

*Growing Together
Northside-Victoria*

A Pilot
of
Growing Together
Nova Scotia

Project Update

February 28, 2002

Prepared for

Invest in Kids Foundation

By

Growing Together Northside-Victoria
Interim Steering Committee

Table of Contents

Introduction	2
I Growing Together Northside-Victoria	3
II Approach	5
III Strategies	6
IV Essential Program Components	
A Early Screening of Mothers and Newborns	7
B Ongoing and Regular Monitoring, Assessment, and, when necessary, Referral to Services.....	8
C Child-Centred Programs	8
D Parent-Child Centred Programs	10
E Family Support	12
F Community Development	14
V Features of Growing Together Northside-Victoria	
A Sites and Services	
1. Location.....	15
2. Focus (Families with pregnant mothers, infants, and young children.....	16
3. Access	16
4. Accessibility (Time, Location and Child Care)	17
5. Services (Partnerships and Collaboration).....	18
6. Funding Sources (Multiple).....	19
7. Outreach (Home Visiting)	19
8. Adaptation (To Reach the Most Overburdened Families/Range of Services).....	21
9. Parent Participation (In the Design and Provision of the Model).....	22
10. Quality (Continuous Monitoring of Service Quality).....	23
11. Evaluation	25
B Team Functioning	

1.	Service Providers (Multi-disciplinary and Interdisciplinary Team)	25	
2.	Professional Relationships (Team Meetings, Case Conferences, Professional Development)	27	3.
	Relationships (Hands On Collaboration)	28	

VI Principles of the Model

A	Child Development Focus	28
B	Ecological or Transactional	29
C	Respectful, Trusting, Caring	29
D	Flexible, Culturally Appropriate and Sensitive Services	30
E	Consideration of Strengths and Protective Factors	30
F	Seamless Services	30
G	Professionalism	31
H	Parent and Community Leader Participation	31
I	High Quality	32

VII Conclusions

References	34
------------	----

Appendix A:	Map of Cape Breton Island
Appendix B:	GTNV Development Activity Time Line
Appendix C:	Early Identification and Intervention Services
Appendix D:	Early Intervention
Appendix E:	Labour Market Development Agreement
Appendix F:	GT Essential Components
Appendix G:	Snapshot of GTNV Model
Appendix H:	Public Health Services Data 1998, 1997, 1996
Appendix I:	Invest in Kids Foundation Growing Together Reporting Format Template
Appendix J:	GTNV Interim Steering Committee Membership

INTRODUCTION

This report has been prepared for Invest in Kids Foundation by the Interim Steering Committee of the *Growing Together Northside-Victoria* (GTNV) site. Although we refer to GTNV as a pilot *site*, it is actually one of two pilots in the province which, together, establish the Growing Together Nova Scotia Pilot Site created under the direction of the Provincial Steering Committee. (However, herein we will refer to the GTNV pilot as a site for ease in explanation).

The Northside-Victoria County site is the rural component of the Nova Scotia project and is the only GT rural pilot in Canada. Therefore, this report reflects the unique challenges of rural service planning and delivery. Throughout this document the reader will see evidence of unique adaptations and enhancements of the GT Model resulting from this rural reality. The GT Model components act as a parameter for local activity development based on intersectoral collaboration and community need.

GTNV represents almost four years of ongoing planning with community and agency stakeholders at the local, regional and provincial levels. This work has led to the development of a visionary partnership model for child health promotion, illness prevention, and early intervention that encompasses the hallmarks of community input and sanctioning.

I GROWING TOGETHER NORTHSIDE-VICTORIA: DESCRIPTION

Growing Together Nova Scotia (GTNS) represents a provincial proposal developed by a group of agencies and individual leaders in Nova Scotia over a five year time frame (initially entitled *Healthy Start Nova Scotia*), and was accepted for pilot by Invest in Kids Foundation in 1997. GTNS is collaborating with Invest in Kids for support in developing two pilots in the province: *Growing Together Northside-Victoria* (rural) and *Dartmouth Family Resource Centre Growing Together* (DFRC GT) (urban).

The goal of GTNS is:

To create a comprehensive and coordinated approach to delivering services to young children and their families at the two sites; in Highfield Park, Dartmouth and in Northside-Victoria, Eastern Region. The project will provide health promotion, prevention and early intervention strategies for children and their families living in the catchment area. (Growing Together Nova Scotia Steering Committee, 1997)

The Growing Together Northside-Victoria catchment area is defined by the geographical boundaries established by Public Health Services for the Sydney Mines, Baddeck and Neil's Harbour offices (see Appendix A for map) as at January 2001. It is located across the central, north east and most northern portions of Cape Breton Island, covering more than 1600 square kilometers. The area encompasses all of Victoria County, the towns of North Sydney and Sydney Mines, and several small communities that are adjacent to the southern Victoria County line.

The nature and settlement of this vast geographical area is not uniform. For example, a mountainous region naturally divides Victoria County into two sections (locally referred to as North and South of Smokey), while the presence of an industrial base in the Northside area has led to greater population clusters surrounding the towns of North Sydney and Sydney Mines.

Residents of North Sydney and Sydney Mines may live in close proximity. However, most of the catchment area is sparsely populated and geographically isolated. In the more rural areas the nearest neighbor may be 12 kilometers away. For some expectant

moms, the nearest delivery hospital is 183 kilometers or a 2 1/2 hour car ride away. There are no taxis or public transportation services available in all of Victoria County.

The communities in the GTNV catchment area naturally divide themselves into smaller community clusters. The First Nations reserve of Wagmatcook is also contained within the GTNV boundaries. These natural community groupings are being used for program planning purposes.

According to Public Health Nursing District Boundaries (Statistics Canada, 1998), the population of the GTNV site is approximately 37,350. The population statistics for specific areas are as follows: Northside area, 30,000, and Victoria County North, 3500, and Victoria County South, 3850. The area birth rate statistics for the five year period 1995-9 were: Northside area, 1821, Victoria County North, 200, and Victoria County South, 183 (see Appendix H for Public Health Services Data, 1995-1999).

The specific data available with respect to new births in the catchment area include:

- < Annual number of low birth weight babies remains consistent to 5% between 1988-1996. (Cape Breton County range of 0.0 - 5.4%; Northside Victoria County range 0.0 - 4.6%)
- < 50% of the moms identify their marital status as something other than married or common law at the time of the birth (RCP Data, 1999)
- < In 1998, 8.6% of the new birth moms were under 20 years of age. This figure was 10.4% in 1997 and 14.9% in 1996.

Other broad descriptors of the communities are:

- < The predominant language is English; some individual families speak French or Mi'kmaq
- < The population is primarily Caucasian with limited visible minority members
- < Although Cape Breton is experiencing some outward migration, the families that choose to stay in rural communities are relatively non-transient. Towns may experience more movement of young families primarily due to the availability of low income housing. This movement generally occurs within the catchment area.
- < The nature of employment is primarily resource based depending on the coal mining, farming, fishing, and steel industries. Some communities have extremely high degrees of dependency on Employment Insurance, suggesting that many residents are employed on a seasonal basis and rely on Employment Insurance for much of the year. Tourism creates a high number of self-employed seasonal workers.

II APPROACH

Planning at the GTNV site level has been ongoing since January, 1998. The Interim Steering Committee for the site continues to engage a broad group of stakeholders in the planning and ensures that principles of community development are inherent in the process. The updated time line in Appendix B outlines the key events in the development of the *Growing Together Northside-Victoria* site since our last submission (April 30, 2001). **Although these activities appear linear, a critical parallel process of community and agency stakeholder engagement has been ongoing throughout the process** viewed as a fundamental element in the design approach for this rural model.

Cape Breton's Family Place Resource Centre (FPRC) accepted the invitation to serve as the *Administrative Home* for the GTNV site, a decision to be reviewed after the first year of operations.

Since April, 2001, when the Family Home Visiting component was begun, GTNV has performed 99 home visits (see Page 22, Outreach Home - Home Visiting, for further details).

Much work has also occurred in the area of coordination and enhancement of existing/new services. The progress of this work can be clearly tracked through the active participation of Growing Together in many other initiatives concerning families with young children in the GTNV catchment area. Such participation includes but is not limited to the following: Early Identification and Intervention Services Working Group (EIS - See Appendix C); the expansion of Early Intervention (EI - See Appendix D); and the Labour Market Development Agreement (LMDA - See Appendix E). As well, service delivery agents continue to participate in GTNV forums to map out their involvement in the evolution of the GTNV model. These activities and initiatives provide the opportunity for work to advance on the creation of a more seamless network of services for families living in the catchment area, a goal of GTNV.

GTNV has reached out to the residents within the catchment area offering services in:

1. Their homes,
2. Non-permanent local community sites,
3. GTNV/FPRC designated sites (partner sites), and/or
4. Other sites outside the immediate catchment area as deemed appropriate.

Secondary level mental health services are currently available to residents of the catchment area through the Cape Breton Healthcare Complex. At this point in time there is no child psychiatrist on their staff. This service has been meeting the needs of children for the past four years through the use of a local multidisciplinary team of nurses, psychologists, and social workers. It has been augmented with the assistance of visiting consulting psychiatry services from outside the region; and with routine support from local pediatricians.

More recently, the Interim Steering Committee has been utilizing the services of a psychiatrist from outside the region. He is currently working with St. Martha's Hospital in Antigonish four days a week. This psychiatrist specializes in early attachment issues and behavioral implications later in life. He has been offering education and training sessions to GTNV staff and assisting in particular family cases/situations. The possibility for specialized consultations and treatment from St. Martha's Mental Health Services for GTNV exists. Further, the IWK Grace Health Centre offers tertiary level consulting (telehealth & onsite) and treatment (onsite) services to this catchment area through local physicians and mental health services, and this provincial obligation will continue as usual under the GTNV initiative.

The use of telehealth for healthcare in rural areas has been a monumental advancement for this part of the province. Remote sites such as those located in Baddeck and Neil's Harbour can be connected through local community-based hospitals to work with specialists in other parts of the province and beyond. It has been used widely for a broad spectrum of issues and will remain a resource under GTNV. Realizing the difficulties facing rural areas with respect to specialist recruitment and retention as well as consumer access, such technology is an asset in bridging the gaps.

Planning continues to formalize links with both local and regional services to provide the clinical component envisioned by GTNV that respects and works with the built-in realities of rural life and service delivery. The GTNV Interim Steering Committee continue to develop a rural model that is flexible, of high quality, and not watered down. In rural Canadian sites, Growing Together Work requires vision and support beyond *traditional* ways of doing business.

Programming has appropriately responded to identified family and community strengths and challenges. Short and long term strategic planning involving participants will ensure that programs stay grounded in the specific needs of the GTNV communities. A collaborative team approach, focusing on individual family capacities and struggles, supports planning for the individual GTNV participant .

III STRATEGIES

Both in approach and strategy, GTNV has been using a community development philosophy. The

approach helps identify individual family and community strengths or assets in an effort to build and support the concept of healthy development. Inherent in any such process is the identification of those most burdened families who may want and/or need additional supports in their efforts to maximize their personal and family health status. The strategies of GTNV are designed to target these needs and foster healthy development. This is accomplished by ensuring that an equitable partnership model that recognizes the inherent value of each member (including the family and community) is developed, rather than following a traditional hub and spoke approach.

Specific strategies identified to date include:

- Fostering dialogue and action at the broad community level to increase awareness and education around the benefits of healthy early childhood development and its positive impact on both population health and community strength;
- Enhancement for Public Health Services and Family Place Resource Centre programs and services;
- Augmenting formalized service coordination among all agencies who have a mandate to deliver a broad scope of services to children and families; and
- Through the development of partnership agreements, memorandums of agreement, shared information and resources, etc., we will identify and maximize existing opportunities and avoid duplication of services and effort at every level (local-regional-provincial-federal).

IV ESSENTIAL PROGRAM COMPONENTS

The GTNV model is built around the GT essential components outlined in Appendix F. The model focuses on families with pregnant mothers, infants, and young children up until their sixth birthday. Residents living in the catchment area will have universal access to programs that are easily accessible and flexible. Programming will be based on a partnership model consisting of a network of agencies and other partners that provide a broad range of services. Parental participation in the program design and implementation has been and will continue to be meaningful and significant. Continuous quality management is vital and expected as are ongoing evaluation and research activities. Building on the a “snapshot” of the GTNV model possibilities (See Appendix G) as developed through the community consultation process, the Interim Steering Committee will continue to work with the FPRC to develop the permanent GTNV Steering Committee and to further refine the details of program design.

A Early Screening of Mothers and Newborns

Expectant women enter into the Nova Scotia Reproductive Care Program upon initial contact with their physician or delivery hospital. Women can access prenatal education and a variety of other services through self and/or professional referral. Public Health is responsible for the delivery of Prenatal Education using the provincial standard program, A New Life. Upon entry into the continuum of prenatal services effective April 1, 2001 (which includes key partners like Family Place Resource Centre, Public Health, Department of Community Services, physicians, delivery hospitals, etc.), women and their families will

automatically have access to Growing Together services.

A key goal of the GTNV Program will be to encourage uptake of existing opportunities as early as possible during pregnancy. Promotion and enhancement of the current prenatal programs such as prenatal education, Canada's Prenatal Nutrition Program (CPNP), and the Healthy Baby Program, are integral to this goal.

Public Health liaises with all regional and tertiary delivery hospitals to coordinate post partum follow up. Public Health Nursing staff (PHN's) currently contact 100% of new mothers within 48 to 72 hours post-discharge in the catchment area. This telephone contact initiates maternal and infant post partum assessment. Under GTNV, a standard research screening tool to be recommended by the Research and Evaluation Subcommittee in conjunction with the Screening and Assessment Subcommittee will be utilized to begin the assessment. In the interim, the Helen Parkyn Tool continues to be used. PHNs will make arrangements to visit all new moms in their homes. During the home visit, the PHN will continue with the initial assessment to support immediate and future service planning. The PHN introduces the GTNV program during these contacts and assist the family in the identification of needs/strengths, planning, accessing of appropriate services and evaluation.

B Ongoing and Regular Monitoring, Assessment, and When Necessary, Referral to Services

When families participate in the GTNV Program, standard research monitoring approaches will be used to monitor child development. This will enhance the current child development assessments by family physicians, public health services and other agencies. The families in the GTNV program receive ongoing information about healthy child development and be offered the opportunity to participate in the completion of developmental assessments for their children. GTNV staff and partners will maintain an ongoing inventory of existing services and accessible referral routes for families.

C Child Centred Programs

It must be recognized that many programs described within Sections C, D, and E do not merely fit within one section. As programs contain numerous inter-related goals and objectives, they often fit into more than one category. An attempt is made here to place program components in the "a best fit" category (an example of this would be the Mother Goose program - while listed as a child focussed program, the nurturing and bonding objectives also make the program well suited to the parent-child program section).

Child centred programs, for the purposes of this update, are those programs which have been developed specifically for children. A number of existing child-focussed programs being offered in the catchment area have become part of the GTNV umbrella through formalized partnership arrangements. Additional programs have been developed and enhanced for the catchment area.

Three approaches are used to facilitate the availability of child centred programs:

1. Programs are offered directly through a GT site under the Administrative Home.
2. GT partners offer programs.
3. Programs are offered through an outside agency not under the GTNV umbrella. For example, children experiencing hearing and speech difficulties would continue to access the services of the NS Hearing and Speech Program.

In the interest of remaining within the Reporting Format Template regarding length (See Appendix I), no attempt has been made to create an exhaustive list of GTNV child centred services in this document. Rather, our intent is to highlight a portion of the services that are available to GTNV participants to demonstrate both the scope and variety.

Readiness to Learn Programs - An opportunity for children to experience learning in a small group setting, this program is designed for children who will be entering the school system in the upcoming year. Program activities centre on the physical, social, emotional, and cognitive needs of children and offer participants a “jump start” into big school. This fiscal year programs were offered in Ingonish, Neil’s Harbour, Iona, Aspy Bay and Middle River, a joint effort of GTNV and Cape Breton’s Family Place Resource Centre.

Mother Goose Programs - A group experience for parents/caregivers and their babies and toddlers. Participants are divided into two groups (0-2 years and 2-4 years) to allow for age appropriate activities. The program focuses on the pleasure and power of using rhymes, stories and songs to promote early literacy skills. So much learning takes place, yet parents and children have incredible fun together - laughing and playing. Participation in this program promotes early nurturing and bonding between parent and child. Programs were offered in Bay St. Lawrence, Ingonish, Little Narrows, Baddeck, Boularderie, Middle River and Dingwall.

Neuro-developmental Clinics - Child and Adolescent Mental Health Services are the sponsoring body of this clinic which focusses on a broad spectrum of disorders that fall within the neuro-developmental range including but not limited to Autistic Spectrum Disorders, Attention Deficit

Disorder, Attention Deficit Hyperactivity Disorder, etc. Interventions, including individual and group therapies, focus on the individual child as well as on parenting and family issues relating to the specific treatment plan.

Childhood Immunization/Well Baby/Well Child Clinics - Public Health Services/Physicians offer immunization services for all children in the catchment area. This is an opportunity for parents to have their children’s general health assessed. This

includes developmental milestones. Parents have an opportunity to discuss any issues or concerns they have with service providers. Public Health Services provide an opportunity for guardians to learn about normal growth and development and the health status of their child. Referrals can be made to appropriate agencies for further assessment, treatment, and/or age appropriate activities for the child and family.

Public Health Services are mandated provincially to provide vision screening prior to school entry for children. A holistic assessment is completed at this time which includes identification of issues by parents and guardians that may require additional support for school transition. This service is delivered in collaboration with the Cape Breton-Victoria Regional School Board and Nova Scotia Hearing and Speech.

Early Intervention Program - A home visiting program is now available throughout the entire catchment area. This program focuses on children with disorders, disabilities and/or health impairments. A bi-weekly home visit is provided to parents who are interested in having some extra support as they work with their child during the early years. The home visitor provides participants with developmentally appropriate activities and suggestions that can work in the home to better support the special needs of their child. Parents are also linked with support groups, agency referrals, and other parents who have similar experiences and are open to providing peer support.

Nursery School Program - There is a nursery school program currently available to Baddeck area children. This program allows for children to experience socialization and learning in a child centred environment. Children learn to become more comfortable with the separation from their parents/caregivers - for some it may be their first experience with this separation. It is notable that while Day Care Services in the Northside communities are limited, day care services are totally lacking in Victoria County. Through the availability of LMDA resources, the issue of child care continues to be investigated both in terms of current practise and future possibilities.

Early Identification and Intervention Services - This year saw the implementation of the Early Identification and Intervention Services (EIS) program. This program crosses over into some of the Growing Together service delivery area and therefore becomes part of GTNV. This new approach delivers enhanced services to children who have been diagnosed with Autism Spectrum Disorder (ASD). Programs and services focus on children 0 - 6 years of age and their families. (EIS - See Appendix C)

D Parent-Child Centred Programs

Parent-Child centred programs are, for the purposes of this document, those in which there is a balanced focus on both the parent/caregiver and the child. Role modelling, parent support and positive socialization are key components of this programming area.

As previously noted, in the interest of remaining within template guidelines regarding length, no attempt has

been made to create an exhaustive list of parent-child centred services in this document. The intent is to highlight some of the programs that are/will be available to GTNV participants to demonstrate the scope and variety.

Universal Family Support - Public Health Services offers a continuum of Family Support Programs that are initiated during the pre-natal period and continue throughout the post-partum and pre-school period. Health education, assessment, follow-up and referral are included.

School Support - Working in cooperation with a Grade Primary teacher, GTNV Family Home Visitors assist 5 year-olds that need extra support to succeed in the formal school system. This program is available to children attending school in Ingonish. It was established at that school's request

Drop-In, Parent 'n Tot, and Play Groups - An informal opportunity for parents/caregivers and children to come together in a safe, friendly, developmentally appropriate environment to enjoy each other's company. The program involves free play, craft (music, story, and arts and crafts, etc.) and snack time. Parents are encouraged to play an active role in the delivery of these programs. By creating an atmosphere that is non-judgmental and welcoming, families feel comfortable relaying parenting concerns and family needs. It provides a wonderful opportunity for building relationships, and role modelling appropriate behaviours and interactions for both parents and children alike. Play group opportunities were available in the following communities: Iona, George's River, Bay St. Lawrence, Neil's Harbour, Dingwall, Ingonish, Baddeck, Middle River, St. Ann's Bay, Sydney Mines and Cape North

Read to Me - A group experience for parent/caregivers and their toddlers where activities like book-making, games, visits to the library, etc. are used to promote early literacy. It was offered this year in Middle River.

Childhood Immunization/Well Baby/Well Child Clinics - Public Health Services/Physicians offer immunization services for all children in the catchment area. This is an opportunity for parents to have their children's general health assessed. This includes developmental milestones. Parents have an opportunity to discuss any issues or concerns they have with service providers. Public Health Services provide an opportunity for guardians to learn about normal growth and development and the health status of their child. Referrals can be made to appropriate agencies for further assessment, treatment, and/or age appropriate activities for the child and family.

Public Health Services are mandated provincially to provide vision screening prior to school entry for children. A holistic assessment is completed at this time which includes identification of issues by parents and guardians that may require additional support for school transition. This service is delivered in collaboration with the Cape Breton-Victoria Regional School Board and Nova Scotia Hearing and Speech.

Family Counselling Programs - When situations arise that require in-depth counselling, enhanced access to these services will be provided. Opportunities for skill building around communication and relationships will help to strengthen the home environment for GTNV families. Counselling may involve individuals, partners, and/or entire family units and may be delivered by a host of different GTNV partner agencies.

Family Home Visiting Program - Six Family Home Visitors work out of three GTNV sites. The Home Visiting program is offered to all new mothers in the catchment area. Public Health Nurses offer the service during their initial post-natal contact. Referrals to GTNV also come from community agencies and organizations as well as from families themselves.

E Family Support Programs

For the purposes of this report, Family Support Programs are defined as parent education and support programs whose intended purpose is to enhance parenting skills and knowledge. Once again we see that the multifaceted nature of these programs allows for their placement in multiple categories. As previously noted, in the interest of remaining within template guidelines regarding length, no attempt has been made to create an exhaustive list of parent-child centred services in this document. The intent is to highlight some of the programs that are/will be available to GTNV participants to demonstrate both scope and variety.

Universal Family Support - Public Health Services offers a continuum of Family Support Programs that are initiated during the pre-natal period and continue throughout the post-partum and pre-school period. Health education, assessment, follow-up and referral are included.

Parenting Programs - A host of parenting programs *are* and *will continue to be* available on an as needed basis to participants in the GTNV catchment area. Currently, the Administrative Home, along with GT partners and potential partners offer an array of programs including:

- < **How To Talk So Kids Will Listen and Listen So Kids Will Talk** - Through the use of cassettes and facilitated discussion, parents are able to help their children become more cooperative through the use of language that builds self esteem and confidence. Parents have an opportunity to come together and learn new skills that can help make life with children easier and more rewarding. Participants become more aware of the impact of their words on the developing minds of young children. Parents in Middle River participated in this program.

- < **Early Childhood STEP (Systematic Training for Effective Parenting)** - A program designed especially for parenting children under six, sessions offer a great combination of new ideas, information, and time for sharing experiences. The stresses of parenting are discussed and solutions shared. Groups come up with creative ways to fully enjoy parenting babies, toddlers, and preschoolers.

Additional program offerings may include *Nobody's Perfect, You're A Better Parent Than You Think, Systematic Training for Effective Parenting, Personal Stress Management, etc.* Enhanced efforts are made to coordinate program delivery as needs are identified through GTNV. This helps to ensure that appropriate programs are available as required.

Parent Support Programs - In order to facilitate skill development, as well as provide peer support opportunities, parent support programs will be developed/enhanced in the GTNV catchment area. Parents will benefit from opportunities to further develop their own skill base in a forum that provides for enhanced peer support. Celebrating the successes of parenting and jointly working on problem solving skills will assist parents in their oftentimes challenging role as care providers for their children.

Human Resources Development Canada (HRDC) - HRDC offers parents in the GTNV catchment area enhanced job readiness/re-entry opportunities. Whether it is resume writing, completing a GED Program, or employment search techniques, this program works with parents toward successful re-entry into the labour market. A child care component helps to ensure that parents of young children have full access to this service while also providing a high quality learning experience for the little ones.

Difficult to Parent Children Program - Offered by Child and Adolescent Mental Health Services, this program focuses on the skills required to parent in the more difficult circumstances. Participants are parents whose children are currently receiving services from Child and Adolescent Services. Approaches are designed to work with the added challenges these families face.

Family Wellness Day - A full day focussing on general family health and wellness with information sessions planned in the following focus areas: Positive Discipline Techniques, Nutrition for Young Children, and Stress Management was designed and delivered in Neil's Harbour.

Additional programs such as Prenatal Nutrition/Education and Support programs, Low Cost/Basic Shelves Cooking programs, etc. will be developed and implemented to further enhance skill development for GTNV participants.

F Community Development

The GTNV site views community development as a specific approach to the work that is threaded

throughout the entire GT project and not as a program component in and of itself. Therefore, for the purposes of this document, the community development section will continue to focus on broad-based education and community-focussed components. Several key focus areas are outlined in the following paragraphs:

Advocacy - When trying to navigate the social services and health systems, many families benefit from advocacy services. GTNV advocates on behalf of participating families to enhance their access to appropriate services.

Activities also focus on increased availability of equitable services within the GTNV catchment area by both GTNV partner agencies and the broader community.

Education - Education within the community regarding the determinants of health and the importance of early childhood development is a GTNV focus area. Through numerous avenues such as internal promotion within GT partner agencies, inter-agency network opportunities, etc. the concepts of population health are promoted and discussed. Community capacity building approaches will be employed to increase the sense of responsibility communities take for their own health. This work was demonstrated well last year when Growing Together co-sponsored the Canadian Institute of Child Health conference in Baddeck, an opportunity that would otherwise have been missed as the only scheduled location for this conference was in Halifax, Nova Scotia. This year's production of a GTNV Newsletter (copies enclosed) continued to build on this educational component.

V FEATURES OF GROWING TOGETHER NORTHSIDE-VICTORIA

A. Sites and Services

1. Location

GTNV has established physical locations in communities that face extra challenges for families with young children - geographic areas where known indicators of distress for families are high and accessible services are limited.

One of the key issues is rural isolation. The introduction to this update describes, in detail, a community with both great need and great capacity to improve outcomes for young children. Some of the highlights include:

- < A number of low birth rate babies
- < A percentage of unmarried or single parent mothers
- < Babies born to teen mothers
- < A high incidence of smoking during pregnancy
- < Prenatal education is being accessed further along in the pregnancy than desired
- < Low rates of breast feeding of infants when considering core standards
- < High level of dependence on E.I. and Social Assistance
- < A declining municipal tax base
- < High crime rate
- < High incidence of reports of Abuse and Neglect to the Children's Aid Society
- < Frequent domestic violence. Sources (Cape Breton Healthcare Complex, 1999, Cape Breton Regional Municipality Planning Department, 1999, Cape Breton Transition House, 1999, Children's Aid Society of Cape Breton, 1999, Eastern Regional Health Board, 1999, MacInnis, S., 1999, Nova Scotia Department of Community Services, 1999, Reproductive Care Program of Nova Scotia, 1999, & Statistics Canada, 1998)

To date, GTNV has established five locations in its catchment area. The first location, established in October 2000 is in Sydney Mines. This office has been offered to GTNV by Public Health Services as a location for the Family Home Visiting Training Coordinator, with the possibility of negotiating for a more permanent arrangement for GTNV programs and services. A second location was established in December, 2000, in Neil's Harbour. The office is co-located with Family Place Resource Centre and provides office space for two Family Home Visitors and meeting/program space. Neil's Harbour is located at the halfway point of communities North of Smokey - the most rurally isolated GTNV communities. A third location has been established in Baddeck. This location has been provided by the Cape Breton Victoria Regional School Board with the office being located in Baddeck Academy School. GTNV has also established a

store-front office location in Sydney Mines - a space from which two Home Visitors work . Finally, the GTNV Project Coordinator has established an office in Baddeck within the Medical Clinic Building. This space houses two Home Visitors during the summer months when the school location is not available and represents our fifth GTNV location. Finally, cheque preparation, invoice payment and overseeing of the project occurs from the Sydney location of the Family Place Resource Centre.

2. Focus

GTNV will provide services to families expecting babies or parenting children under six years of age.

3. Access

The services of GTNV are accessible to all families with young children in the area served by the pilot project. Each year approximately 300 babies are born in the catchment area. The mothers of the children born are introduced and connected to the Growing Together Project. They receive information about Growing Together through prenatal, labour and delivery, and postpartum services. Public Health Services during their postpartum home visiting introduce

GTNV and assist the family in determining which aspects of the program are appropriate for them.

Parents of toddlers and preschoolers show an overwhelming interest in the services of Growing Together. All programs and services of GTNV are publically announced and parents are able to self refer at any point. Because of the nature of the rural communities and the small number of service providers, all service providers in the area are aware of the program and able to refer families to GTNV.

The home visiting component of the program is designed to prioritize services to those families in greatest need. The frequency and intensity of the service is connected to the assessed needs of the family. While those families determined to be overburdened through the application of GT screening tools (once selected) will be given priority, the service is currently available, as required, by all families who chose to participate.

Families access GTNV through participation in any of a variety of services or programs connected to the project. Family Place Resource Centre, as the

administrative home, will assist families to access both the centre-based and community-based program components.

4. Accessibility

Accessibility of services is a critical concern for residents of a rural area with vast distances and no public transportation. GTNV assures accessibility through the variety of ways in which programs are delivered: in the family home, in small rural communities, or where necessary by assisting families to access services beyond the catchment area. Specifically the following strategies are incorporated in the design to maximize accessibility:

- < The presence of a central GT site in both the Northside Town area and in rural Victoria County
- < The stipulation that programs offered as part of GT have no fees attached
- < The provision of childcare/childcare expense reimbursement at GTNV sites during programs for parents so that childcare is not a barrier
- < Individuals hired and trained through the Family Home Visiting program are able to provide one-on-one parent education, support and guidance in the home. A unique feature of this rural site is the flexibility to relocate these programs to accommodate situations where travel to group sessions, low participant numbers, or need warrants individual sessions.
- < GTNV is supported by careful recruitment of individuals hired and trained through the Family Home Visiting program along with continuing education provided by both the GTNV Team and partner agencies.
- < The identification of those families for whom transportation is an issue preventing them from attending appropriate GT Programs. Family Home Visitors network and access volunteers and other services to ensure the family's ability to overcome transportation difficulties.
- < The offering of parent and parent/child programs in multiple community settings to reduce the travel required of participants
- < The ongoing planning and scheduling of programs around the logical community clusters to ensure that the services are accessible throughout the catchment area

5. Services

It is recognized that Family Place Resource Centre cannot meet the needs of young families alone, nor would it be healthy to do so. As noted in the program description, partnerships will be the cornerstone of service delivery for GTNV. Partners are/will be linked at a number of different levels:

1. Partner agencies modifying their existing practice to provide a direct service to GTNV
Example: Public Health Services adjusting its screening tool so as to be consistent with GT tools and practices.
2. Partner agencies offering programs directly in the catchment area (either at one of the GT sites or in another community venue) under the umbrella of GTNV
Examples: Parenting programs offered by Children's Aid Society of Cape Breton/Victoria or Family Service of Eastern Nova Scotia
3. Partner agencies providing professional consultation or services to GTNV staff (example: trainers from eight agencies providing direct training to GTNV staff)
4. Partner agencies linked directly to the project for the purpose of prioritizing referrals and providing secondary services
Example: The Developmental Clinic at CB Regional Hospital is not able to physically locate in the catchment area to provide assessment services but will prioritize referrals and assist in connecting the appropriate range of services to the assessment
5. Participation in the multi disciplinary service team: (Described more fully under the team functioning section)
6. Community development initiatives which grow out of needs identified by the GTNV Project.
Example: The need for a safe house or shelter for abused women and their children may be identified during the course of delivering Growing Together. Creating such a service may not fall within the mandate of GTNV but the information it collects could be referred to a community group such as the Victoria County Interagency Committee on Family Violence for action.

6. Funding Sources (Multiple)

The chief provincial and private funding partners for GTNS and its two pilot sites

include: Department of Community Services, Department of Health, Invest in Kids Foundation, and IWK Grace Health Centre. Contributions from the corporate sector (Royal Bank of Canada) have also been accepted at the provincial level. With the exception of the IWK (one time only contributions), funding bodies have dedicated monies on an annual basis to support both pilot sites pending ongoing adherence to negotiated guidelines.

It is the intent of this funding package that most of the revenue is used for direct programming (hiring of home visitors and program creation and expansion, for example). A small portion of the budget will be negotiated to support the costs of GTNV operations at the Administrative Home. The Administrative Home and GTNV Steering Committee will continue to develop actual budgets, and thus, to design a business plan for the program that fits well with the anticipated revenue. In addition to the formal revenue targeted to GTNV, partner agencies continue to contribute resources which significantly offset the expenses of the program. For example, Cape Breton Victoria Regional School Board, Family Place Resource Centre and Public Health Services, partner agencies, are providing the space for the GTNV sites. Salaries and salary subsidies are being provided by Human Resources Development Canada through the LMDA initiative. Partnership agreements with some agencies will include the commitment of staff time to the project reducing the need to pay service fees out of revenues tied directly to the project. In kind funding and support continues to be negotiated.

7. Outreach (Home Visiting)

Six Family Home Visitors began employment with GTNV on December 1, 2000. These individuals were trained through the Family Home Visiting Program and

provided the primary new service introduced in the Northside Victoria County area commencing April 1, 2001. This service builds on existing home visiting programs currently offered by such agencies as Children's Aid Society, Department of Community Services (In-Home Support, Early Intervention), Family Place Resource Centre, Homecare Nova Scotia, Public Health Services, etc. Key features of the Home Visiting program are as follows:

- < Home visitors work out of three GTNV sites reducing the amount of travel required to reach the families to be visited
- < Home visitors were hired and are paid, as appropriate, to recognize that their role with families in the rural and remote locations is diverse. This work includes actively following up on professionally developed plans such as speech therapy or developmental exercises as well support, monitoring and referral

- < Continuous training is provided to Home Visitors through the interdisciplinary team. This training follows an overall plan coordinated by the Family Home Visiting Training Coordinator. The provision of ongoing supervision and support is built into the program to reduce isolation.
- < Family Home Visitors were recruited from various communities within the catchment area.
- < Interventions that individuals trained through the Family Home Visiting program provide will be guided by case managers who will develop a Participant Service Plan in collaboration with the appropriate case management team. The Family Home Visitor will be a participating member of that team
- < Participating family members are offered an opportunity to play an active role on their case management team.
- < More specifics regarding the role of the Case Manager are currently under negotiation.

The service has been offered to all new mothers whose infants are born post April 1, 2001. The Public Health Nurses introduce the service during the initial postnatal contact with the mother and infant. The frequency and intensity of home visiting provided is based on an assessment of the family's needs as identified through GTNV screening tools.

Self referrals and referrals by professionals in the community are accepted for the GTNV Home Visiting service. The service is available to these families as the caseload of new parents or previously identified overburdened families allows. Continuous assessment of the needs of the family and their ability to access or benefit from the other services of GTNV guides the frequency and type of activities connected within the Home Visiting program.

8. Adaptation

The development of a Growing Together Project in a rural setting presents some unique challenges in adapting services to reach the most overburdened families.

Some of the elements of the GTNV Project which are specifically designed to ensure that the program is available to those most in need are as follows:

- < The initial access to the program for newborns is through Public Health Services which has targeted 100% of new mothers in the area for a postnatal contact and assessment. In this way those new parents with the highest need will be identified early and linked to GTNV
- < The GTNV Home Visiting program is specifically designed to match the frequency, level of service, and identified needs of families
- < GTNV has five sites for ease of access and community visibility. The sites in rural Victoria county are particularly important to ensure that geographic isolation does not prevent those most in need from accessing services
- < The current range of parenting and support programs offered in this area is enhanced, for example, through coordination of FPRC services, the Administrative Home for GTNV. Planning of these activities around the six community clusters will provide greater local access for families currently not receiving services from more centralized locations
- < The involvement of a highly skilled group of professionals ensures that those families where a child has an identifiable special need receive priority service through GTNV and that services are customized to meet the families' needs
- < Parental involvement, which is one of the main features of FPRC's operating mandate, has been carried over into GTNV. Through active participation, parents and community members are able to continuously identify both individual families as yet not reached by the project and communities where lack of specific services may leave vulnerable families under-serviced.

9. Parent Participation

In designing GTNV, the Interim Steering Committee chose to adopt a community development approach which facilitated direct input of potential users of the service in the program design and development. Over 200 families participated in the community consultation and contributed to the vision of GTNV.

Family Place Resource Centre, from its foundation, has incorporated parental involvement in all its program design and planning. Parents are represented on the Board of Directors and on all committees attached to the Centre. Parents and participants continue to be actively involved as FPRC expands its services to accommodate Growing Together.

Work has begun on the formation of a permanent Steering Committee attached directly to the project. This committee will be structured to include representatives from each of the six community clusters. These representatives will be challenged to represent the consumer perspective being actual recipients of services and/or residents of the rural communities where services must be accessible for the project to achieve success.

Beyond representation on planning and administrative structures of GTNV, parents have multiple opportunities to be involved through volunteering to assist with specific functions or programs. For example, coordinating transportation will be a constant challenge and those participants with vehicles may be called upon to assist those in need. Many community based programs may rely on shared childcare or like services and participants will have the opportunity to be both contributors and recipients of this service.

10. Quality

GTNV is committed to quality service for the promotion of the healthy development of children. As the employer of GTNV staff, FPRC ensures that all hiring, deployment, and support for the designated staff follows fair policies and procedures, and reflects best employment practices. In addition to the quality assurance exercised by the employer, the following features of the GTNV design are specifically included to ensure that the quality of the programs is maintained:

- < Provision of quality training for all Home Visitors through mandatory completion of the Growing Together Training curriculum
- < The capacity to provide specific training to GTNV staff through the commitment of a Training Team composed of professionals from GTNV partner agencies

Trainer	Agency	Topic
Bea Buckland	Dept. of Community Services Eastern Region	Nobody's Perfect Facilitation Training
Jan McCabe	Public Health Services - Eastern Region	Nutrition Workshop
Carol MacLellan	Dept. of Community Services Eastern Region	Responsible Note Taking
Leanne Redshaw	Nova Scotia Hearing & Speech	Introduction to Hearing & Speech Services
Doreen Coady	Growing Together Northside-Victoria	Crisis Intervention
Cynthia Cunningham	Cape Breton-Victoria Regional School Board	Anger Management in Young Children
Linda Muise	St. John's Ambulance	· First Aid/CPR · Babysitting Course Facilitation
Maura Donovan	IWK Extra Support for Parents Program	· Empathetic Listening · Boundaries & Limits
Katherine Cote	Addictions Services	Women & Addictions
Bonnie Nicholson	Transition House	Anger Management
Cheryl Buchanan	Growing Together Northside-Victoria	Children With Special Needs
Mary Lyn MacKinnon	Cape Breton's Family Place Resource Centre	Mother Goose Training
Heather Kerr	Dept. of Community Services Eastern Region	Early Intervention Strategies
Susan Deruelle	Dept. of Community Services Eastern Region	Employment Initiatives

- Tools used for the assessment and monitoring of families will be consistent with those used for the cross-site research of Growing Together. These tools will be used to monitor progress of families as well as to target interventions specifically designed to meet particular family needs
- Regular meetings of the GTNV team involved with individual families ensures that the work is consistent with and supportive of clinical recommendations for the family (where applicable)
- All programs not offered directly by the GTNV staff will be reviewed to assure its compatibility with GTNV child development objectives and its suitability to the intended population
- Regular reporting of programs and activities to a multi-partner Steering Committee ensures that the programs are meeting stated objectives and are responsive to both individual and community needs.

11. Evaluation

The GTNV site is fully committed to a strong evaluative component. It will fully participate in the cross-site evaluation and research, establishing the required supportive Information Management Systems. Information collected will be used to access outcomes for families.

Additionally, because of its commitment to the community development process, the GTNV site receives input from participants on an ongoing basis to ensure that the project is meeting the needs of participating families and communities.

In agreeing to act as the Administrative Home, FPRC has asked that the status of the project be reviewed after its first year of operation. This review has been postponed until May of 2002 as the Home Visiting component will then have been fully operational for a one year period. As well as looking at participant involvement and progress, this preliminary evaluation will focus on the quality of partnership agreements and the resultant contributions of GTNV partners to the project.

B Team Functioning

1. Service Providers (Multi-disciplinary & Interdisciplinary Team)

The GTNV team of service providers currently consists of professionals from the following agencies/departments:

- < Cape Breton's Family Place Resource Centre:
 - Early Childhood Educator
 - Early Interventionist/Family Home Visitor
 - Family Resource Staff
 - Prenatal Nutrition Program Staff
 - Parent Education/Readiness to Learn Program Staff
- < Cape Breton Transition House and Outreach Staff
- < Cape Breton-Victoria Regional School Board
- < Cape Breton Wellness Centre
- < Childcare and Daycare Community
- < Children's Aid Society of Cape Breton
 - Adolescent Worker
 - Adoption Worker
 - Child Protection Staff
 - Family Support Workers
 - Foster Care Workers
 - Mentors
 - Parent Counsellor Program Staff
 - Parent Support Group Staff
- Department of
 - Community Services
 - Adult Protection Workers
 - Child Welfare Specialist
 - Daycare Services Worker
 - Income Assistance Caseworkers
 - In-Home Support Worker
 - Prevention Coordinator
 - < District Eight Health Authority
 - < Cape Breton Healthcare Complex - Sydney Site
 - Child and Adolescent Mental Health Services Therapists
 - Pediatric and Perinatal Staff
 - Cape Breton Healthcare Complex
 - Buchanan Memorial Hospital Site Site
 - Victoria County Memorial Hospital
 - All other acute care facilities within the ERHB
 - Addictions Services
 - Public Health Services
 - Community Health Educator
 - Dental Hygienist
 - Nutritionist
 - Public Health Nurses
 - Licensed Practical Nurses

- Victoria County Outreach Social Worker
- Family Services of Eastern Nova Scotia
- < Human Resources Development Canada
- < Mi'kmaq Family and Children's Services Staff
- < RCMP

The engagement of professional services from the following agencies/departments is currently under development/or to be developed:

- Cape Breton Healthcare Complex
- Ambulatory & Inpatient Adult/Child Health Care Service
- < Cape Breton Regional Police Services
- < IWK Grace Health Centre
- < Nova Scotia Sport and Recreation Commission

Partnership Development : Special Considerations - Community and key organization participation has been an essential component since the development of this GTNV site. Of special consideration are the First Nations Communities within the GTNV catchment area. The community liaison nurse for the First Nations community in the area as well as representatives from off-reserve First Nations communities have been invited to participate. Formal negotiations will continue with the Band Councils in the community. Public Health Services of the District Eight Health Authority in collaboration with Community Health Services of the Wagmatcook Band Council currently deliver a range of core Public Health Services.

2. Professional Relationships (training, team meetings, case conferencing)

The large number of professionals already committed to Growing Together allows GTNV to establish a number of teams to serve particular functions within the project. An interdisciplinary/inter-agency team of trainers has been developed with representation from Department of Community Services, Children's Aid Society of Cape Breton, Public Health Nursing Services, Family Services of Eastern Nova Scotia, Cape Breton Transition House Education Office, Cape Breton Wellness Centre and Cape Breton's Family Place Resource Centre. This team delivered the training program for the GT Family Home Visitors and provides follow-up support and on-going professional development for GTNV. They also provided a planned response to identified learning and skill development priorities. The strength of this model is that the training team members will fulfill a dual role in that they are also direct service delivery agents within the catchment area.

Case Management Teams have begun to be established using the service providers directly involved with individual families. It is anticipated that Case Management Team meetings will be scheduled on an as needed basis. The realities of this rural site calls for flexibility and creativity to maximize the face to face time with staff. For example, the coordinator may structure a day long meeting with the relevant staff and service providers addressing a number of items such as routine operations, case conferencing, and focussed professional development. Teleconferencing and video conferencing will be utilized between

scheduled meetings to support team functioning and minimize travel and related costs.

3. Relationships (Hands-on Team Collaboration)

The Home Visiting Team meets on a regular basis for case conferencing. This ensures that the continuum of services a family may need is provided and duplication avoided. The family's needs will determine the composition of the broader case conferencing team and should include the family. A designated Case Manager will work collaboratively with the family and service providers to negotiate intervention/treatment priorities and engage the appropriate service providers in the process. Should an identified service be unavailable or inaccessible for the family, the GTNV Team will work towards the elimination of the gap. The GTNV Team works to ensure that the family receives the appropriate services, delivered by the appropriate service providers, and in the appropriate manner.

VII PRINCIPLES

A Child Development Focus

The focus of GTNV is healthy child development. To ensure that the program goals are met, many programs are designed to meet the needs of participating parents. This is not intended, by any means, to sidestep the key focus of healthy child development but to ensure its accomplishment.

Parents are the people with the most influence on their children's growth and development. By providing programs and services that enhance their skill base, we are, in fact, enhancing the environment in which children grow and develop. Early learning environments that stimulate and encourage children to maximize their potential help to ensure that developmental milestones are reached, and that developmental delays are identified early. This early identification of a child's special needs allows for interventions that ensure more positive outcomes for participating children. Therefore, even while focusing on parental skill building to strengthening parental capacities, GTNV is enhancing the home environment of our youngest citizens, promoting their healthy development.

Balancing an array of parent focused program components with a slate of specific programs centred on children, and complementary programs involving parents and children together will serve to maintain a healthy child development focus within GTNV. Clearly, healthy child development is the desired result of all these separate components.

B Ecological or Transactional Model

The theoretical stance of the model we are adapting to this site is more reflective of a equitable partnership network model. Rather than an emphasis upon centralization, there is an emphasis on the interconnectedness, multiple possible information paths, and an openness to change. This model suggests that perhaps less emphasis should be placed on creating the “centre” and more should be placed on nurturing the nodes and exploring ways of connecting them. This thinking is both consistent with theories of reform and with the current environment in the Eastern Region of Nova Scotia.

In accepting this model and, thus, not being prescriptive about how the planning process should be governed, communities are offered flexibility in how they engage multiple partners in the GTNV program. These principles, in and of themselves, build capacity at the community level as they ensure active community participation in GTNV planning and implementation.

C Respectful, Trusting, Caring

Change does not occur outside of relationships. By creating a comfortable, least intrusive and non-judgmental environment, GTNV actively works on building positive relationships with participants and community partners. By recognizing the necessity for these relationships and subsequently allowing time for them to be nurtured and developed, GTNV is in a prime position to promote individual change, shared change and broad social change.

Because their ideas and opinions are sought on an ongoing basis, parents, partners and volunteers will come to know that they play a valuable part in GTNV service delivery. In addition, those involved will be invited to participate in GTNV evaluation processes

Through the active engagement of participants, joint planning processes, and by the provision of adequate resources (both human and material) respect and trust will be allowed to develop and deepen. GTNV staff and volunteers, through activities such as sensitivity training, values clarification exercises, and ongoing professional development recognize that the cultivation of these caring relationships with those involved with GTNV is central to the work at hand. Workplace policies that are family friendly serve as positive reinforcement of these key qualities.

D Flexible, Culturally Appropriate and Sensitive Services

Solid participant input and decision making regarding appropriate locations, hours of operation, and program composition helps ensure that GTNV programs are flexible in nature. Group choices regarding the best days and times for programs is encouraged wherever possible. This will allow for the further customization of components to best meet the needs of various groups/communities.

While linguistic and cultural issues are seemingly less of an issue in this particular site, every effort is made to ensure that all families feel welcome, and that resource materials are appropriately reflective of issues such as culture, race, religion, etc. Behavioral interviewing techniques are employed when selecting both staff and volunteers to help ensure that appropriate sensitivities are present in GTNV personnel.

E Consideration of Strengths and Protective Factors

GTNV recognizes that all families have strengths and that these strengths lie within their own natural and community environment. Parents love their children and want to provide for them in the best way possible. This is a strong protective factor. The rural component of this project is also indicative of another protective element. Families in small communities know each other and are supportive during challenging times or times of stress.

However, families may not always have access to available resources or services. They may also lack some skills that impact on their on their ability to raise healthy children. GTNV facilitates access to these services and provides the tools necessary to enhance parenting ability. The team works with families to help identify their needs and provide the support and resources necessary to address these needs.

F Seamless Services

Integral to the model is the notion of *service integration* to better serve children and families, to reduce system gaps, and to ensure a seamless continuum of care across multiple partners. In this instance service integration is the process by which a range of educational, health and social services are delivered in a coordinated way to improve outcomes for individuals and families.

It is anticipated that using this broad definition, with its focus on improving outcomes, will allow planning to focus on service integration as a process that needs to take place at a variety of levels and in a variety of ways. In other words, GTNV sees service integration as a means to an end, with the end being improved outcomes for children and families. This work is an ongoing priority of GTNV.

In its first year, GTNV focussed much of its direction working with agencies and

community partners to both strengthen relationships and establish the Family Home Visiting component. Parallel to this developmental process has been a focus on the development of more intensive services and integrating them with an early identification strategy and other intervention strategies in the first few years of life. In order to successfully accomplish the work, GTNV recognized the need to establish new ways of doing business in the catchment area. The second year has seen a greater focus on implementation of the Family Home Visiting program and the strengthening of community based programming. Relationships with key stakeholders continued to be developed and nurtured. Some data collection tools are being tested, such as staff reports to ensure the appropriate data is collected and tracked.

G Professionalism

GTNV maintains a professional approach among staff, community partner agencies, and families in the community. In order to accomplish this, GTNV established transparent processes and structures in accordance with best practices. Cape Breton's FPRC, the GTNV Administrative Home, is already respected for the professional nature of its work and interactions. They have established trusting relationships with hard-to-reach families in the GTNV communities. In their efforts to provide services to these families they have fostered valuable working relationships with professionals and other key stakeholders. FPRC values personal and professional growth and development. They have always maintained and facilitated professional development training for their staff and board development for their Board of Directors. GTNV staff will be invited to participate in FPRC professional development opportunities.

H Parent and Community Leader Participation

The design of the GTNV site and its related management structures provides not only for shared decision making but allows participants and partners to access the information necessary for collaboration and the assumption of leadership and ownership of the project.

Work continues on the formation of a steering committee that provides interested community members with a forum for actively engaging in leadership activities relating to GTNV work. Meaningful involvement and decision making opportunities are available to participating members. The Administrative Home selected to house the project is like-minded in its thinking and maintains a community board of which a minimum of 50% of the membership is parent participants. This provides a very positive backdrop for this GTNV model.

A formal volunteer training program will be put in place to support those who are

interested in furthering their involvement with GTNV through volunteer efforts. Volunteer programs will augment the resources and will include supervision and appropriate follow up sessions. This will provide an avenue for community members not otherwise directly involved to contribute to the enhancement of the GTNV site.

Parents, caregivers and participants are invited to offer their ideas, suggestions, and skills for program improvement, and to assist with the work of the organization on numerous levels - from program assistance to discussions on organizational policy and approaches to evaluation activities.

Management structures, committee work, and volunteer training opportunities along with personal and professional development sessions combine to promote a model that values and enhances participant and community leadership roles.

I High Quality

GTNV continues to develop the highest quality programming standards. An ecological model based on service integration will not be successful if it is watered-down. Inherent in this concept is the integration of evidence-based research and proven best practices into program planning, delivery and evaluation. To ensure a high quality GT product, ongoing evaluation and research will take place at multiple levels: local site, provincial, and national cross-site. A GTNV-specific Quality Management Program will be developed and maintained to support responsive quality program planning and revamping. The site continues to be represented on both the provincial and national research and evaluation teams.

VII CONCLUSIONS

This update has been prepared for the Invest in Kids Foundation by the Interim Steering Committee of the GTNV site (See Appendix J for Membership). It reflects the unique challenges of rural planning and service delivery. Some of these challenges include limited or no availability of required resources, stigma associated with program participation, geographic and social isolation, etc. Throughout this document it becomes evident that unique adaptations of the Growing Together model are necessary as a result of the rural reality of the catchment area. When we consider that the majority of Nova Scotia and Canada is rural in nature, we can see the potential for these

adaptations to set the stage for future Growing Together sites.

References

- Cape Breton Healthcare Complex (1999). [Child & Adolescent Mental Health service utilization data for catchment area]. Unpublished raw data.
- Cape Breton Regional Municipality Planning Department (1999). The Cape Breton Regional Municipality at the end of the 20th century. Sydney, N.S.: Author.
- Cape Breton Transition House (1999). [Service utilization data for catchment area]. Unpublished raw data.
- Children's Aid Society of Cape Breton (1999). [Service utilization data for catchment area]. Unpublished raw data.
- Dartmouth Family Resource Centre Growing Together Steering Committee (1999). Dartmouth Family Resource Centre Growing Together project proposal. Paper presented at the Growing Together Nova Scotia Steering Committee meeting in New Glasgow, N.S.
- Eastern Regional Health Board (1999). Eastern Regional Health Board annual reportBPublic Health Services. North Sydney, N.S.: Author.
- Invest in Kids Foundation (1996). Update (newsletter). December.
- Growing Together Nova Scotia Steering Committee (1997). Growing Together Nova Scotia: Sharing and understanding needs for children `SUNN-C (Draft). Halifax, N.S.: Author.
- MacInnis, S. (1999, Summer). RCMP needed in Victoria County. Cape Breton Post, 7, 10.
- Nova Scotia Department of Community Services (1999). [Service utilization statistics in the eastern region]. Unpublished raw data.
- Reproductive Care Program of Nova Scotia (1999). Growing Together Northside-Victoria catchment area reproductive care statistics. Halifax, N.S.: Author.
- Statistics Canada (1998). Census 1996. Ottawa, Ont.: Author.

Cape Breton District Health Authority (2001). Our Health. Sydney, NS: Author

GTNV Interim Steering Committee

1. David Brennick
Executive Director
Network for Children and Youth
338 Charlotte Street, 2nd Floor
Sydney, Nova Scotia
B1P 1C8
2. Bea Buckland
Prevention Coordinator
Department of Community Services, Eastern Region
338 Charlotte Street, 2nd Floor
Sydney, Nova Scotia
B1P 5L1
3. Agatha Hopkins
Nurse Manager
Public Health Services, Eastern Region
235 Townsend Street
Sydney, Nova Scotia
B1P 5E7
4. JoAnna LaTulippe-Rochon
Coordinator
Cape Breton's Family Place Resource Centre
106 Townsend Street
Sydney, Nova Scotia
B1P 5E1
5. Carol MacLellan
Child Welfare Specialist
Department of Community Services, Eastern Region
360 Prince Street
Sydney, Nova Scotia
B1P 5L1

6. Anne MacMullin
Coordinator
Growing Together Northside-Victoria
P.O. Box 804
Baddeck, Nova Scotia
B0E 1B0