

SUMMARY

Early Child Development Home Visiting in Ontario

Healthy Babies Healthy Children is a province-wide voluntary prevention initiative, which has been a key foundational program of Ontario's Best Start strategy since 1998. It offers a blended model of home visiting services for families who are at high risk of encountering problems when trying to provide their children with healthy development opportunities. The program includes children from prenatal to age six, and offers visits from peer or lay home visitors as well as from public health nurses.

Program Goals

The program aims to achieve two major goals:

- * promote optimal physical, cognitive, communicative, and psychosocial development in children through a system of effective prevention and early intervention services for families
- * act as a catalyst for a coordinated, effective, and integrated system of services and supports for healthy child development and family well-being through participation in community planning activities and the development of a network of service providers

Services Delivered

There are six major service components of the Healthy Babies Healthy Children program available to families who are considered at high risk of encountering problems with healthy child development:

1. Prenatal, postpartum or early childhood **screening**
2. Prenatal, postpartum or early childhood **assessment**
3. Postpartum **support services** (i.e. phoning all consenting families with newborns, offering a home visit/counseling, providing information about community services, etc.)

4. **Referrals** and/or recommendations to other services
5. A **blended model of home visiting service** that includes visits from peer or lay home visitors as well as from public health nurses
6. **Service planning and co-ordination**

Service Providers

Home visiting services are provided using a blended model. Families in the program are visited primarily by lay home visitors who come from a variety of backgrounds and have different levels of education. Lay home visitors share common characteristics with the families, and have skills in enabling, modeling and teaching. They are supported by public health nurses, who have basic nursing preparation and expertise in areas such as adult education, health teaching, and communication, etc.

Professional Development

Each public health unit determines what kind of education is needed. Health units typically use the Invest in Kids material and training program to educate public health nurses and home visitors.

Client Groups

Screening is universal or population-based for all families and infants. Its goal is to identify families who may have difficulty with parenting and providing an environment for healthy child development. Based on screening results, the family may require an in-depth assessment. Healthy Babies Healthy Children home visiting and co-ordination services are available only to families who receive an in-depth assessment that shows they are at high risk.

Screening and Assessment Tools

There are several screening tools administered by an array of professionals in the Healthy Babies Healthy Children program.

Screening Tools:

- * Larson Prenatal Screen
- * Modified Parkyn Postpartum Screening Tool – used at birth and administered by midwives and obstetrics nurses
- * Early Childhood Screening (also called early identification)
- * The Rourke Baby Record: Evidence-Based Infant/Child Health Maintenance Guide - administered by physicians
- * The Nipissing Developmental Screen - administered by the parents

Assessment Tools:

- * Brief Assessment Tool, used with families scoring 13+ on the Larson Prenatal Screen
- * Family Assessment Tool, used for families identified as at risk during the Brief Assessment – administered by a public health nurse.

Data and Information Collection

Each public health unit keeps its own records in either paper or electronic format. The province of Ontario is moving toward a fully electronic documentation system. There is an electronic database, the Integrated Services for Children Information System, which contains a wide range of information including scores from the modified Parkyn screening and notes from the postpartum telephone call. All home visits are documented and extra notes are kept in paper format. The information system is used as a case management tool.

Theory and Evidence Base

Healthy Babies Healthy Children recognizes the importance of the early years. The program works with parents to make a positive impact on their child's development. Healthy Babies Healthy Children was designed based on the foundations of the Hawaii Healthy Start program.

Evaluation

The home visiting component of Healthy Babies Healthy Children is currently being evaluated under the Ministry of Children and Youth Services. In March 2000, the Ministry of Health and Long-Term Care commissioned an evaluation of Healthy Babies Healthy Children. The Report Card on Healthy Babies Healthy Children summarizes the findings.

Poverty and Equity

A poverty agenda, *Breaking the Cycle: Ontario's Poverty Reduction Strategy* (2009) was recently released, of which Healthy Babies Healthy Children is a key part. Public health nurses and home visitors assist families in the program to be less socially isolated and better able to link to other resources and services. The program is working on raising the "equity bar".

Public health units as a whole, have mechanisms to identify the causes of inequities. Data from the program is presented to the local boards of health and the municipality. The data help to make a case for public health interventions and assist in identifying the gaps and resources required to support families experiencing inequities.