the Link

healthy families new york

the children of today are tomorrow's parents ◎ los ninos del presente son los padres del futuro ◎ les enfants d'aujourdhui seront les parents de demain

Boundaries

What are boundaries, anyhow? We might imagine them as lines that keep staff members, programs, and program participants safe and secure.

The Link interviewed several experienced Healthy Families New York staff members to compile their views and experiences with boundaries. Take the quiz below, then turn to page 4 for our article.

Check Yourself Out

Have you ever found yourself doing any of the following?

- **Sharing personal information with program families so they understand you better**
- **Checking in with families outside normal working hours for no particular reason**
- **Feeling angry or annoyed with families for not following up on suggestions**
- **Believing you know what is best for a family**
- **Giving out your home phone number**
- **Attending social events of participants (such as birthday parties)**
- **Keeping secrets with a family**
- **Spending a lot of time with one particular family over an extended period of time**
- **Reporting only positive or only negative things about a family to your supervisor**

Adapted from material included in "Professional Boundaries in the Home Care Setting," The Psychiatric Committee of the Home Health Assembly of New Jersey: Gail Clark, RN, CNS, Joanne Cole, RN, C.Janice Cody-, MS, RN, CNS, Charles Lopez, MA, Kathleen Nielsen, RN, CNS, Vicky Pappas-Villafane, MA, RN, CNS, Coordinated by Josephine Sienkiewicz, MSN, RN. Home Healthcare Nurse, Vol. 20, no. 2, Feb. 2002.

Batman's friend Robin
Louis, age 4

Beautiful Days

We say good-bye to a lifelong friend of children. Fred Rogers, the gentle soul who told millions of children every day that they were special, spoke to the emotional life of children. He believed that television commercials aimed at children had a hidden message: If you don't have this doll (chocolate drink, sneaker, electronic toy), ***you are not okay***—you need this product to be okay. That's why he wanted kids to know, "I like you just the way you are."

His message of kindness and reassurance is sadly missed.

Inside this Issue

HFNY Goals

- ***To systematically identify overburdened families in need of support***
- ***To promote positive parent-child interaction***
- ***To ensure optimal prenatal care and promote healthy childhood growth and development***
- ***To enhance family functioning by building trusting relationships, problem-solving skills and support systems***

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Updates From OCFS

Joy Griffith
Program Coordinator, New York State Office of Children and Family Services

Happy New Year everyone! We hope that 2003 is a good year for all of you!

In 2002, Health Families New York (HFNY) served 4,244 families and provided 46,210 home visits.

Families and Communities in Need

The 2002 State Budget included $17.6 million for HFNY, an increase of $1.2 million over 2001. This increase was used to expand services in six very high need sites including Brooklyn (Bushwick), Oneida County, Niagara Falls, Dutchess County and two in the Bronx.

In 2002, Sullivan County started a program on its own using county funds, bringing the total number of sites to 28. Healthy Beginnings of Sullivan is serving the city of Monticello and participating in all program manager meetings, trainings and the data management system.

Serving Highly Stressed Families

The data management system continues to show that all sites serve very high need families. The vast majority of the parents were abused themselves as children. Many are isolated. 40% are under 21. 80% are single. Virtually all are below 200% of poverty. 48% have less than a high school education. Only 23% are employed at intake. 87% of the children are receiving Medicaid.

Tele-conferences for Staff Education

We participated with the Children and Family Trust Fund and the NYS Department of Health to develop a three-part tele-conference series on Safe Babies. The first was on Shaken Baby Syndrome. Over 400 staff from across the state participated. Tapes were made for all the home visiting programs and other groups that were interested. The next tele-conference was on traumatic brain injuries. The third, on March 25th, covered SIDS.

Training Institute In Saratoga

With the able assistance of PCANY staff and substantial financial support from the PCANY Freddie Mac Foundation grant, we held an advanced training institute in October in Saratoga for all home visiting staff. The institute offered 32 workshops and three keynote addresses by nationally recognized presenters. The overall goal was to provide new information and skills for staff to take back to programs and use with participants.

As was evident at the event, we have become a huge group! Over 420 staff from all 28 sites attended and rated the institute an overwhelming success.

On the first evening there was an awards dinner. OCFS Commissioner John A. Johnson accepted an award of recognition on behalf of Governor Pataki. Awards were also presented to Senator Bruno and Assemblyman Silver for their strong support of HFNY programs. In addition, individual programs were recognized for success in meeting program goals, as were staff who best embody the Healthy Families spirit in their commitment to the families we serve.

HFA Credentialing

To call ourselves Healthy Families Programs, we must be credentialed!

Healthy Families New York has applied for a multi-site credential through Healthy Families America. Sites that began service in 1995 received credentials in 1997; these expired in 2001. This quality assurance system reflects best practice as established by both research and practice. The process is three-fold:

- The multi-site system (OCFS, Data Collection & Research, and Training) and individual sites complete self-assessments based on 12 Critical Elements.
- Reviewers from other states come to OCFS and to the programs for approximately 3 days to review materials, records, and do interviews with staff, board members, and participants.
- Reviewers prepare a report for the HFA credentialing panel, which recommends a 4-year credential or asks for a corrective action plan.

The multi-site peer review took place in mid-March and the program site reviews will take place in May and June. Therefore, we should have a completed report in the fall of 2003.

Two awards given for Fathers' Programs

Improving Lives of Babies and Young Children in Harlem—a Fathers' Program at Baby Steps

Growing rates of infant deaths in Harlem became a major concern in 2000 when the NYC Department of Health published data showing this alarming trend.

The Infant Mortality Reduction Initiative, a citywide collaboration of perinatal and health advocates, formed as a response. City Councilman Bill Perkins became the champion for this initiative, which was awarded a total of $5 million in the 2000-2001 City Budget. Unfortunately, due to the financial burdens the City suffered as the result of the Sept. 11 tragedy, this amount was reduced from its original levels and some aspects of the project were put on hold.

Northern Manhattan Perinatal Partnership (NMPP), the parent agency of Baby Steps, recently received some of this funding through the New York City Department of Health and Mental Hygiene for a program to increase fathers' involvement in the lives of their babies.

Baby Steps had wanted to engage fathers right from the start, but program experience had indicated that they were not reaching fathers in the way they had hoped. Now, with the Father Initiative, a change in approach will involve…men!

The Father Initiative will employ *men* to engage fathers, and has already used men to develop and deliver the message about the program.

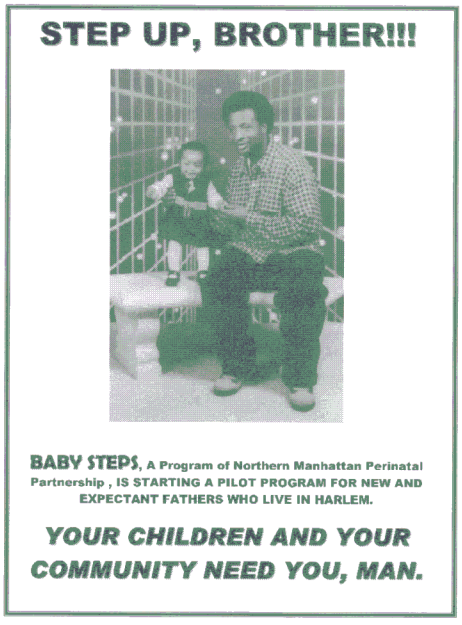
The funding has enabled Baby Steps to add one full-time B.S.W. male case manager and a part-time C.S.W. male consultant to work with fathers during traditional hours, in the evenings, and on the weekends. The services will be primarily case management services provided through home visits. The goal is to complete180 home visits to Dads by June of this year.

The services will include:

- Health Education (smoking, STD prevention, HIV/AIDS prevention, post-partum depression, family planning)
- Shaken Baby Prevention
- Conflict resolution services between mother and father to facilitate a positive focus on the baby
- 1-2 home visits each month
- Assistance with establishing paternity and custody-related issues
- Referrals to medical, educational/vocational support services

Father Initiative staff will meet separately with the fathers, but will visit *with* FSW's at first to help build relationships.

The first phase of this project will culminate with a Recognition Breakfast for fathers.



The Baby Steps brochure is designed to get Dad's attention and to challenge him. "The purpose of this program is to identify obstacles that hold men back from being fully present to father their children and to address those obstacles through father-focused case management, health education, and conflict resolution services," Jennifer Tuck, Baby Steps Program Manager.

Key points in the development of Father Initiatives

- Fathers are an important part of the whole picture of well-being for babies.
- Women's health is directly and indirectly affected by the men in their lives
- Many family-centered programs have not been very successful at engaging men

PAPAS de Bushwick

Marci Rosa, Medical and Health Research Association

The Coalition for Hispanic Family Services and the Medical and Health Research Association of NYC, Inc., the parent agencies of Bushwick Bright Start Home Visiting Program, received a grant from the NYC Department of Youth and Community Development to develop PAPAS de Bushwick.

The program will work with:

- teen fathers
- fathers who live with their children
- fathers who live apart from their children and have a relationship with them
- fathers who have no relationship with their children

Papas de Bushwick will serve fathers through home visiting services using:

- The Healthy Families New York model
- Individual and group counseling
- Parenting and support groups
- ESL classes
- Case management
- Mentoring
- Supervised visitation

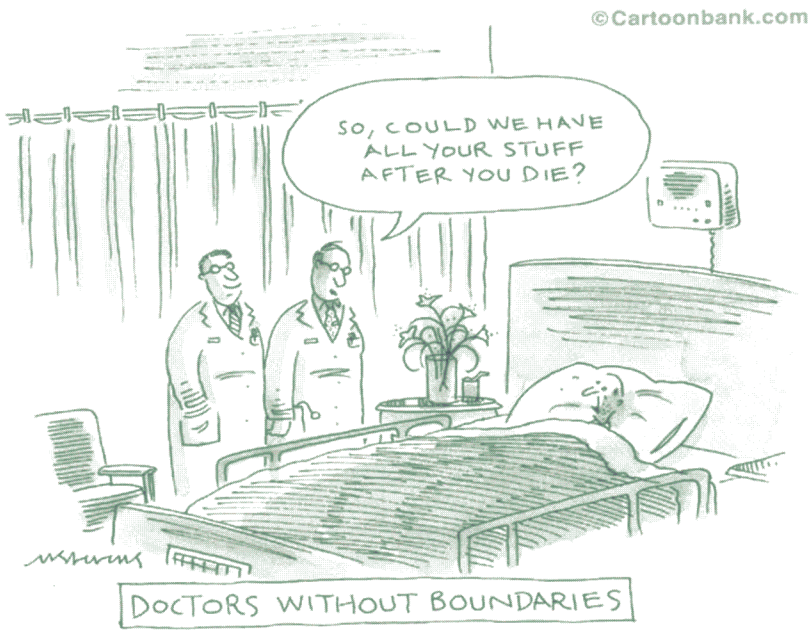
Through PAPAS de Bushwick, Bright Start home visiting services will be offered to fathers and their families in Bushwick and Williamsburg.

Approximately 45 fathers and their families will receive home visiting services each year.

All other PAPAS de Bushwick services will also be available to these fathers.

PAPAS de Bushwick will be co-located with Bright Start and will provide funding for 1.5 Family Support Workers and 1 full-time Outreach Worker. The program has been funded for one year, with the opportunity for an additional two years. The staff is very excited about this opportunity to connect more formally with dads!

Boundaries



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Different Views on Boundaries

At the October Healthy Families New York Training Institute, staff members who attended the workshop, "Knowing your Boundaries," were asked to write down "the first word that comes to mind when you hear the words, 'professional boundaries.' "

The most common response was **"limits."** Other responses included: standing back, letting go of responsibility for families' choices, they are not your friends, things not to be said or done, invisible walls, support with distance, keep away, keep mouth shut, being professional, don't do more than expected, respect, responsibility, being friendly but not friends, privacy for the worker and family, self-preservation.

The National Council of State Boards of Nursing uses the term "over-involvement" to characterize situations in which professional boundaries have been crossed.

Working in the home environment is particularly challenging. Much of the feeling and appearance of professional distance that exist in the center- or office-based model of service delivery are absent. In the home we are surrounded with a richness of personal, emotional, and environmental detail. All this information can be very helpful for understanding a family's reality, but it also contains lots of potential triggers for staff to become over-involved.

Role Definitions

Role definition came up several times in the interviews for this article. The importance of clarifying program policies and roles and responsibilities of staff, the program and participants can't be overstated. When this has been done in program brochures and in initial visits with every new family, it is always easier later on if boundary issues do arise.

One way to look at boundary questions is to ask: When you said (or did) this with the family *who did you just become*? How has your role shifted? For example, did you step out of the role of FSW and become the parent's friend? Did you become a medical advisor? Did you join in alliance with the family *against* someone else, like a CPS worker? Or an abusive partner? When roles shift in this way, the safety and security of the family and the worker are both at risk—the original expectations no longer apply, rights and obligations are no longer so clear.

Boundaries and the Larger Community

Boundary challenges can come from many sources. Often these are part of the territory when working in small or tightly knit communities. Staff and participants may know each other or be related and programs must make adjustments to keep roles and relationships clear.

Sometimes conversations or professional interactions with other service providers unexpectedly create discomfort. For example, other providers might want to vent their own frustration about program participants. ("Oh, are you working with them? I've known them for years and I can tell you that..." etc.) When staff members know and can remind each other that releases of information should be *for specific purposes only*, this kind of conversation is not so likely to become disrespectful or to go in directions that the family did not intend when they signed the consent for release of information! It can help to be prepared for such an event and to practice ahead of time how to

• It is your responsibility, not a program participant's, to maintain appropriate boundaries.

• Be especially careful regarding any conduct that could interfere with your objectivity and professional judgment.

• Recognize and avoid the dangers of dual relationships when relating to participants in more than one context, whether professional, social, educational, or commercial.

Dual relationships can occur simultaneously or consecutively. Prohibited dual relationships include: social and family connections, business relationships, and bartering arrangements.

Adapted from Guidelines posted by The Office of the Professions of the New York State Department of Education

handle it. One might say, for example: "I guess it was difficult for you. I'm sorry to hear that. I have a release only for the purpose of discussing _____."

Participants and Boundaries

Boundary challenges or violations can also come from program participants. This is a normal occurrence since the majority of participants are not professionals. It is up to program staff to be able to meet these challenges in a supportive and clear manner that maintains the positive aspects of the relationship.

Some of the examples that came up in the interviews for this story were:

- Family members talk in detail about their sex lives
- A participant shares information about criminal activity
- Parents invite the worker to the child's birthday party
- A participant shares private information about a third party
- Parents ask about FAW's or FSW's own family
- Participants ask program staff for medical advice
- Parents ask for FSW's opinion about a decision the family is considering

Violation or Crossing?

One person commented that "crossing of professional boundaries usually does not occur as a one-shot deal. And there is a difference between a violation and a boundary crossing. A violation might be something like a violation of confidentiality or an act that was directly harmful to another person. A boundary crossing would be something not so clearly harmful, something less drastic, something that could make sense in one particular context or situation, something like accepting an offer of food."

When boundary crossings occur repeatedly over a period of time, they often become boundary violations.

Program Strategies

Regular attention to the subject of boundaries in supervision is one way programs are addressing the ongoing challenge of establishing and maintaining boundaries. Peer support and ongoing conversations among supervisors was also mentioned as helpful.

One program has used the *25 Pitfalls of Home Visiting* from the HFA Core Training Manual as a structuring tool for a program-wide boundaries discussion. Everyone was asked to say (anonymously) whether they had never, sometimes, or often done each item on the list. Later the supervisors summarized the results, and they were surprised that some of the assumptions they had made were wrong. For example, they had assumed that everybody knew it wasn't a good idea to transport kids without their parents. The general discussions provided lots of lively debate and opportunities for peer feedback and support.

Another program that recently had a program-wide discussion on boundaries focused particularly on the issue of "rescuing" or doing too much for families.

All new hires at one program are required to review a self-assessment on boundaries and discuss it with their supervisors.

Try using one of these actual scenarios for a staff discussion on boundaries:

For about three months, you have been visiting a teen couple who are expecting a baby. The couple has gotten their first apartment and they are very excited about it. Your visits have been challenging because there is nowhere for you to sit. The couple has almost no furniture at all. On several occasions, you have provided them with information about where they would be able to obtain furniture, but they have not followed through. You are physically uncomfortable on the visits.

A home visitor shares with a program mother that her daughter has had some trouble in 7th grade math. The participant, who is a former teacher, lends the FSW tutoring materials for her daughter.

Your program permits FSW's to transport participants only under very limited circumstances, usually by prior arrangement. One mother in the program who has some developmental delays has just delivered a baby. She also has a toddler. Just prior to the delivery of the baby, CPS was involved with the family and declared that the building they were in was unsafe for children. The FSW was able to help the mother find housing in a shelter and she understood that she was to go there when discharged from the hospital. Instead, she went to the old location and called her FSW. When the FSW reminded her that CPS might remove the children if she continued to stay there, the mother became angry, saying, among other things, that she had no money for a cab over to the shelter. She asked the FSW for a ride.

Some questions groups can use for discussion might be:

Could you do this for every family on your caseload?

Is there a safety issue involved?

Has there been a shift in roles? What could be the consequences of this action?

Is this a situation where we need to consider the short-term well-being of the family ahead of their long-term well-being?

How would this proposed action help the family learn to do things on their own?

Instead of doing something *for* this family now, can you do it *with* them?

Pat Meyers (Healthy Families of the Finger Lakes), Lisa Galatio (Healthy Families Steuben), Annette Phillips (Healthy Families Oneida County), Lillie Savage (Healthy Families Oneida County), and Caroline Chant (Ulster County Healthy Start) were interviewed for this story.

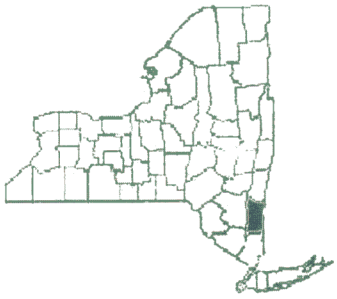
BRIGHT START, BRIGHT STAR!

The Medical and Health Research Association (MHRA), the parent agency of the Bushwick Bright Start Program, serving over 200,000 people through a wide variety of programs, is one of the largest non-profit agencies in New York City. MHRA gave special recognition to Bushwick Bright Start for successfully launching their Healthy Families program and for quickly gaining recognition in the Bushwick community. MHRA held a luncheon to honor the Bright Start Program and provided an award of $500, which was used to purchase a camcorder for staff to use with families.

SPOTLIGHT
Dutchess County

Dutchess County Healthy Families: A Healthy Families & Community Health Worker Partnership

Kathy Schmidt
Program Manager
Dutchess County Healthy Families



About Dutchess County

Total County population: 280,150

Dutchess is in the heart of the Hudson Valley, midway between New York City and Albany. The western border includes 30 miles of Hudson River shoreline with Connecticut forming the eastern border.

Dutchess County is well-connected, with a major interstate, U.S. 84, Stewart International Airport, and train service from both Metro North and Amtrak.

While Dutchess is mostly rural, there are more and more suburban neighborhoods being developed to accommodate a growing commuter population. These areas are very different from the inner-city communities of Poughkeepsie and Beacon. Like many cities along major waterways, these were at one time booming industrial towns that experienced a steady decline beginning in the post-industrial era and extending into the present. These communities are now plagued with unemployment, homelessness, crime, substance abuse, infant mortality, childhood asthma and child abuse. Within 30 communities in Dutchess County, there are 19,858 persons living below the federal poverty rate. Of these, 8,770 or 44% live in Poughkeepsie, 1465 or 8% live in Beacon and 1,115 or 6% live in Hyde Park, which was historically an affluent community.

Dutchess County Healthy Families (DCHF) was born on July 1st, 2001. It is one of just two pilot programs in New York that are partnerships between Community Health Worker Programs (CHWP) and Healthy Families NY. A year and half into the pilot project, we feel we have worked out how these two programs can complement one another.

Community Health Worker Program Began in 1993

The CWHP began serving Poughkeepsie in 1993 and quickly became an invaluable service. The program has served over 200 families each year, helping them prepare for their babies in a variety of different ways.

Flexibility has been key in the success of the CHW program. Families decide whether we will see them in the office or at home and if we will meet just once, or on a long-term basis. Families report that they like and feel safe with the program.

Other agencies came to perceive us as the program most able to help a pregnant mother of two who has just been evicted from her apartment or translate for a woman seeking an order of protection.

Healthy Families Program Added in 2001

In 2001, we were awarded the grant to start a Healthy Families Program and we became Dutchess County Healthy Families. Our lead agency is Dutchess County Department of Health, which subcontracts actual service delivery to Mid-Hudson Family Health Institute.

Designing the Partnership

Originally we designed the model so families would receive both services at the same time, with CHW's focusing on health education and case management and HF focusing on the parent-child relationship and child development. But, after about six months, we realized that this model was confusing to families and not easy to deliver.

Now, most prenatal referrals go directly to the CHWP. In their third trimester, families are screened for Healthy Families and asked if they would be interested in meeting with an assessment worker to learn about other services. If they agree and assess positive, they are offered the Healthy Families program. If they accept, the Community Health Worker phases out and a Family Support Worker phases in over a three-month period.

Balancing Out the Work: Concrete Needs, Education, Parent-Child Interaction, and Child Development

The CHW builds family rapport with the program by assisting them with concrete needs they have for the baby and with accessing services. If the family is homeless at the point of intake, this is what CHWP focuses on. After the original factors that brought the family to CHWP are taken care of, the worker provides health education (HIV, STD's, birth control, nutrition, substance use, lead poisoning, etc.), education around the birth process, and parenting education. If the family transfers to the Healthy Families program, the FSW concentrates on the parent-child relationship and child development. Prior to this pilot, CHWP found it was difficult to turn the focus to the baby after having worked mostly on concrete needs.

When the Healthy Families program is full, we can almost always provide some degree of service through the Community Health Worker Program, thereby remaining responsive to the needs of the family and the community.

We think it can be difficult for families to view one person as both case manager and child development specialist. If you go into a home one week and help fill out housing applications, then the next week do a home visit and discuss brain development, the family is apt to turn the conversation back to housing.

Working with Public Health Nurses

Within days of delivering a baby, all families enrolled in DCHF are visited by a Dutchess County Health Department Public Health Nurse who works collaboratively with Healthy Families. One nurse serves as Developmental Specialist and reviews the Developmental Screens that both the FSW's and CHW's do with families. She is also available to answer staff's medical questions and to go along on home visits to offer a second developmental screen if needed.

Diverse Staff

Our staff consists of four Community Health Workers, four Family Support Workers, one Family Assessment Worker, a Data Manager, a Secretary, two Supervisors and a Program Manager. They come from all over the globe: Kenya, Ecuador, Puerto Rico, the U.S. and England. The group represents a myriad of ethnic, cultural and religious backgrounds. While our differences have been challenging at times, we now view them as a normal part of our work life.

Expansion in 2002

In October 2002, we were awarded funds to expand Healthy Families into the towns of Hyde Park and Beacon. While we are excited to be branching out, the reasons are unfortunate. In the past three years, there have been several infant fatalities in Dutchess County as a result of child abuse, two of them in Hyde Park. As the cost of housing in Poughkeepsie has skyrocketed due to commuter sprawl, it has forced many families to seek affordable housing in rural areas, where services are not readily available. As a result, we have new pockets of need.

Though the Community Health Worker Program will not be offered in these communities, we hope the quality of our services will be infused with the richness of all our experiences.

The Milky Way

Guest Columnist
Heather Kowell
Family Support Worker,
Certified Lactation Counselor
Healthy Families Oneida County

"I Don't Want to be Pushy"

Human milk, is hands down, the intended food for infants. Yet, for many Family Support Workers, breastfeeding is the hardest parenting choice to discuss. Asking the right questions at the right time can keep the conversation going.

Once a family has stated they are not going to breastfeed, many workers do not know how to continue the discussion and often never mention the word "breast" again.

Think "Discussions," not "Questions and Answers"

Rather than asking, "Are you going to breast or bottle-feed?" a few good conversation starters are:

- What are your feelings about breastfeeding?
- Have you ever thought about breastfeeding?
- Do you know how your mother fed you when you were a baby?
- What do you know about breastfeeding?

These are great openers to discuss breastfeeding because they limit the chances that the parent will simply respond, "I'm going to bottle-feed," and leave the FSW feeling as though the door is shut for further conversation.

Asking parents if they plan to breastfeed puts them in a situation where they feel the need to give an answer right away.

Explore Feelings, Then Thinking

Using closed questions does not allow parents time to really explore their feeding choices. If a parent states she is going to formula-feed, it does not need to be the end of the discussion about breastfeeding. Instead, we can use this statement to open the door to exploring feelings and thinking about the decision. A mom may plan to formula-feed because the dad wants her to or because she doesn't feel she can make enough milk. Concerns such as these present great opportunities for discussion and offering the information and support the mother needs to feel confident. Making sure that the partner is involved in the conversation can ease his fears about breastfeeding as well.

Good breastfeeding promotion takes listening, time, patience and a little investigative work.

New staff at an FSW Core Training led by Wendy Bender in Albany, March 2003

"Understanding the tremendous imbalance between what we invest to prevent abuse and neglect before it happens and what we spend after it occurs is critical for policymakers. Until legislators recognize the value of prevention and invest adequate resources to support prevention activities, child abuse and neglect will continue." Christine Deyss. Executive Director, Prevent Child Abuse New York

Families from Successful Programs Visit State Officials to Seek Budget Priority

Lesley Waters, Prevent Child Abuse New York

On February 4th, fifty leaders in the fight against child mal-tre atment traveled to Albany to tell state officials they *must* continue to fund the essential programs that keep New York kids safe, even in a tough budget year.

Advocates from Healthy Families New York and NYS Children & Family Trust Fund programs met with elected officials and staff in a day-long advocacy conference sponsored by Prevent Child Abuse New York.

Highlights of the discussions with legislators focused on obtaining:

- $1.5 million for the NYS Children and Family Trust Fund
- $20 million to sustain the Healthy Families New York Home Visiting Programs.

The advocacy event was covered by the Capital Region's News Channel 9, which aired segments about the programs several times during the day!

Best Beginning's program participant Elena and her three-month old daughter, liana, had a powerful effect on advocates and legislators. Iliana was dressed up in a pink outfit and was held closely by her mom through most of the day. Together they participated with other advocates in meetings at the offices of Assembly Speaker Sheldon Silver and Senate Majority Leader Joseph Bruno.

Elena spoke eloquently, first in Spanish, and later in English, about the impact her Support Worker, Maria Manso, has had on her life. One thing Elena talked about was how Maria helps her decide what to do when the baby is fussy and possibly sick. She said Maria has helped her learn to work with her pediatrician, rather than just taking the baby to the emergency room. Having Elena there really brought home the advocates' message.

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