

## SUMMARY

# Early Child Development Home Visiting in Québec

The home visiting strategy in Québec has been in place for nearly twenty years through the Institut national de santé publique (National Institute of Public Health), under their Perinatal Policy. Les services intégrés en périnatalité et petite enfance à l'intention des familles vivant en contexte de vulnérabilité (Integrated perinatal and early childhood services for families living in vulnerable situations) is a population-based, voluntary home visiting intervention delivered by a multidisciplinary team of professionals.

### Program Goals

There are two main goals for the program:

- \* individual empowerment
- \* community empowerment

The overarching goal is to support families to achieve full, optimal development of their children. The program aims to improve living conditions and promote well-being for the whole family, but especially for children.

There are many sub-goals, such as increasing the number of children who breastfeed, reinforcing parent-child attachment, and improving parental competencies.

### Services Provided

The activities that occur during home visits are based on guidelines produced by the Québec National Institute for Public Health and are designed to promote healthy child development, parent-child attachment, and healthy lifestyles. Home visits have a different level of intensity for each stage of a child's development. Weekly visits occur when the family is enrolled in the program during the prenatal period, starting at 12 weeks gestation, and during the postnatal period, until the baby is six weeks old. When the baby is between seven weeks and 12

months old, the family receives a home visit every two weeks. When the child is between 13 months and five years of age, there is a visit each month. Each home visit lasts between 60 and 90 minutes.

### Service Providers

Home visiting services are provided by a multidisciplinary team of professionals. The primary home visitor can be any member of the team, i.e., a nurse, social worker, nutritionist, doctor, speech therapist or community worker. The other team members work together with the home visitor to meet the needs of the family. Each member of the team is required to have a baccalaureate degree. Para professionals are not used in this program.

### Professional Development

The Québec National Institute for Public Health (INSPQ) has designed a two day training event based on the parent-child attachment guide, and interventions which can be delivered in the context of poverty. Practitioners become aware of their clients' living conditions through this training, and use the skills learned to build stronger links with the families. The INSPQ is considering implementing training based on the Nurse-Family-Partnership (Dr. David Olds), and will continue to integrate additional training on all of the different aspects of the home visiting program.

### Client Groups

The program targets two main populations: women giving birth before the age of 20 and women and families living below the low income cut-off.

The program is province-wide, extending out to rural and remote areas. For First Nations communities, access

to the service depends on whether there is a convention or agreement with them. Some regions also target immigrant women who have been in Québec for five years or less.

### Screening and Assessment Tools

There are no screening tools used; families are offered the home visiting service based on their situation. The practitioners use assessment tools, but there is nothing prescribed for the program at a provincial level.

### Theory and Evidence Base

The home visiting program that was designed for Québec is based on Dr. David Olds' ecological model and research, as well as experiential knowledge collected from home visitors.

### Data and Information Collection

Local health centres throughout Québec use a database, which tracks and codes services delivered. The system is standard throughout Québec, although not yet linked together. Program and policy planners can use the data collected to monitor the program and identify areas for improvement. Examples of data collected are: the prenatal or postnatal time a woman entered program, the age of the woman involved, the frequency of intervention, whether the intervention is done at home, whether the woman is referred to other services such as mental health or addictions, the length of pregnancy, the weight of the baby, etc.

### Evaluation

The early child home visiting intervention began in six regions of Québec in 1992. The subsequent evaluation led to funding for the whole province for Services Intégrés en Périnatalité pour la Petite Enfance (SIPPE) à l'Intention des Familles Vivant en Contexte de Vulnérabilité.

An evaluation of SIPPE has been commissioned by the ministère de la Santé et des Services sociaux.

This evaluation will look at outcomes such as level of child development. Evaluation of the '20 and under' population will look at implementation, how to retain families, home visiting interventions, and other issues.

### Poverty and Equity

Québec National Institute for Public Health has great interest in the social determinants of health and social inequalities, and is especially interested in working with women and young families. Québec has the Government Action Plan to Combat Poverty and Social Exclusion, 2004-2009. The Integrated Perinatal and Early Childhood Services is a key strategy in this plan, especially through the two poverty prevention components: Support for Young Families and Support for Families in Poverty. The plan involves collaboration between different ministries.

In home visiting specifically, the causes of inequities for families can be addressed based on the clinical judgment of the practitioners, such as mental health problems, intellectual disabilities, etc. The practitioner works with the family to connect them with the appropriate professional and community services..