key Safety Messages</i>, p.102 – <i>Childproofing Your Home</i>, pp.103-105 – <i>Car Safety</i>, pp.106-107 – <i>Equipment Safety</i>, pp.108-110 – <i>Playing Safely Outside</i>, pp.111-112 – <i>Water Safety</i>, p.113 – <i>Safety in the Community</i>, pp.114-115 – <i>Safety With Animals</i>, p.116 • <i>Brain-Building Through Play: Activities for Infants, Toddlers, and Children</i> (HCDC) • Baby’s Best Chance; Baby Development topics (MoH): <ul style="list-style-type: none"> – <i>Brain Development</i>, pp.96-97 – <i>“Brain Builder Boxes” throughout resource</i> • <i>Executive Function Activities for 18- to 36-month-olds</i> (HCDC) 	<ul style="list-style-type: none"> ▶ Growth and Development
	<p>Explore family’s functioning and connection to supports using resources such as:</p> <ul style="list-style-type: none"> • <i>StrongStart BC</i> (Government of BC) • <i>Aboriginal Head Start</i> (Government of BC) • <i>211</i>; resources for Children and Families/Early Childhood Development • Local library programs • Local group-based parenting supports • Local preschool programs (in anticipation of 3-year-old entry) 	<ul style="list-style-type: none"> ▶ Connection to Community Supports

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 30–36 months <i>cont.</i>	Support parent-child attachment using resources such as: <ul style="list-style-type: none"> • Attachment: A connection for life (CPS) • Family Connections (NCCIH) • ABC's For New Parents; videos – mindful parenting, dad's important role, family and community, parenting advice in under 1 minute, etc. (<i>Kid Care Canada</i>) • 5 Steps for Brain-Building Serve and Return (HCDC) • Serve-and-Return Activities; from birth to 4 years old (<i>Alberta Health</i>) • Brain-Building Through Play: Activities for Infants, Toddlers, and Children (HCDC) • Baby's Best Chance; Brain Development topics (MoH): <ul style="list-style-type: none"> – Brain Development, pp.96-97 – "Brain Builder Boxes" throughout resource 	<ul style="list-style-type: none"> ▶ Parenting Capacity ▶ Healthy Childhood Development
	Support parenting capacity and parent's mental health using resources such as: <ul style="list-style-type: none"> • NESTS for Well-being; worksheet (PSBC) • Parenting Self-Efficacy Assessment (i.e., Parenting Sense of Competence Scale) (TBD) 	<ul style="list-style-type: none"> ▶ Parenting Capacity ▶ Adult Mental Health and Well-Being
	Support child safety and injury prevention using resources such as: <ul style="list-style-type: none"> • A Million Messages; review age related section to determine priority conversation topics (<i>Alberta Health</i>) • Your preschooler and safety: How to prevent injuries at home; review with family to determine areas for further discussion (CPS) • Healthy child development through outdoor risky play (CPS) • Injury prevention (HC) 	<ul style="list-style-type: none"> ▶ Safety and Injury Prevention
	Support parent's core life skills of coping and self-management using resources such as: <ul style="list-style-type: none"> • Building the Skills Adults Need for Life (HCDC) • Toddler's First Steps; Parenting Your Toddler topics (MoH): <ul style="list-style-type: none"> – Staying Calm, p.90 – Emotional Upset, p.94-95 	<ul style="list-style-type: none"> ▶ Parenting Capacity

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 30–36 months <i>cont.</i>	Support family’s connection to community supports : <ul style="list-style-type: none"> • Follow up on previous recommendations and referrals • Explore tools within the BC FHVP Toolkit – Connection to Community Supports to identify appropriate supports based on family’s care plan • Make new referrals as determined by client’s care plan 	► Connection to Community Supports
	Celebrate successes with family: <ul style="list-style-type: none"> • Celebrate third birthday milestone – provide a card for toddler, or book as a gift 	► Parenting Capacity
Postnatal Visits 36–42 months	Support healthy child growth and development using resources such as: <ul style="list-style-type: none"> • Complete an Early Childhood Assessment (ECHA) • ASQ-3 and ASQ:SE-2 (at 36 and 40 months; complete every 4-6 months or as indicated) • Executive Function Activities for 3- to 5-year-olds (HCDC) 	► Growth and Development
	Support child’s vision health by using the following resources (<i>screening for visual impairment recommended by age 3-5</i>): <ul style="list-style-type: none"> • Young children and their vision (HLBC) • Find A Doctor (BC Doctors of Optometry) • Optical coverage; for families receiving income or disability assistance (Government of BC) • Vision Care Benefit; provides glasses for Indigenous children and adults (FNHA) • We See BC Foundation; helps families with low income by providing equitable access to high-quality vision services and rehabilitation devices 	► Growth and Development

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 36–42 months <i>cont.</i>	Support healthy relationships by performing a healthy adult relationships assessment at 36 months and annually thereafter as clinically indicated, using resources such as: <ul style="list-style-type: none"> • Understanding the Duluth Power and Control Wheel • How to make an ecomap; video to support family and relationship assessment (<i>Family Finding</i>) • Initiating a Discussion About Intimate Partner Violence: Indicator-Based Assessment (PHN-PREP) • Intimate Partner Violence: Brief Risk Assessment; directs provider when to administer Danger Assessment-5 (<i>PHN-PREP</i>) • iHEAL app: <ul style="list-style-type: none"> – <i>Danger Assessment</i> – <i>Power and Control Wheel</i> – <i>Symptom Checklist</i> • Assessment and Response to Intimate Partner Violence by Public Health Nurses (PHN-PREP) • The VEGA (Violence, Evidence, Guidance, Action) Project's Guidance for Responding Safely to Intimate Partner Violence: Adapted for Public Health Nurses (PHN-PREP) 	► Healthy Adult Relationships
	Complete Healthy Lifestyles Assessment at 36 months of age, create safety plan as needed, using resources from the Substance Use section of the Clinical Toolkit. Do not delay earlier assessment if evidence/concern of substance use.	► Substance Use
	Support parenting capacity using resources such as: <ul style="list-style-type: none"> • Parenting Self-Efficacy Assessment (i.e., Parenting Sense of Competence Scale) (TBD) 	► Parenting Capacity

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 36–42 months <i>cont.</i>	Support parent-child attachment and incorporate learning through play, with PIPE activities (modified for older children) such as: <ul style="list-style-type: none"> • Bonding and Attachment <ul style="list-style-type: none"> – Tune In, Tune Out – Love and Limits – Emotional Refueling – Each Child is Different – Playing is Learning – Playing is Imitation and Turn Taking – Learning the Do’s – Roadblocks to Learning • Growth and Development <ul style="list-style-type: none"> – Ready to Baby – Music and Rhythm – Floortime – Joy and Laughter – Love is Letting Go – Play Stimulates the Senses – Love is Sometimes a Rocky Road – Playing is Learning about Differences – What are Children Really Learning – Baby’s First Teacher 	<ul style="list-style-type: none"> ▶ Parenting Capacity ▶ Growth and Development
	Support family’s connection to community services : <ul style="list-style-type: none"> • Follow up on previous recommendations and referrals • Explore tools within the BC FHVP Toolkit – Connection to Community Supports to identify appropriate supports based on family’s care plan • Make new referrals as determined by client’s care plan 	<ul style="list-style-type: none"> ▶ Connection with Community Supports
	Promote health care coordination and trust and therapeutic relationship using resources such as: <ul style="list-style-type: none"> • How Are We Doing? (TBD) 	<ul style="list-style-type: none"> ▶ Health Care Coordination and Trust
Postnatal Visits 42–48 months	Support healthy child growth and development using resources such as: <ul style="list-style-type: none"> • Complete an Early Childhood Assessment (ECHA) • ASQ-3 and ASQ:SE-2 (at 44 and 48 months; complete every 4-6 months or as indicated) • Invite family to share plans around kindergarten school entry 	<ul style="list-style-type: none"> ▶ Growth and Development

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 42–48 months <i>cont.</i>	Support parent-child attachment using resources such as: <ul style="list-style-type: none"> • Attachment: A connection for life (CPS) • Family Connections (NCCIH) • ABC's For New Parents videos; mindful parenting, dad's important role, family and community, parenting advice in under 1 minute, etc. (<i>Kid Care Canada</i>) • 5 Steps for Brain-Building Serve and Return (HCDC) • Serve-and-Return Activities; from birth to 4 years old (<i>Alberta Health</i>) 	<ul style="list-style-type: none"> ▶ Parenting Capacity ▶ Growth and Development
	Support family's connection to community supports : <ul style="list-style-type: none"> • Follow up on previous recommendations and referrals • Explore tools within the BC FHVP Clinical Toolkit – Connection to Community Supports to identify appropriate supports based on family's care plan • Make new referrals as determined by client's care plan 	<ul style="list-style-type: none"> ▶ Connection to Community Supports
	Celebrate successes with family: <ul style="list-style-type: none"> • Celebrate fourth birthday milestone – provide a card for child, or book as a gift 	<ul style="list-style-type: none"> ▶ Parenting Capacity

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 48–54 months	<p>Support healthy child growth and development using resources such as:</p> <ul style="list-style-type: none"> • Complete an Early Childhood Assessment (ECHA) • Early Child Health Assessment Parent Checklist • Oral health assessment during Early Child Health Assessment: <ul style="list-style-type: none"> – <i>Local public health dental programs</i> – <i>Find A Dentist in BC; database (BC Dental Association)</i> – <i>Canadian Dental Care Plan (Government of Canada)</i> – <i>BC Healthy Kids program; helps low-income families with the costs of basic dental care and prescription eyewear for their children (Ministry of Social Development and Poverty Reduction)</i> – <i>Children's Dental Program for low-income families without dental coverage (UBC)</i> – <i>Children's Oral Health Initiative; early childhood tooth decay prevention program for First Nations children age 0-7, their caregivers, pregnant persons, living or accessing services in First Nations communities (FNHA)</i> • First Nations Health Benefits Coverage: Pregnancy and Infant Care; <i>Baby Oral Health, p.9 (FNHA)</i> • Baby's Best Chance; <i>Dental Care resources, p.132 (MoH)</i> • ASQ-3 and ASQ:SE-2 (at 48 and 52 months; complete every 4-6 months or as indicated) • Provide routine 4–6-year immunizations (if not already provided) • Consider the following PIPE activities: <ul style="list-style-type: none"> – Ready to Baby – Music and Rhythm – Floortime – Joy and Laughter – Love is Letting Go – Play Stimulates the Senses – Love is Sometimes a Rocky Road – Playing is Learning about Differences – What are Children Really Learning – Baby's First Teacher 	<p>► Growth and Development</p>

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 48–54 months <i>cont.</i>	Support parent-child attachment and incorporate learning through play, with PIPE activities (modified for older children) such as: <ul style="list-style-type: none"> • Tune In, Tune Out • Love and Limits • Emotional Refueling • Each Child is Different • Playing is Learning • Playing is Imitation and Turn Taking • Learning the Do's • Roadblocks to Learning 	► Parenting Capacity
	Support parenting capacity using resources such as: <ul style="list-style-type: none"> • Parenting Self-Efficacy Assessment (i.e., Parenting Sense of Competence Scale) (TBD) 	► Parenting Capacity
	Complete Healthy Lifestyles Assessment at 48 months of age, create safety plan as needed, using resources from the Substance Use section of the Clinical Toolkit. Do not delay earlier assessment if evidence/concern of substance use.	► Substance Use
	Support healthy relationships by performing a healthy adult relationships assessment at 48 months and annually thereafter as clinically indicated, using resources such as: <ul style="list-style-type: none"> • Understanding the Duluth Power and Control Wheel • How to make an ecomap; video to support family and relationship assessment (<i>Family Finding</i>) • Initiating a Discussion About Intimate Partner Violence: Indicator-Based Assessment (PHN-PREP) • Intimate Partner Violence: Brief Risk Assessment; directs provider when to administer Danger Assessment-5 (<i>PHN-PREP</i>) • iHEAL app: <ul style="list-style-type: none"> – <i>Danger Assessment</i> – <i>Power and Control Wheel</i> – <i>Symptom Checklist</i> • Assessment and Response to Intimate Partner Violence by Public Health Nurses (PHN-PREP) • The VEGA (Violence, Evidence, Guidance, Action) Project's Guidance for Responding Safely to Intimate Partner Violence: Adapted for Public Health Nurses (PHN-PREP) 	► Healthy Adult Relationships

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 48–54 months <i>cont.</i>	Promote health care coordination and trust and therapeutic relationship using resources such as: <ul style="list-style-type: none"> • How Are We Doing? (TBD) 	<ul style="list-style-type: none"> ▶ Health Care Coordination and Trust
	Support family's connection to community supports : <ul style="list-style-type: none"> • Follow up on previous recommendations and referrals • Make new referrals as determined by client's care plan 	<ul style="list-style-type: none"> ▶ Connection to Community Supports
Postnatal Visits 54–60 months	Support parent-child attachment using resources such as: <ul style="list-style-type: none"> • Attachment: A connection for life (CPS) • Family Connections (NCCIH) • ABC's For New Parents; videos – mindful parenting, dad's important role, family and community, parenting advice in under 1 minute, etc. (<i>Kid Care Canada</i>) • 5 Steps for Brain-Building Serve and Return (HCDC) • Consider PIPE activities (modified for older children) such as: <ul style="list-style-type: none"> – Tune In, Tune Out – Love and Limits – Emotional Refueling – Each Child is Different – Playing is Learning – Playing is Imitation and Turn Taking – Learning the Do's – Roadblocks to Learning 	<ul style="list-style-type: none"> ▶ Parenting Capacity ▶ Growth and Development
	Support child development and incorporate learning through play, with PIPE activities (modified for older children) such as: <ul style="list-style-type: none"> • Ready to Baby • Music and Rhythm • Floortime • Joy and Laughter • Love is Letting Go • Play Stimulates the Senses • Love is Sometimes a Rocky Road • Playing is Learning about Differences • What are Children Really Learning • Baby's First Teacher 	<ul style="list-style-type: none"> ▶ Parenting Capacity ▶ Growth and Development

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Postnatal Visits 54–60 months <i>cont.</i>	Support healthy relationships by performing a healthy adult relationships assessment at 60 months using resources such as: <ul style="list-style-type: none"> • Understanding the Duluth Power and Control Wheel • How to make an ecomap; video to support family and relationship assessment (<i>Family Finding</i>) • Initiating a Discussion About Intimate Partner Violence: Indicator-Based Assessment (PHN-PREP) • Intimate Partner Violence: Brief Risk Assessment; directs provider when to administer Danger Assessment-5 (<i>PHN-PREP</i>) • iHEAL app: <ul style="list-style-type: none"> – <i>Danger Assessment</i> – <i>Power and Control Wheel</i> – <i>Symptom Checklist</i> • Assessment and Response to Intimate Partner Violence by Public Health Nurses (PHN-PREP) • The VEGA (Violence, Evidence, Guidance, Action) Project's Guidance for Responding Safely to Intimate Partner Violence: Adapted for Public Health Nurses (PHN-PREP) 	► Healthy Adult Relationships
	Complete Healthy Lifestyles Assessment at 60 months of age, create safety plan as needed, using resources from the Substance Use section of the Clinical Toolkit. Do not delay earlier assessment if evidence/concern of substance use.	► Substance Use
	Celebrate successes with family: <ul style="list-style-type: none"> • Celebrate fifth birthday milestone – provide a card for child, or book as a gift 	► Parenting Capacity
Postnatal Visits 60–72 months	Complete activities outlined in 48-60 months section of Visit Guide	

Summary of Program Activities and Clinical Tools: Discharge

Program/ Life Stage	Program Activities and Clinical Tools	Where Can I Find These Resources in the BC FHVP Clinical Toolkit?
Discharge	<p>Review program participation, achievement of goals, and outcomes with family using the following resources:</p> <ul style="list-style-type: none"> • Complete holistic assessment on parent and child to resolve focus areas within care plan • Follow up on previous recommendations and referrals and ensure warm referrals completed as necessary • Celebrate successes with family; consider providing card • Send a letter to Primary Health Care Provider to notify of family's discharge from the Program and outlining any required follow-up • Complete Discharge Assessment Form (TBD) • Complete required Discharge Documentation (TBD) 	<ul style="list-style-type: none"> ▶ Health Care Coordination and Trust ▶ Growth and Development ▶ Adult Mental Health and Well-Being ▶ Adult Physical Health and Well-Being

Appendix N:

Definitions

Anti-racist means actively identifying, challenging, and changing the policies, practices, and structures that perpetuate racial inequities in health outcomes. It goes beyond simply acknowledging racism – it involves intentional efforts to dismantle systemic barriers and promote equity (Public Health Ontario, 2024).

Care coordination refers to a structured process where health care professionals from multiple disciplines work together to develop, implement, and evaluate a comprehensive care plan tailored to a patient’s needs. This approach emphasizes communication, coordination, and shared decision-making among team members such as doctors, nurses, therapists, social workers, and others to provide holistic, client- and family-centred care. This intervention may be required when families experience complex health and wellness challenges benefiting from a team-based approach, or to avoid overlap or duplication of services (Reeves, 2017).

Child maltreatment is any act of commission or omission by a parent or caregiver that results in actual harm, potential harm, or threat of harm to a child, including physical, sexual or emotional abuse, neglect, or exposure to intimate partner violence (Canadian Paediatric Society, 2024b; World Health Organization, 2024).

Client is defined as the individual referred to and enrolled in the program. May also be referred to as the “primary caregiver”.

Collaborative Care Plan is a jointly developed, family-centred plan created by a provider and the family to identify goals, address needs, and coordinate services (Mauksch, 2013).

It is:

- Co-created through mutual discussion and trust
- Strengths-based, building on the family’s assets and priorities
- Goal-oriented, with clear, measurable objectives
- Dynamic, reviewed and updated regularly
- Actionable, outlining steps, responsibilities, and timelines for both the family and the home visitor

This approach promotes shared decision-making, empowers families, and ensures that care is tailored, coordinated, and culturally responsive.

Collaborative care planning in the context of the Program refers to the communication and decision-making process providers use to work alongside families to develop, implement, evaluate, and adjust their care plan. It involves joint communication and decision-making, working together toward identified goals, while honoring the unique contribution of both the family and the provider. This process ensures that care planning is person- and family-centred, holistic, and professionally integrated (British Columbia College of Nurses and Midwives, n.d.).

Culturally centred describes an approach that places the values, beliefs, practices, and lived experiences of the priority cultural communities at the core of the Program's design, implementation, and evaluation. It is a strengths-based, equity-driven approach that respects and integrates cultural knowledge systems that is community or Nation specific rather than imposing external norms or standards (Indigenous Services Canada, n.d.).

Cultural liaisons facilitate communication and understanding between health care providers and clients from diverse cultural backgrounds, helping to ensure culturally safe, respectful, and equitable care by bridging cultural gaps and connecting clients to culturally relevant resources and support. Regional health authorities may have their own definition and/or job description for a cultural liaison (Island Health, n.d.; Fraser Health, n.d.).

Encounter(s) are brief or informal interaction that supports the family but may not meet the criteria of a visit. They are documented, but do not contribute to the overall visit total. An encounter:

- Can be unscheduled or episodic
- May occur via phone, text, email, or brief drop-in
- Is usually shorter in duration
- May serve as a follow-up, reminder, or check-in
- Is still documented, but categorized differently from a visit

Examples: A 10-minute phone call, or brief text message to remind a client about an upcoming appointment. A text message exchange to answer a quick question about feeding that does not require a comprehensive assessment.

Equity in the context of public and population health, refers to the condition in which all individuals have a fair opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential due to social, economic, demographic, or geographic factors. It involves addressing and eliminating health inequalities that are unfair, unjust, and modifiable. This concept emphasizes the importance of removing systemic barriers – such as poverty, racism, and lack of access to health care – that prevent certain populations from achieving optimal health (Public Health Agency of Canada, 2024; Canadian Institute for Health Information, 2025).

Equity denied refers to the condition in which individuals or communities are systematically obstructed from accessing the rights, resources, and opportunities necessary for full participation and well-being due to entrenched discrimination, marginalization, and structural inequities. It acknowledges systemic barriers, power dynamics, accountability, and intersectionality (National Collaborating Centre for Determinants of Health, 2023).

Evidence-informed, in the context of the Program, refers to the utilization of the best available evidence at the time of publication. This has involved integrating rigorous research; data analysis; insight from those with lived experience; and Indigenous wisdom, teachings, ways of knowing, and wise practices.

Family Health Nurses are registered nurses who serve as the primary relationship holder(s) for clients and families in the Program. Working independently or in partnership with a Family Health Visitor, they are responsible for delivering program visits, providing long-term continuity of care, and ensuring that the client or family is offered the focused offerings and supports which support the families to achieve their goals (Catherine et al., 2024).

Family Health Visitors are the primary relationship holder(s) for clients and families in the Program who are not registered nurses. In partnership with a registered nurse, they are responsible for delivering program visits, providing long-term continuity of care, and ensuring that the client or family is offered the focused offerings and supports which support the families to achieve their goals (Catherine et al., 2024; Government of Manitoba, 2024).

Focused offerings and supports are the deliberate action or set of actions carried out by health professionals to produce a beneficial effect on individuals, families, or communities. An intervention is seen as the active component that leads to intended program

outcomes; it is what the provider actually does during the visit (e.g. parenting education, screening for depression, modeling responsive caregiving).

Harm reduction is a public health approach that aims to minimize the negative health, social, and legal consequences associated with high-risk behaviours – such as substance use – through nonjudgmental, evidence-based focused offerings and supports that prioritize safety, dignity, and individual autonomy without requiring abstinence (Health Canada, 2023).

Inclusion in population and public health means ensuring that all individuals, especially those from marginalized or underserved communities, are actively welcomed, respected, and meaningfully involved in health systems, policies, and services. It focuses on removing barriers to participation and creating environments where diverse voices shape health outcomes (Government of Canada, 2022).

Indigenous-specific racism refers to the unique and systemic forms of stereotyping, bias, and discrimination directed specifically at First Nations, Inuit, and Métis peoples in Canada. It is rooted in the history of settler colonialism and continues through institutional policies, practices, and interpersonal interactions that marginalize Indigenous peoples and contribute to inequitable health outcomes. It can also manifest as internalized racism, where colonial stereotypes and oppression are absorbed and directed inward, and as lateral racism, where those harms are redirected toward peers and community members.

Life skills workers are non-clinical support professionals who help individuals develop practical day-to-day skills – such as managing finances, securing housing, attending medical appointments, and navigating social systems – to promote independence, wellness, and recovery, particularly for those facing mental health, substance use, or housing challenges. Regional health authorities may have their own definition and/or job description for a life skills worker (Canadian Mental Health Association – Northern BC Branch, n.d.; Island Health, n.d.).

Mental health professionals in British Columbia are trained individuals – regulated or unregulated – who provide assessment, treatment, and support for mental health and emotional well-being (Government of British Columbia, 2025a; Government of British Columbia, 2025b; Government of British Columbia, 2024). They include:

- Psychiatrists – Medical doctors who diagnose and prescribe.
- Psychologists – Regulated professionals who assess and treat psychological conditions.

- Social Workers – Offer counselling and support in clinical and community settings.
- Psychiatric Nurses – Provide mental health care, often in institutional or community settings.
- Clinical Counsellors and Psychotherapists – Deliver psychotherapy and counselling; currently transitioning to regulation under the Health Professions and Occupations Act (*Health Professions and Occupations Act, 2022*).

Paraprofessionals are trained support workers who assist licensed professionals by performing non-specialized tasks under supervision, often in clinical or community settings. Regional health authorities may have their own definition and/or job description for a paraprofessional.

Peer support workers are people with lived experience of a health or social challenge who provide emotional, social, and practical support to others facing similar experiences without assuming a clinical or managerial role. Regional health authorities may have their own definition and/or job description for a cultural liaison (BC Association of Pregnancy Outreach Programs, 2025a; Pacific Post Partum Support Society, n.d.).

Practice support tools are instruments, resources, or materials used by providers to guide, standardize, and enhance the effective delivery of the program intervention. These tools help standardize care, enhance clinical decision-making, and support documentation and communication. Examples include:

- **Visit guides or checklists** (to ensure all recommended topics are covered)
- **Assessment and screening tools** (e.g., for depression, child developmental milestones)
- **Referral protocols** (e.g., steps for connecting families to services)
- **Educational handouts, videos, or websites** (for use with clients)
- **Communication technology** (cell phone, laptop)

Primary Caregiver, in the context of the Program, is the pregnant person or parent referred to the Program and who will receive regular visits from the Family Health Nurse/ Family Health Visitor. This individual may be a pregnant person, a biological parent, adoptive parent, or guardian.

Supportive engagements are provider and client interactions that do not meet the definition of a visit or an encounter. Examples include accompanying a primary caregiver to a meeting with a social worker, or a health care appointment. They are documented, but do not contribute to the overall visit total.

System navigators help individuals and families access, understand, and coordinate health and social services by guiding them through complex systems, removing barriers, and connecting them to appropriate supports and resources. Regional health authorities may have their own definition and/or job description for a system navigator (Association of Maternal and Child Health Programs, 2018; Canadian Association of Community Health Centres, n.d.).

Trauma- and violence- informed improves how service providers and organizations serve clients who have experienced traumatic life events. It does not focus on encouraging clients to disclose details of trauma they have experienced or on treating their trauma symptoms but fosters an environment where all clients feel safe and there is less possibility they will be traumatized again. Trauma- and violence-informed care recognizes the impacts of individual trauma (e.g., sexual abuse, physical abuse, time spent in jail, impacts of colonialism, etc.) as well as structural violence and inequities (e.g., racism, transphobia) on clients' health and well-being as well as how they engage with service (Canadian Public Health Association and Centre for Sexuality, 2020).

Visit typically refers to a comprehensive, planned interaction between a home visitor and a family or client that:

- Is scheduled in advance
- Has a defined purpose or goal (e.g., developmental screening, parenting education, health check-in)
- Involves direct engagement (either in-person or via video call)
- Meets a minimum duration threshold (e.g., 30 minutes)
- Contributes to the overall visit total

Examples: A 45-minute in-home session discussing child development milestones, or a virtual video call to complete a postpartum depression screening.

Warm referral is the direct, in-the-moment transfer of care from one professional to another, typically involving:

- A face-to-face or virtual introduction between the client and the new provider
- A brief summary of the client's needs, goals, and context
- Consent and participation from the client
- A focus on relationship-building and reducing the stress or confusion of transitioning between services (Agency for Healthcare Research and Quality, n.d.).

A warm referral ensures families don't feel "passed off" or lost in the system, it helps to build trust in new providers or services, improves follow-through and engagement with referrals and supports trauma-informed and culturally responsive care.

Example: A Family Health Nurse/Family Health Visitor accompanies a client to their first appointment with a mental health counselor, introduces them, and shares relevant background (with consent), helping the client feel more comfortable and supported.

Wise practices are culturally grounded, context-specific approaches that honour Indigenous ways of knowing, being, and doing. Unlike standardized "best practices," wise practices are shaped by local traditions, languages, and worldviews. They support community empowerment, holistic wellness, and relational accountability, ensuring that health messages are respectful, relevant, and rooted in Indigenous knowledge systems (National Collaborating Centre for Indigenous Health, 2020).

References

- Administration for Children and Families. (n.d.). Maternal Early Childhood Sustained Home-Visiting (MECSH) model. Home Visiting Evidence of Effectiveness (HomVEE), U.S. Department of Health and Human Services. Retrieved August 14, 2025, from <https://homvee.acf.hhs.gov/>
- Administration for Children and Families. (n.d.). Minding the Baby® Home Visiting (MTB-HV) model. Home Visiting Evidence of Effectiveness (HomVEE), U.S. Department of Health and Human Services. Retrieved August 14, 2025, from <https://homvee.acf.hhs.gov/>
- Agency for Healthcare Research and Quality. (n.d.). Warm Handoff: Intervention. U.S. Department of Health and Human Services. Retrieved July 9, 2025, from <https://www.ahrq.gov/patient-safety/reports/engage/interventions/warmhandoff.html>
- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211.
- Al-Taïar, A., Kekeh, M. A., Ewers, S., Prusinski, A. L., Alombro, K. J., & Welch, N. (2023). Virtual home visits during COVID-19 pandemic: Mothers' and home visitors' perspectives. *BMC Pregnancy and Childbirth*, 23, Article 577. <https://doi.org/10.1186/s12884-023-05896-9>
- Alderwick, H., Hutchings, A., Briggs, A., & Mays, N. (2021). The impacts of collaboration between local health care and non-health care organizations and factors shaping how they work: A systematic review of reviews. *BMC Public Health*, 21, Article 753. <https://doi.org/10.1186/s12889-021-10630-1>
- APA Dictionary of Psychology. (2023). *Intellectual disability*. <https://dictionary.apa.org/intellectual-disability>
- Association of Maternal & Child Health Programs. (2018). *Family navigation implementation strategies: Improving systems of care*. https://amchp.org/wp-content/uploads/2021/11/Final-issue-brief_3.12.pdf
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191–215. <https://doi.org/10.1037/0033-295X.84.2.191>
- Bandura, A. (1977). *Social learning theory*. Prentice Hall.
- BC Association of Pregnancy Outreach Programs. (2025). BCAPOP's Provincial Perinatal Substance Use Peer Network. <https://www.bcapop.ca/news/13473582>
- BC Association of Pregnancy Outreach Programs. (2025). Programs and services overview. <https://www.bcapop.ca/>
- BC Children's Hospital. (n.d.). Centre for Health Complexity. Retrieved September 4, 2025, from <https://www.bcchildrens.ca/about-us/current-projects/centre-health-complexity>
- Beatson, R., Molloy, C., Perini, N., Harrop, C., & Goldfeld, S. (2021). Systematic review: An exploration of core componentry characterizing effective sustained nurse home visiting programs. *Journal of Advanced Nursing*, 77(6), 2581–2594. <https://doi.org/10.1111/jan.14755>
- Bonello, K., Figoni, H., Avenin, G., Melchior, M., Chastang, J., Ibanez, G., Blanchard, E., Vignier, N., & Cadwallader, J. S. (2023). Prevalence of smoking during pregnancy and associated social inequalities in developed countries over the 1995–2020 period: A systematic review. *Pediatric and Perinatal Epidemiology*. <https://doi.org/10.1111/ppe.12989>
- Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment*. Basic Books
- Brain Injury Canada. (n.d.). About brain injury. <https://braininjurycanada.ca/en/caregiver/about-brain-injury/>
- British Columbia College of Nurses and Midwives. (2025). *Scope of practice: Licensed practical nurses*. <https://www.bccnm.ca/LPN/ScopePractice/Pages/Default.aspx>

References

- British Columbia College of Nurses and Midwives. (n.d.). Glossary. In *Professional standards for licensed practical nurses*. Retrieved July 22, 2025, from <https://www.bccnm.ca/RPN/ProfessionalStandards/Pages/Glossary.aspx>
- British Columbia College of Nurses and Midwives. (n.d.). *Scope of practice: Registered nurses*. <https://www.bccnm.ca/RN/learning/scope/Pages/Default.aspx>
- British Columbia College of Nurses and Midwives. (n.d.). *Scope of practice: Registered psychiatric nurses*. <https://www.bccnm.ca/RPN/learning/scope/Pages/Default.aspx>
- British Columbia College of Social Workers. (2009). *Code of ethics and standards of practice*. <https://bccsw.ca/resource/bccsw-code-of-ethics-standards-approved/>
- British Columbia Ministry of Health. (2024). *Population and public health framework: Strengthening public health*. Government of British Columbia. <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/health-priorities/pph-framework>
- British Columbia Ministry of Health. (2011). *Patients as partners: Nothing about me without me!* [Annual report]. <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/primary-health-care/patients-as-partners-annual-report-2011.pdf>
- British Columbia. (2019). Declaration on the Rights of Indigenous Peoples Act, SBC 2019, c. 44. Queen's Printer. <https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/19044>
- British Columbia. (2022). Health Professions and Occupations Act, S.B.C. 2022, c. 43. BC Laws. <https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/22043>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- Bronfenbrenner, U. (1992). Ecological systems theory. In R. Vasta (Ed.), *Six theories of child development: Revised formulations and current issues* (pp. 187–249). Jessica Kingsley Publishers.
- Brown, H. K., Ray, J. G., Chen, S., & others. (2021). Association of preexisting disability with severe maternal morbidity or mortality in Ontario, Canada. *JAMA Network Open*, 4(2), e2034993. <https://doi.org/10.1001/jamanetworkopen.2020.34993>
- Brownell, M. D., Nickel, N. C., Enns, J. E., Chartier, M., Campbell, R., Phillips-Beck, W., Chateau, D., Burland, E., Santos, R., & Katz, A. (2017). Association between home visiting interventions and First Nations families' health and social outcomes in Manitoba, Canada: Protocol for a study of linked population-based administrative data. *BMJ Open*, 7(10), e017626. <https://doi.org/10.1136/bmjopen-2017-017626>
- Buchner, C., Hayden, A., Moberg, C., Sohal, A., Good, K., Eller, A., & Bendickson, L. (2025, Jan 24). Vancouver Coastal Health Early Years Public Health Nursing Responsive Service Model [PowerPoint slides]. Vancouver Coastal Health.
- Canadian Association of Paediatric Health Centres (CAPHC), Complex Care Community of Practice. (2018). *Guideline for the management of medically complex children and youth through the continuum of care*. Children's Healthcare Canada. https://www.childrenshealthcarecanada.ca/media/yzanrkxm/caphc-national-complex-care-guideline-2018_final.pdf
- Canadian Institute for Health Information. (2023). Rural health care in Canada. <https://www.cihi.ca/en/topics/rural-health-care-in-canada>
- Canadian Institute for Health Information. (2025). Health equity and population health. <https://www.cihi.ca/en/topics/health-equity-and-population-health>
- Canadian Mental Health Association – Northern BC Branch. (n.d.). Life skills support. <https://northernbc.cmha.ca/like-skills-support/>
- Canadian Paediatric Society. (2024a). Meeting the needs of adolescent parents and their children. <https://cps.ca/en/documents/position/adolescent-parents>
- Canadian Paediatric Society. (2024b). Recognizing and responding to children with suspected exposure to intimate partner violence between caregivers. *Paediatrics & Child Health*, 29(3), 174–180. <https://cps.ca/en/documents/position/recognizing-and-responding-to-children-with-suspected-exposure-to-intimate-partner-violence-between-caregivers>

- Canadian Public Health Association & Centre for Sexuality. (2020). Trauma- and violence-informed care toolkit for reducing stigma related to sexually transmitted and blood-borne infections (STBBIs). https://www.cpha.ca/sites/default/files/uploads/resources/stbbi/STBBI-TVIC-toolkit_e.pdf
- Carey, G., Crammond, B., & De Leeuw, E. (2015). Towards health equity: A framework for the application of proportionate universalism. *International Journal for Equity in Health*, 14(81). <https://doi.org/10.1186/s12939-015-0207-6>
- Catherine, N. L. A., Boyle, M., Zheng, Y., McCandless, L., Xie, H., Lever, R., Sheehan, D., Gonzalez, A., Jack, S. M., Gafni, A., Tonmyr, L., Marcellus, L., Varcoe, C., Cullen, A., Hjertaas, K., Riebe, C., Rikert, N., Sunthoram, A., Barr, R., MacMillan, H., & Waddell, C. (2020). Nurse home visiting and prenatal substance use in a socioeconomically disadvantaged population in British Columbia: Analysis of prenatal secondary outcomes in an ongoing randomized controlled trial. *CMAJ Open*, 8(4), E667–E675. <https://doi.org/10.9778/cmajo.20200063>
- Catherine, N. L. A., Lever, R., Sheehan, D., Zheng, Y., Boyle, M. H., McCandless, L., Gafni, A., Gonzalez, A., Jack, S. M., Tonmyr, L., Varcoe, C., MacMillan, H. L., & Waddell, C. (2019). The British Columbia Healthy Connections Project: Findings on socioeconomic disadvantage in early pregnancy. *BMC Public Health*, 19, 1161. <https://doi.org/10.1186/s12889-019-7479-5>
- Catherine, N. L. A., MacMillan, H., Jack, S., et al. (2025). Effects of nurse-home visiting on intimate partner violence and maternal income, mental health, and self-efficacy by 24 months postpartum: A randomised controlled trial (British Columbia Healthy Connections Project). *BMJ Open*, 15, e083147. <https://doi.org/10.1136/bmjopen-2023-083147>
- Catherine, N., Barican, J., White, O., Tang, J., Thomson, K., & Waddell, C. (2024). *Effective home visiting programs for children and mothers experiencing adversities*. Children's Health Policy Centre, Faculty of Health Sciences, Simon Fraser University. <https://childhealthpolicy.ca/wp-content/uploads/2024/11/CHPC-Effective-Home-Visiting-Programs-for-Children-and-Mothers-Experiencing-Adversities-2024.11.07.pdf>
- Center on the Developing Child at Harvard University. (2024). Connecting the brain to the rest of the body: Early childhood development and lifelong health are deeply intertwined. <https://developingchild.harvard.edu/resources/connecting-the-brain-to-the-rest-of-the-body/>
- Centre for Community Child Health, Murdoch Children's Research Institute, Social Ventures Australia, & Bain & Company. (2023). *Restacking the Odds Indicator Guide: Quality, quantity and participation indicators across early years services and why they're important* (1st ed.). Melbourne, Australia. <https://doi.org/10.25374/MCRI.21484551>
- Chartier, M. (2009, November 17). Families First universal screening in Manitoba: Lessons learned in Manitoba. Early Development Imperative Conference, Winnipeg, MB. (PPT)
- Chartier, M. J., Brownell, M. D., Isaac, M. R., Chateau, D., Nickel, N. C., Katz, A., Sarkar, J., Hu, M., & Taylor, C. (2017). Is the Families First Home Visiting program effective in reducing child maltreatment and improving child development? *Child Maltreatment*, 22(2), 121–131. <https://doi.org/10.1177/1077559517701230>
- Chartier, M., Nickel, N. C., Chateau, D., Enns, J. E., Isaac, M. R., Katz, A., Sarkar, J., Burland, E., Taylor, C., & Brownell, M. (2018). Families First Home Visiting programme reduces population-level child health and social inequities. *Journal of Epidemiology & Community Health*, 72(1), 47–53. <https://doi.org/10.1136/jech-2017-209321>
- Child Health BC & Perinatal Services BC. (2025, April 22-23). Enhanced Family Health Program Co-Creation Workshop [Unpublished workshop]. Prince George, Canada.
- Child Health BC & Perinatal Services BC. (2025, June 20–July 4). ThoughtExchange feedback from BC Enhanced Family Health Program virtual co-design session [Unpublished raw data].
- Child Health BC & Perinatal Services BC. (2025, March 6–7). Enhanced Family Health Program co-creation workshop [Unpublished workshop]. Vancouver, Canada.
- Cibralic, S., Mensah, F. K., Goldfeld, S., & Cook, F. (2025). Home visiting interventions aimed at enhancing child mental health, psychosocial, and developmental outcomes in vulnerable families: A systematic review and meta-analysis. *BMC Pediatrics*, 25, Article 5580. <https://bmcpediatr.biomedcentral.com/articles/10.1186/s12887-025-05580-1>

- College of Health and Care Professionals of BC. (2024, June 28). *Working with Indigenous Elders and Knowledge Keepers: Guidelines*. <https://chcpbc.org/wp-content/uploads/2024/09/Working-with-Indigenous-Elders-and-Knowledge-Keepers-Guidelines-CHCPBC-2024-06-28.pdf>
- Crear-Perry, J., Correa-de-Araujo, R., Lewis Johnson, T., McLemore, M. R., Neilson, E., & Wallace, M. (2021). Social and structural determinants of health inequities in maternal health. *Journal of Women's Health, 30*(2). <https://doi.org/10.1089/jwh.2020.8882>
- Davis, H., Day, C., & Bidmead, C. (2002). *Working in partnership with parents: The parent adviser model*. The Psychological Corporation.
- Dudukcu, F. T., & Arslan, F. T. (2022). Effects of health promotion program on maternal attachment, parenting self-efficacy, and infant development: A randomised controlled trial. *Journal of Obstetrics and Gynaecology, 42*(7), 2818–2825. <https://doi.org/10.1080/01443615.2022.2109949>
- First Nations Health Authority. (n.d.). Respecting tobacco: Traditional and commercial tobacco. First Nations Health Authority. <https://www.fnha.ca/wellness/wellness-for-first-nations/wellness-streams/respecting-tobacco>
- Fonagy, P., Steele, M., Steele, H., Moran, G. S., & Higgitt, A. C. (1991). The capacity for understanding mental states: The reflective self in parent and child and its significance for security of attachment. *Infant Mental Health Journal, 12*(3), 201–218. [https://doi.org/10.1002/1097-0355\(199123\)12:3<201::AID-IMHJ2280120307>3.0.CO;2-7](https://doi.org/10.1002/1097-0355(199123)12:3<201::AID-IMHJ2280120307>3.0.CO;2-7)
- Forkey, H., Szilagyi, M., Kelly, E. T., & Duffee, J. (2021). Trauma-informed care. *Pediatrics, 148*(2), e2021052580. <https://doi.org/10.1542/peds.2021-052580>
- Fraser Health. (2025, Jan 24). Fraser Health Enhanced Family Visiting Program Overview [PowerPoint slides]. Fraser Health.
- Fraser Health. (n.d.). Indigenous health liaisons. <https://www.fraserhealth.ca/health-topics-a-to-z/indigenous-health/indigenous-health-liaisons>
- Fredrickson, R. (2019). Trauma-informed care for infant and early childhood abuse. *Journal of Aggression, Maltreatment & Trauma, 28*(4), 389–406. <https://doi.org/10.1080/10926771.2019.1601143>
- Giddens, A. (1986). *The constitution of society: Outline of the theory of structuration*. Polity Press.
- Global Affairs Canada. (2019). *Final report: Evaluation of the Maternal, Newborn and Child Health Initiative (2010–11 to 2017–18)*. International Assistance Evaluation Division. <https://www.international.gc.ca/gac-amc/publications/evaluation/2019/mnch-smne.aspx?lang=eng>
- Glover, A., Holman, C., & Boise, P. (2024). Patient-centered respectful maternity care: A factor analysis contextualizing marginalized identities, trust, and informed choice. *BMC Pregnancy and Childbirth, 24*, Article 267. <https://doi.org/10.1186/s12884-024-06491-2>
- Goldfeld, S., Price, A., & Kemp, L. (2018). Designing, testing, and implementing a sustainable nurse home visiting program: right@home. *Annals of the New York Academy of Sciences, 1419*(1), 141–159. <https://doi.org/10.1111/nyas.13688>
- Government of British Columbia. (2022). Declaration Act action plan. https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/indigenous-relations-reconciliation/declaration_act_action_plan.pdf
- Government of British Columbia. (2024, May 24). *Psychotherapy explanatory note to accompany redline document*. Government of British Columbia. https://www2.gov.bc.ca/assets/gov/health/practitioner-professional-regulation/psychotherapy_explanatory_note.pdf
- Government of British Columbia. (2025, August 8). Health Professions and Occupations Act. Government of British Columbia. <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/professional-regulation/health-professions-and-occupations-act>
- Government of British Columbia. (2025, July 17). Professional regulation. Government of British Columbia. <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/professional-regulation>
- Government of Canada. (2019). An Act respecting First Nations, Inuit and Métis children, youth and families, S.C. 2019, c. 24. Justice Laws Website. <https://laws-lois.justice.gc.ca/eng/acts/F-11.73/>

- Government of Canada. (2022). Guide on equity, diversity and inclusion terminology. <https://www.noslangues-ourlanguages.gc.ca/en/publications/equite-diversite-inclusion-equity-diversity-inclusion-eng>
- Government of Canada. (2024). *Federal Disability Reference Guide*. <https://www.canada.ca/en/employment-social-development/programs/disability/arc/reference-guide.html>
- Government of Manitoba. (2010). *Families First program evaluation: Evaluating the effectiveness of the Families First home visiting program in improving the well-being of at-risk families with preschool children*. Healthy Child Manitoba. Retrieved from https://www.manitoba.ca/healthychild/familiesfirst/ff_eval2010.pdf
- Government of Manitoba. (2024). *Families First program standards [PDF]*. Manitoba Health, Seniors and Long-Term Care. Retrieved from <https://www.gov.mb.ca/health/publichealth/docs/staff-docs/families-first-program.pdf>
- Gregory, M. E., Lazzara, E. H., & Blickensderfer, E. (2024). Leadership in health care: What are some novel insights? *Psychology of Leaders and Leadership*, 27(1). <https://www.apa.org/pubs/journals/special/mgr-leaders-leadership-healthcare-pdf>
- Griffis, H., Matone, M., Kellom, K., Concors, E., Quarshie, W., French, B., Rubin, D., & Cronholm, P. F. (2016). Home visiting and perinatal smoking: A mixed-methods exploration of cessation and harm reduction strategies. *BMC Public Health*, 16(764). <https://doi.org/10.1186/s12889-016-3464-4>
- Health Canada. (2023). The Canadian drugs and substances strategy: The Government of Canada's approach to substance use related harms and the overdose crisis. <https://www.canada.ca/en/health-canada/services/publications/healthy-living/canadian-drugs-substances-strategy-approach-related-harms-overdose-crisis.html>
- Health Quality BC. (2024). *Perinatal Patient, Caregiver and Family Guide to the Perinatal Quality Standard*. <https://healthqualitybc.ca/wp-content/uploads/Perinatal-Quality-Standard-Patient-Caregiver-and-Family-Guide-Health-Quality-BC.pdf>
- Heaman, M. I., Martens, P. J., Brownell, M. D., Chartier, M. J., Derksen, S. A., & Helewa, M. E. (2019). The association of inadequate and intensive prenatal care with maternal, fetal, and infant outcomes: A population-based study in Manitoba, Canada. *Journal of Obstetrics and Gynaecology Canada*, 41(7), 947–959. <https://doi.org/10.1016/j.jogc.2018.09.006>
- Human Early Learning Partnership. (n.d.). Early Development Instrument (EDI). University of British Columbia. <https://earlylearning.ubc.ca/edi/>
- Indigenous Services Canada. (n.d.). Indigenous Community Development National Strategy. Government of Canada. Retrieved August 13, 2025, from <https://sac-isc.gc.ca/eng/1550512330682/1550512404487>
- Interior Health. (2021, December 9). Life skills workers lend an important helping hand. <https://www.interiorhealth.ca/stories/life-skills-workers-lend-important-helping-hand>
- Island Health. (n.d.). Cultural safety. <https://www.islandhealth.ca/about-us/accountability/strategic-direction/cultural-safety>
- Jack, S. M., Sheehan, D., Gonzalez, A., MacMillan, H. L., Catherine, N., Waddell, C., & For the BCHCP Process Evaluation Research Team. (2015). British Columbia Healthy Connections Project process evaluation: A mixed methods protocol to describe the implementation and delivery of the Nurse-Family Partnership in Canada. *BMC Nursing*, 14, 47. <https://doi.org/10.1186/s12912-015-0097-3>
- Jones, L. N., Keller, E. G., Kelleher, K. J., Chisolm, D. J., & Boch, S. J. (2024). "Devastating...Having my child on the opposite side of a window": Family visiting experiences and considerations for supporting youths with incarcerated parents. *Journal of Child and Family Studies*, 33(1), 25–38. <https://doi.org/10.1007/s10826-023-02769-9>
- Kliem, S., Sandner, M., Lohmann, A., Sierau, S., Dähne, V., Klein, A. M., & Jungmann, T. (2018). Follow-up study regarding the medium-term effectiveness of the home-visiting program "Pro Kind" at age 7 years: Study protocol for a randomized controlled trial. *Trials*, 19, 323. <https://doi.org/10.1186/s13063-018-2707-3>
- Koopmans, E. (2025). Enhanced Family Health Program: Service Teams [Unpublished internal evidence summary]. Child Health BC.

- Lam, R. W., Kennedy, S. H., Adams, C., Bahji, A., Beaulieu, S., Bhat, V., ... Yatham, L. N. (2024). Canadian Network for Mood and Anxiety Treatments (CANMAT) 2023 update on clinical guidelines for management of major depressive disorder in adults. *Canadian Journal of Psychiatry, 69*(9), 641–687. <https://doi.org/10.1177/07067437241303031>
- Legislative Assembly of British Columbia. (2022). Indigenous Self-Government in Child and Family Services Amendment Act, S.B.C. 2022, c. 40. BC Laws. <https://www.bclaws.gov.bc.ca/civix/document/id/bills/billsprevious/3rd42nd:gov38-3>
- Loppie, C., & Wien, F. (2022). *Understanding Indigenous health inequalities through a social determinants model*. National Collaborating Centre for Indigenous Health. Retrieved from https://www.nccih.ca/495/Understanding_Indigenous_Health_Inequalities_through_a_Social_Determinants_Model.nccih?id=10373
- MacLeod, M., Koopmans, E., Ouellet, M., & Garraway, L. (2016, November). *Family support programs for northern communities: A rapid realist review*. University of Northern British Columbia.
- Marbin, J., Balk, S. J., Gribben, V., Groner, J., Walley, S. C., Boykan, R., Jenssen, B. P., Mih, B., Alfieri, N. L., & Caldwell, A. L. (2021). Health disparities in tobacco use and exposure: A structural competency approach. *Pediatrics, 147*(1), e2020040253. <https://doi.org/10.1542/peds.2020-040253>
- Marshall, J., Kihlström, L., Buro, A., Chandran, V., Prieto, C., Stein-Elger, R., ... & Hood, K. (2020). Statewide implementation of virtual perinatal home visiting during COVID-19. *Maternal and Child Health Journal, 24*, 1224-1230.
- Mauksch, L., & Safford, B. (2013). Engaging patients in collaborative care plans. *Family Practice Management, 20*(3), 35–39. Retrieved July 9, 2025, from <https://www.aafp.org/pubs/fpm/issues/2013/0500/p35.html>
- McDonald, M., Moore, T. G., & Goldfeld, S. (2012). *Sustained home visiting for vulnerable families and children: A literature review of effective programs*. The Royal Children's Hospital Centre for Community Child Health. https://www.researchgate.net/publication/290437431_Sustained_home_visiting_for_vulnerable_families_and_children_A_literature_review_of_effective_processes_and_strategies
- Medical Council of Canada. (2023). Providing anti-oppressive health care. <https://mcc.ca/objectives/medical-expert/population-health-and-its-determinants/providing-anti-oppressive-health-care/>
- Miao, Q., Zai, G., Joiner, I., Burnside, J., & Walker, M. (2024). Associations between mental health conditions in pregnancy and maternal socioeconomic status: A population-based retrospective cohort study in Ontario, Canada. *BMC Women's Health, 24*, Article 663. <https://doi.org/10.1186/s12905-024-03499-w>
- Milgrom, J., Hirshler, Y., Reece, J., Holt, C., & Gemmill, A. W. (2019). Social support—A protective factor for depressed perinatal women? *International Journal of Environmental Research and Public Health, 16*(8), 1426. <https://doi.org/10.3390/ijerph16081426>
- National Advisory Council on Poverty. (2025). *We can do better: It is not a safety net if the holes are this big – The 2025 report of the National Advisory Council on Poverty*. Government of Canada. <https://www.canada.ca/en/employment-social-development/programs/poverty-reduction/national-advisory-council/reports/2025-annual.html>
- National Collaborating Centre for Determinants of Health. (2019). *Let's talk: Universal and targeted approaches to health equity*. Antigonish, NS: St. Francis Xavier University. <https://nccdh.ca/resources/entry/lets-talk-universal-and-targeted-approaches>
- National Collaborating Centre for Determinants of Health. (2023). *Let's talk: Language of health equity*. St. Francis Xavier University. <https://nccdh.ca/resources/entry/lets-talk-language-of-health-equity>
- National Collaborating Centre for Indigenous Health. (2020). *Core principles for good healthy living messages in First Nations communities*. <https://www.nccih.ca/Publications/Lists/PublicationsExternal/Attachments/7/Core%20Principles%20for%20Healthy%20Living%20Messaging%20FINAL%2020200715%20EN.pdf>
- National Inquiry into Missing and Murdered Indigenous Women and Girls. (2019). *Reclaiming power and place: The final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*. Government of Canada. <https://www.mmiwg-ffada.ca/final-report/>
- Ng Williams, V., Franco-Rowe, C. Y., Cignetti Lopez, C., Allison, M. A., & Tung, G. J. (2024). Structural and relational factors for successful cross-sector collaboration in home visiting: A multiple case study. *BMC Health Services Research, 24*, Article 316. <https://doi.org/10.1186/s12913-024-10719-4>

- O'Donovan, R., & McAuliffe, E. (2020). A systematic review of factors that enable psychological safety in healthcare teams. *International Journal for Quality in Health Care*, 32(4), 240–250. <https://doi.org/10.1093/intqhc/mzaa025>
- Olds, D. L., Holmberg, J. R., Donelan-McCall, N., Luckey, D. W., Knudtson, M. D., & Robinson, J. (2014). Effects of home visits by paraprofessionals and by nurses on children: Follow-up of a randomized trial at ages 6 and 9 years. *JAMA Pediatrics*, 168(2), 114–121. <https://doi.org/10.1001/jamapediatrics.2013.3817>
- Olds, D. L., Robinson, J., O'Brien, R., Luckey, D. W., Pettitt, L. M., Henderson, C. R., Jr., ... Talmi, A. (2002). Home visiting by paraprofessionals and by nurses: A randomized, controlled trial. *Pediatrics*, 110(3), 486–496. <https://doi.org/10.1542/peds.110.3.486>
- O'Connor, L., & Leonard, K. (2014). Reflective supervision in child protection: Experiences of practitioners. *Australian Social Work*, 67(4), 529–544. <https://doi.org/10.1080/02650533.2014.925862>
- Pacific Post Partum Support Society. (n.d.). About us. <https://postpartum.org/about-us/>
- Parker, A. (2021). Reframing the narrative: Black maternal mental health and culturally meaningful support for wellness. *Infant Mental Health Journal*, 42(4), 502–516. <https://doi.org/10.1002/imhj.21910>
- Patterson, G. R. (1982). *Coercive family process*. Castalia Publishing Company.
- Peacock, S., Konrad, S., Watson, E., Nickel, D., & Muhajarine, N. (2013). Effectiveness of home visiting programs on child outcomes: A systematic review. *BMC Public Health*, 13, 17. <https://doi.org/10.1186/1471-2458-13-17>
- PHN-PREP. (2021). *Supporting people with disabilities in pregnancy, labour and delivery, and postpartum: Resources for public health nurses*. <https://phnprep.ca/wp-content/uploads/2021/11/Supporting-People-with-Disabilities-in-Pregnancy.pdf>
- Poole, N., & Urquhart, C. (2015). *Harm reduction and pregnancy: Community-based approaches to prenatal substance use in Western Canada*. Centre of Excellence for Women's Health. https://cewh.ca/wp-content/uploads/2015/02/HRReduction-and-Preg-Booklet.2015_web.pdf
- Poole, N., Talbot, C., & Nathoo, T. (2017). *Healing families, helping systems: A trauma-informed practice guide for working with children, youth and families*. BC Centre of Excellence for Women's Health. https://www2.gov.bc.ca/assets/gov/health/child-teen-mental-health/trauma-informed_practice_guide.pdf
- Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51(3), 390–395.
- Province of British Columbia. (2024). Intellectual disabilities. <https://www2.gov.bc.ca/gov/content/health/managing-your-health/child-behaviour-development/support-needs/intellectual-disabilities>
- Provincial Council for Maternal and Child Health. (2023). *Disability and Pregnancy: Accessible Care Planning Toolkit*. <https://pcmch.on.ca/wp-content/uploads/Accessible-Pregnancy-Care-Planning-Toolkit-March-21-2024.pdf>
- Public Health Agency of Canada. (2017). *Chapter 1: Family-centred maternity and newborn care in Canada: Underlying philosophy and principles*. In *Family-centred maternity and newborn care: National guidelines*. Government of Canada. <https://www.canada.ca/en/public-health/services/publications/healthy-living/maternity-newborn-care-guidelines-chapter-1.html>
- Public Health Agency of Canada. (2018). *Trauma and violence-informed approaches to policy and practice*. Government of Canada. <https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html>
- Public Health Agency of Canada. (2024). *Social determinants of health and health inequalities*. Government of Canada. <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>
- Public Health Agency of Canada. (2025). *Pregnancy, infant and child health supports and programs*. <https://www.canada.ca/en/public-health/services/child-infant-health/supports-programs-pregnancy.html>
- Public Health Ontario. (2024). *Anti-racist frameworks and tools to advance public health planning, service delivery, and decision-making: Environmental scan*. <https://www.publichealthontario.ca/-/media/Documents/A/24/anti-racist-frameworks-advance-public-health.pdf>

References

- Public Health, Prevention and Planning Branch, Ministry of Health. (2022, December). Enhancing NFP: 2022-2027 strategic plan (Version 3.0, unpublished report).
- Public Service Commission of Canada. (2020, May 22). *Foreign credential validation against Canadian standards*. Government of Canada. <https://www.canada.ca/en/public-service-commission/jobs/services/gc-jobs/degree-equivalency.html>
- Puccio, J. (2023). They will never forget how you made them feel: Implementing harm reduction in the perinatal setting. *Maternal and Child Health Journal*, 27, 122–127. <https://doi.org/10.1007/s10995-023-03795-1>
- Quan, C. E., Bustos Sanabria, G. J., Culumber, J., Hammond, R. W., & Sanchez-Gonzalez, M. A. (2024). Impact of provider burnout on the quality of healthcare services: A brief review. *Journal of Preventive and Complementary Medicine*, 3(2), 103–109. https://cdn.prod.website-files.com/673208a624f84e3009927beb/67f681c64266229c17573949_Quan-2024-Impact%20of%20Providers%27%20Burnout%20on%20Qual.pdf
- Raphael, D. (Ed.). (2025). *Social determinants of health: Canadian perspectives* (4th ed.). Canadian Scholars Press. <https://childcarecanada.org/documents/research-policy-practice/25/01/social-determinants-health-canadian-perspectives-4th>
- Reeves, S., Pelone, F., Harrison, R., Goldman, J., & Zwarenstein, M. (2017). Interprofessional collaboration to improve professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, 6(6), CD000072. <https://doi.org/10.1002/14651858.CD000072.pub3>
- Registered Nurses' Association of Ontario. (2025). *People-Centred Care* (3rd ed.). Registered Nurses' Association of Ontario. <https://rnao.ca/bpg/guidelines/people-centred-care>
- Ritland, L., Jongbloed, K., Mazzuca, A., Thomas, V., Richardson, C. G., Spittal, P. M., & Guhn, M. (2020). Culturally safe, strengths-based parenting programs supporting Indigenous families impacted by substance use—a scoping review. *International Journal of Mental Health and Addiction*, 18(6), 1586–1610. <https://doi.org/10.1007/s11469-020-00237-9>
- Rowe, A. (2023). *National leadership manual for implementation of the Nurse-Family Partnership Program, Phase One: Adaptation and preparation*. The Regents of the University of Colorado.
- Sanders, C., Koopmans, E., Hatley, C., & MacLeod, M. (2018, November). *Family support programs for northern communities: A deeper exploration (Phase II)*. University of Northern British Columbia.
- Sheridan, S. M., Moen, A., & Bhatia, S. (2021). Family-centered positive psychology: A framework for research-based practices. In C. R. Snyder, S. J. Lopez, L. M. Edwards, & S. C. Marques (Eds.), *The Oxford handbook of positive psychology* (3rd ed., pp. 775–787). Oxford University Press. <https://psycnet.apa.org/record/2021-20328-055>
- Smithwick, J., Petrucci, L., Nakra, N. M., Lee, L., Chang, S., Busch, J., & Wilkinson, G. (2025). *Effective integration and collaboration of community health workers and social workers: Essential strategies for health and social service systems*. The Coalition for CHW-SW Collaboration.
- Smylie, J., Kirst, M., McShane, K., Firestone, M., Wolfe, S., & O' Campo, P. (2016). Understanding the role of Indigenous community participation in Indigenous prenatal and infant-toddler health promotion programs in Canada: A realist review. *Social Science & Medicine*, 150, 128–143. <https://doi.org/10.1016/j.socscimed.2015.12.019>
- Teggart, K., Neil-Sztramko, S. E., Nadarajah, A., Wang, A., Moore, C., Carter, N., ... & Ganann, R. (2023). Effectiveness of system navigation programs linking primary care with community-based health and social services: A systematic review. *BMC Health Services Research*, 23, Article 450. <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-023-09424-5>
- ThoughtExchange. (2024–2025). ThoughtExchange surveys [Data set]. Retrieved from <https://my.thoughtexchange.com/report/1efbfc2e1cba19e6f5b010853ff6435>, <https://my.thoughtexchange.com/report/156c11cee705b55d3d762413e443cf7e>, <https://my.thoughtexchange.com/report/b043c4d95278ff5d984d9e38595d8b25>, <https://my.thoughtexchange.com/report/d4cdf19f169e4a37513d0b9973fc87d9>
- Tomlin, A. M., Weatherston, D. J., & Pavkov, T. (2014). Critical components of reflective supervision: responses from expert supervisors in the field. *Infant Mental Health Journal*, 35(1), 70–80. <https://doi.org/10.1002/imhj.21420>

- Toros, K., & Falch-Eriksen, A. (2021). Strengths-based practice in child welfare: A systematic literature review. *Journal of Child and Family Studies*, 30, 1586–1598. <https://doi.org/10.1007/s10826-021-01947-x>
- Traube, D., Gozalians, S., & Duan, L. (2022). Transitions to virtual early childhood home visitation during COVID-19. *Infant Mental Health Journal*, 43(1), 3–22. <https://doi.org/10.1002/imhj.21957>
- Truth and Reconciliation Commission of Canada. (2015). *Truth and Reconciliation Commission of Canada: Calls to action*. Ottawa: Truth and Reconciliation Commission of Canada. <https://publications.gc.ca/site/eng/9.801236/publication.html>
- Turpel-Lafond, M. E. (2020). *In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care*. Government of British Columbia. <https://engage.gov.bc.ca/addressingracism/>
- Tyagi, S., Mishra, S., & Dey, A. K. (2025). Well-being among health care professionals: A hybrid review, integrative framework, and research agenda. *International Journal of Stress Management*, 32(1), 47–63. <https://doi.org/10.1037/str0000337>
- Wasik, B. H., & Roberts, R. N. (2018). *Home visiting: Procedures for helping families*. Brookes Publishing.
- Wellington-Dufferin-Guelph Public Health. (2024). *Impact of Poverty on Children's Health and Well-being* [Board of Health Report].
- World Health Organization. (2010). *Equity, social determinants and public health programmes*. <https://www.who.int/publications/i/item/9789241563970>
- World Health Organization. (2015). *WHO recommendations on health promotion interventions for maternal and newborn health*. <https://www.who.int/publications/i/item/9789241508742>
- World Health Organization. (2024, November 5). Child maltreatment. <https://www.who.int/news-room/fact-sheets/detail/child-maltreatment>
- World Health Organization. (2025). *From loneliness to social connection: Charting a path to healthier societies*. WHO Commission on Social Connection (2024–2026). <https://www.who.int/groups/commission-on-social-connection>