

Healthy Babies Healthy Children Program Protocol, 2018

Strategic Policy and Planning Division, Ministry of Children
and Youth Services

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Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health and Long-Term Care under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health^{1,2}. The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Protocols are program and topic-specific documents incorporated into the Standards which provide direction on how boards of health shall operationalize specific requirement(s) identified within the Standards.

Purpose

The purpose of this protocol is to provide direction to boards of health with respect to expectations for delivering the Healthy Babies Healthy Children (HBHC) Program. Boards of health shall provide HBHC Program services during the prenatal period and to families with children from birth up to their transition to school, using targeted program approaches with a universal screening opportunity at time of birth. The Program intends to optimize newborn and child healthy growth and development and reduce health inequities for families receiving services. Program components include service and system integration, access to information and resources, early identification and intervention screening, assessment, blended home visiting services, service coordination, referral to/from community services, and research and evaluation. The provision of the HBHC Program is mandatory for all boards of health and boards of health are responsible for the implementation of all components of the HBHC Program. For detailed information on HBHC Program implementation, refer to the *Healthy Babies Healthy Children Reference Document, 2018* (or as current).

Reference to the Standards

This section identifies the standard and requirement to which this protocol relates.

Healthy Growth and Development

Requirement 3. The board of health shall provide all components of the Healthy Babies Healthy Children Program in accordance with the *Healthy Babies Healthy Children Protocol, 2018* (or as current) (Ministry of Children and Youth Services).

Operational Roles and Responsibilities

General Policy/Practice

- 1) Legislation, Standards of Care and Professional Practice
 - a) All individuals, agencies and organizations that deliver the HBHC Program shall comply with all relevant legislation, regulations, policy and legal agreements and with accepted standards of care and professional practice.
 - b) Should a serious occurrence happen which compromises any of the above, the board of health must submit a Serious Occurrence Notification as specified by the ministry.
- 2) Informed Consent for Service
 - a) The board of health shall help to ensure that all families who participate in the HBHC Program, are given information to support informed consent for receipt of all program components.
 - b) A family's withdrawal from the HBHC Program can occur at any time in accordance with the principles and requirements of the *Health Care Consent Act*.
- 3) Collection, Use and Disclosure of Information
 - a) Collection, use and disclosure provisions are articulated in a variety of legislation, regulations, policies and legal agreements specific to particular programs and agencies. It is a requirement under law that HBHC Programs comply with all relevant legislation and regulations.
 - b) The board of health shall develop an appropriate policy regarding collection, use and disclosure of client information. This policy shall be approved in writing by the Information Privacy Coordinator and/or board of health.
- 4) Inclusiveness

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- a) The board of health shall provide client-centered services in a culturally relevant, diversity sensitive and inclusive manner using an intersectional approach.

5) Duty to Report

- a) The *Child, Youth and Family Services Act*⁵ requires that any person who has reasonable grounds to suspect a child is (or may be) in need of protection must report that suspicion (and the information on which it is based) to child protection services forthwith. The *Act* specifies that persons who perform professional duties with respect to children could be liable to a penalty for not reporting.
- b) In addition to the legal requirement to report, the board of health shall require all employees who deliver the HBHC program to consult with child protection services about any family situation in which child protection advice would be helpful.
- c) The board of health shall provide that all employees who deliver the HBHC Program services receive education and training in the board of health's established policy and procedures for handling potential cases of children in need of protection.

6) Personal Safety

- a) The board of health shall provide education, information and training for the purposes of implementing personal safety policy and procedures to all HBHC Program employees.

7) Education, Information and Training

- a) The board of health shall provide ongoing education, information and training to integrate learning for all employees responsible for the delivery of the HBHC Program.
- b) The board of health shall provide education, information and training as required by the Ministry of Children and Youth Services ("the ministry"), to support home visiting best practices and guidelines.

8) Service Agreements

- a) The board of health shall meet the HBHC Program financial reporting requirements as described in annual service agreements.
- b) The board of health shall provide HBHC Program services that support standardized program delivery.
- c) The board of health shall maintain current agreements with services and organizations that deliver the HBHC Program to provide early identification and intervention and/or other services for the HBHC Program.

9) Data Collection

- a) The board of health shall enter and maintain data about families participating in the HBHC program in the Healthy Child Development-Integrated Services for Children Information System (HCD-ISCIS), or any other system specified by the ministry, including early identification data (e.g., screening, assessment and other relevant data), services provided to families, and referrals to other services and programs.

Service and System Integration

- 1) The board of health shall engage and work with the community in planning and delivering all components of the HBHC Program through representation, participation, and active engagement in community networks.
- 2) The board of health shall promote the HBHC Program to community partners.
- 3) The board of health shall develop procedures with community partners for:
 - a) Accepting referrals from other agencies and individuals, and
 - b) Referring pregnant individuals and their families and families with children (from birth up to their transition to school) to other agencies.

Access to Information and Resources

- 1) The board of health shall, in collaboration with program and community partners, provide information, resources and contact details, as required by the ministry:
 - a) Universally at birth to all postpartum families; and
 - b) Targeted to pregnant individuals and families with children from six weeks of age up to their transition to school experiencing and/or at risk for challenges.
- 2) The board of health shall help to ensure that all families, including families that decline HBHC services, receive appropriate information and resources about community programs and services for parents including materials as required by the ministry.

Early Identification and Intervention Screening

- 1) General Considerations
 - a) The board of health shall promote, offer and use the HBHC Screen⁸ (consisting of prenatal, postpartum and early childhood screening components), as required by the ministry.
 - b) The board of health shall integrate available information obtained from other organizations, programs and/or service providers to inform screening, with family consent.
 - c) The board of health shall be responsible for entering the results of the HBHC Screen in HCD-ISCIS or any other system specified by the ministry.
- 2) Prenatal Screening¹
 - a) The board of health shall work with primary care providers and community partners involved in prenatal care to offer screening to targeted populations of pregnant individuals.
 - b) The board of health shall promote, offer and use the HBHC Screen as identified by the ministry.
 - c) The board of health shall establish a procedure for obtaining the results of the HBHC Screen.
- 3) Postpartum Screening
 - a) The board of health shall work with hospitals, birthing centres, midwives and other partners to promote, offer and use the HBHC Screen to all individuals who give birth in Ontario.
 - b) The board of health shall work with hospitals, birthing centres, midwives and other partners to establish a procedure for notifying the boards of health of all births and for obtaining the results of all HBHC Screens completed in the postpartum period.
- 4) Early Childhood Screening
 - a) The board of health shall promote, use and offer the HBHC Screen, as required by the ministry.
 - b) The board of health shall work with primary care providers, educators, community partners, and others working within the field of early learning and child development to provide targeted families access to early childhood screening.

¹ Please note, within the context of the *Healthy Babies Healthy Children Protocol*, prenatal screening is used to describe only that screening which is done as part of the HBHC Program; it does not include other types of prenatal screening that may be done as part of comprehensive prenatal care (e.g., serum screening for genetic diseases).

- c) The board of health shall develop procedures with primary care providers, educators, community partners, and others working within the field of early years, for sharing any/all results of early childhood screening opportunities, for those families experiencing and/or at risk for challenges, with the HBHC Program.
- d) The board of health shall designate HBHC Program staff to provide support and program delivery for screening opportunities in the early years, as required by the ministry.

Assessment

- 1) The board of health shall respond to all families identified with risk (prenatal and early childhood) by the HBHC Screen, as required by the ministry.
- 2) The board of health shall respond to all families identified with risk (postpartum) by the HBHC Screen within 48 hours of being discharged from a birth admission, as required by the ministry.
- 3) The board of health shall conduct an assessment using the tools and/or procedures required by the ministry in order to confirm risk and guide intervention. Assessments shall be completed by the public health nurse or other professionals as approved by the ministry, on prenatal individuals, postpartum families, and families with children, from six weeks of age up to their transition to school who have been identified with risk by the HBHC Screen.
- 4) The board of health shall integrate information obtained from other organizations into the assessment, with family consent.
- 5) The board of health shall enter all assessment results in HCD-ISCIS or any other system specified by the ministry.

Blended Home Visiting Services

- 1) The board of health shall establish policies and procedures to manage home visiting services.
- 2) The board of health shall provide home visiting services to pregnant individuals and families with children from birth up to their transition to school who have been identified with risk using the HBHC Screen and have had risk confirmed through an assessment.
- 3) The board of health shall use a blended model of home visiting by public health nurses, family home visitors and other professionals as approved by the ministry.
- 4) The board of health shall plan home visiting services in collaboration with the family. Home visiting services are delivered in the home, but may be delivered in an early years community setting that families and children attend or in an alternative and mutually agreed-upon setting.

- 5) The board of health shall support the development, implementation and evaluation of the Family Service Plan in collaboration with families using tools as approved by the ministry.
- 6) The board of health shall support public health nurses, family home visitors and other professionals with evidence-informed best practices as required by the ministry.
- 7) The board of health shall enter all blended home visiting services in HCD-ISCIS or any other system specified by the ministry.

Service Coordination

- 1) The board of health shall provide and/or support access to service coordination for families who are receiving home visiting services.
- 2) The board of health shall develop policies, procedures, guidelines and/or protocols to support service coordination in conjunction with community partners.
- 3) The board of health shall enter all service coordination activities in HCD-ISCIS or any other system specified by the ministry.

Referral to/from Community Services

- 1) The board of health shall participate and collaborate in partnership with a network of health and social service providers to support pregnant individuals and their families and families with children from birth up to their transition to school in attaining and sustaining their health and developmental potential.
- 2) The board of health shall refer pregnant individuals and their families and families with children from birth up to their transition to school, identified with risk on the prenatal, postpartum and/or early childhood screen and who require additional support, to programs or services available in the community.
- 3) The board of health shall respond to HBHC Program referrals for all families identified with risk from other available screening opportunities.
- 4) The board of health shall enter all referrals and referral status to community programs and/or services in HCD-ISCIS or any other system specified by the ministry.

Research

- 1) The board of health shall participate in provincial HBHC Program research activities as required by the ministry.
- 2) The board of health shall inform the ministry of all research conducted with and/or by the HBHC program at the local level that impacts the delivery of the program.

Evaluation

- 1) The board of health shall participate in HBHC Program evaluation and monitoring activities as required by the ministry.
- 2) The board of health shall inform the ministry of all evaluation processes conducted with and/or by the HBHC Program at the local level that impacts delivery of the program.

Glossary

Assessment: The process of determining the nature, cause, progression and prognosis of a problem and the personalities and situations involved therein; the function of acquiring an understanding of a problem, what causes it and what can be changed to minimize or resolve it. Specifically to the HBHC Program, assessments reflect the identification of family strengths and capacities. Assessment information identifies factors that influence a parent and child's ability to develop their full potential. Factors include a client's physiological, psychological, mental, economic, behavioural, lifestyle, emotional, sociological and spiritual status.

In the HBHC Program, assessments are conducted by a professional, guided by competencies and a skill set under the direction of standards and guidelines that are sponsored by a regulatory college and meet legislative requirements and standards of the profession.

Blended home visiting: HBHC Program blended home visiting services serve families experiencing and/or at risk for challenges who have been identified with risk on the HBHC Screen (prenatal, postpartum, early childhood) and have had risk confirmed through an assessment. These services are provided by an integrated team consisting of public health nurses, family home visitors and other professionals, as approved by the ministry.

Community partners: Community partners include a broad range of service providers, organizations and leaders who have a vested interest in the well-being of children (from prenatal up to their transition to school) and their families (regardless of organization type or funding source).

Diversity: Considerations may include but are not limited to: Indigenous status, language, socioeconomic status, culture, race, ethnicity, religious affiliation, gender and sexual identity, immigration status and mental or physical ability.

Early childhood development: Refers to the physical, cognitive, linguistic, and socio-emotional development of a child from the preconception stage up to age six. This period encompasses the most rapid development in a human life. Research has found that early childhood experiences have a decisive impact on the architecture of the developing brain and therefore lay a critical foundation for later life health, well-being, cognitive capacity and social behavior.

Early identification and intervention: The prompt identification and, by implication, intervention to address early health, developmental and/or behavioural issues which may impede healthy growth and development.^[1] Research confirms the positive long term outcomes and impact over the life course that can result from providing family-centred services and programs that promote age-appropriate growth and development

and support families during the critical early years. Early identification is key for early intervention and for achieving optimal newborn, child, youth, parental, and family health.

Employees: Staff employed by or on contract with the board of health.

Family visitor/lay home visitor/family home visitor (The title of this role may change based on agency): A trained individual who works one-on-one with families modeling effective parenting, by providing HBHC Program home visiting services using specific strategies. Family/lay home visitors/family visitors receive training to become skilled peer mentors and are supported by public health nurses and/or other professionals. The role supports an HBHC blended model of home-visiting.

Family Service Plan (FSP): A standardized format for monitoring the selection, progress and achievements of goals for HBHC Program families receiving services.

Healthy Child Development Integrated Services for Children Information System (HCD-ISCIS): A provincial data system used for collecting information about the HBHC Program

Informed Consent: As defined by the College of Nurses of Ontario, based on the Health Care Consent Act, consent is informed if, before giving it the person received the information about the treatment that a reasonable person in the same circumstances would require to make a decision; and the person received responses to his/her requests for additional information about the treatment. The information must include and/or specify the:

- Nature of the treatment;
- Expected benefits of the treatment;
- Material risks and side effects of the treatment;
- Alternative courses of action; and
- Likely consequences of not having the treatment.

Intersectional approach: Such an approach recognizes that change must take place across a spectrum, from individual supports and services to organizational change. This type of approach acknowledges the unique historical, social and political contexts that an individual will experience based on their individual combination of diversity factors such as race, gender, gender identity, ability or status (Ontario Human Rights Commission).

Primary care: The first level of medical care provided by general practitioners and family physicians, nurse practitioners, nurses and other allied health professionals. The goal of primary care is to assess, treat and monitor the healthcare needs of patients.

Provide information: The act of informing, telling or sharing relevant and up-to-date knowledge on a specific subject of interest and/or family need. Information can be provided in person, by phone, in writing, email and through various media (e.g., flyers/brochures, website links, DVDs), consistent with agency policies and procedures.

Public health nurse: A baccalaureate-prepared Registered Nurse who is concerned with the health needs of the community as a whole. Public health nurses with the HBHC Program have special education and are knowledgeable about local children and family services, committed to evidence-informed practice and up-to-date with the early year's literature. They have knowledge, skills, judgment and attributes within the areas of public health and nursing science; assessment and analysis; policy and program planning, implementation and evaluation; partnerships, collaboration and advocacy; diversity and inclusiveness; communication; leadership; and professional responsibility and accountability

Screening: The act of identifying a group of people (e.g., mother, father, guardian, caregiver, child) experiencing needs, issues or risks that may compromise healthy child development and/or parenting ability and who may benefit from a more thorough evaluation and receipt of HBHC Program services or other services.

Serious occurrence: A serious occurrence is an extraordinary event that is unexpected, overwhelming or distressing and possibly dangerous. It is usually tragic or traumatic and may include, but is not limited to: serious breach of privacy, serious injury, death or serious threat. The incident occurs during the process of service delivery and results in client or staff injury (mental or physical) or death, or in an adverse outcome for the client or community partner, including injury (mental or physical) or complication.

Service coordination: A family-centred process that supports families with identified and confirmed risk in accessing services and both formal and informal supports to reflect their values, priorities, strengths and preferences. Also referred to as care coordination, service facilitation, resource coordination and/or case management, the term "service coordination" is used to acknowledge that parents and families are equal partners in assessment, decision-making and intervention.

Service coordinator: A person who is assigned (as part of the service coordination process) to guide families through the complex system of services and help them access appropriate programs and services based on a family's identified FSP goals.

Transition to school: With junior kindergarten by school boards not mandated, the population for "transition to school" is all children from birth until October of the year the child is eligible for entry into senior kindergarten, to a maximum age of 70 months.¹²

With-risk: A family is determined to be with risk, if the HBHC Screen (confirmed by an assessment and nursing judgment) identifies that there is a serious likelihood that a child may not reach his or her potential and the family may benefit from more intensive HBHC Program services (e.g., blended home visiting services, service coordination, etc.).

References

1. Ontario. Ministry of Health and Long-Term Care. Ontario public health standards: requirements for programs, services, and accountability, 2017. Toronto, ON: Queen's Printer for Ontario; Forthcoming 2017.
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 3. *Regulated Health Professions Act*, R.S.O. 1991, c. 18. Available from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm.
 4. *Nursing Act*, R.S.O. 1991, c. 32. Available from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91n32_e.htm.
 5. *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M.56. Available from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90m56_e.htm.
 6. *Child, Youth and Family Services Act*, 2017, S.O. 2017, c.14, Schedule 1. Available from <https://www.ontario.ca/laws/statute/17c14>
 7. *Ministry of Community and Social Services Act*, R.S.O. 1990, c. M.20. Available from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90m20_e.htm.
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 9. *Health Care Consent Act*, R.S.O.
 10. Ontario. Ministry of Children and Youth Services. HBHC Screen. Toronto: Queen's Printer for Ontario; 2012.
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