

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON
MUNICIPALITÉ RÉGIONALE D'OTTAWA-CARLETON

REPORT
RAPPORT

Our File/N/Réf. RC
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DATE 6 October 1997

TO/DEST. Co-ordinator, Community Services Committee

FROM/EXP. Medical Officer of Health

SUBJECT/OBJET **HEALTHY BABIES, HEALTHY CHILDREN - FAMILY VISITOR PROGRAM**

DEPARTMENTAL RECOMMENDATION

That the Community Services Committee recommend Council approve the Health Department's proposal for the implementation of the Healthy Babies, Healthy Children - Family Visitor Program.

BACKGROUND

Early childhood experiences make a critical and long-term difference in children's health and well-being during childhood and as adults. Healthy Babies, Healthy Children is a prevention/early intervention program designed to give children a better start in life. It is a joint Ministry of Health (MOH) and Ministry of Community and Social Services (MCSS) initiative under the direction of the Office of Integrated Services for Children. Healthy Babies, Healthy Children is intended to augment and strengthen existing services for families and children in the province of Ontario. The revised Mandatory Health Programs and Services Guidelines for Boards of Health include the goals, objectives and program requirements of Healthy Babies, Healthy Children. Planning for this new program is linked with the MCSS initiative *Making Services Work for People*.

The objectives of the Healthy Babies, Healthy Children program are to:

1. Increase access to and use of needs-based services and supports for children who are at risk of poor physical, cognitive, communicative, and psycho-social development, and their families.
2. Increase effective parenting ability in high risk families.
3. Increase the proportion of high risk children achieving appropriate developmental milestones.

Healthy Babies, Healthy Children involves both a focus on developing and maintaining an integrated network of health and social services and a home visiting component for at risk children from the prenatal period through the first two years of life. The Health Department is

working with MCSS and a number of other community agencies on the integration of services (Please see Appendix A for Steering Committee Members). The home visiting component of Healthy Babies, Healthy Children will provide an average of 13 home visits to 597 families who are pregnant or who have a young infant, over a two year period by a paid Family Visitor.

The Family Visitor will receive four weeks of training and will be supported and guided by a Public Health Nurse (PHN). The PHN will be responsible for assessing families, providing clinical supervision to the Family Visitors and case management. The families who are eligible for the program are those dealing with stresses that could have a negative effect on their child's ability to achieve optimal physical, cognitive, communicative, and psycho-social development. The purpose of the visits will be to build upon existing family strengths in parenting their infants.

Ottawa-Carleton will receive \$628,000 of provincial funds on an annual basis for the Healthy Babies, Healthy Children program. A proposal must be sent to the Office of Integrated Services for Children by the end of November to describe how the Healthy Babies, Healthy Children program will be implemented in Ottawa-Carleton. The first half of the funding for 1997-1998 has been received and the remainder of the funds will be released when the proposal has been approved.

PROPOSAL

The Ottawa-Carleton proposal was developed in collaboration with MCSS and the input of community agencies, coalitions and consumers at two community meetings and several meetings of the Steering and Design Committees. The proposal stresses the importance of universal access while basing the program in Community Health Centres/Community Resource Centres (CHC/CRCs) (Please see Appendix B for a list of advantages to a community-based model). Funding is available to hire seven Family Visitors and there are thirteen CHC/CRCs across the Region. Therefore, it was not feasible to assign a Family Visitor to each CHC/CRC. However, in relation to patterns of births and utilisation of resources six geographic areas in Ottawa-Carleton can be identified. These areas are the Far West, Carlington, Central, Northeast, Southeast and East (Please see Appendix B for the location of neighbourhoods in areas). The Executive Directors of the CHC/CRCs have agreed to work with the Health Department, and with each other, to make this program work.

The Family Visitors will receive clinical supervision from one of three PHNs who will be hired for the program. Each of the PHNs will be assigned to only two geographic areas to increase their familiarity with the local resources. Management and evaluation of the program will be centred in the Health Department. Family Visitors and PHNs for the program will be hired in early November with the active participation of the CHC/CRCs.

The plan for Healthy Babies, Healthy Children is to screen women during the prenatal period whenever possible, and to screen all postpartum women to identify potential risk factors. Prenatal screening will be done through prenatal classes, midwives, physicians, prenatal clinics, family resource centres and child care settings. Because most women deliver in hospital, it is possible to screen nearly all of the 10,000 women who have babies each year in Ottawa-Carleton. Postpartum screening can be completed either in the early postpartum period in the hospital or during the call

to a client by a PHN which takes place two or three days after hospital discharge. Negotiations will begin with the hospitals in November to invite their involvement in the screening process.

Women who have been screened as potentially 'at risk' for parenting difficulties will be called by a PHN to conduct a brief assessment. This assessment would reveal that some families have the capacity to manage on their own and they will be referred to nearby community resources. Other families will need a more in-depth assessment to identify appropriate interventions and supports. The in-depth assessment will be conducted by the PHN in the family's home. Families who are eligible for home visiting by a Family Visitor will be informed of the program. Participation in Healthy Babies, Healthy Children is voluntary. Protocols will be developed with community agencies and services to ensure linkages are established.

COMMUNITY CONSULTATION

There were sixty community participants at the first community meeting and fifty at the second. Participants included representatives from agencies and coalitions serving children and their parents across the Region. The community meetings offered a forum firstly to identify the process for planning Healthy Babies, Healthy Children in Ottawa-Carleton and secondly to present the draft proposal for feedback. Many of the agencies and coalitions who attended the community meeting sent representatives to the Steering and/or Design Committees.

FINANCIAL IMPLICATIONS

Annual funding of \$628,000 has been dedicated to Healthy Babies, Healthy Children in Ottawa-Carleton by the Ministry of Health. This amount is sufficient to hire the staff and provide the ongoing expenses for the program. The Health Department budget will support two thirds of the manager's salary for the next six to twelve months during the developmental phase. Once the program is established it is anticipated Healthy Babies, Healthy Children will have a neutral financial impact for the Region.

CONCLUSION

Identifying young children who are at risk of poor social, emotional, cognitive and physical health and intervening as early as possible can improve the child's life prospects. In many cases, severe problems can be prevented if professionals and other service providers who have contact with children and families intervene early to provide supports.

Healthy Babies, Healthy Children is a joint Ministry of Health and MCSS initiative under the direction of the Office of Integrated Services for Children. The program is closely linked to the MCSS restructuring identified in *Making Services Work for People*. The funding has been provided to local Boards of Health to develop and implement the program in their community.

Home visits by Family Visitors, supported by PHNs, has been demonstrated to have a positive impact on the healthy growth and development of children. Basing this program in the community will offer additional benefits across the Region.

A copy of the draft proposal is available on request from the Co-ordinator, Community Services Committee.

Approved by

Robert Cushman, MD, MBA, FRCPC

Appendix A

Members of Steering Committee

Judith Dunne
MCSS

Suzanne O'Byrne
United Way

Cathy Fortier
Canadian Mothercraft

Barbara Roadhouse-Bresnahan
Social Services

Fadma Abubakar
Consumer

Heather McCormack
O-C Regional District Health Council

Danielle Galipeau
Executive Director
ASPOC

Patricia Niday
Perinatal Education Program of Eastern
Ontario

Nancy McNider
Executive Director
St. Mary's Home

Zelda Shore
Pinecrest-Queensway Health and Community
Services

Bev Ingram
Infant Development Program
Centretown Community Health Centre

Carol Burke
Executive Director
Parent Resource Centre

Nicki Sims-Jones
Acting Program Manager
Ottawa-Carleton Health Department

Denise Albrecht
Director, External Development
CHEO

Claudette Nadon (Chairperson)
Director, Child and Adolescent Directorate
Ottawa-Carleton Health Department

Peter Dudding
Associate Executive Director
Children's Aid Society of Ottawa-Carleton

Thérèse Preston
Executive Director
Cumberland Township Community Resource
Centre

Anne Marie Chatel
Directrice
Cooperative Carrousel pour parents
(gardiennes), et enfants francophones

Appendix B

THE ADVANTAGES OF BASING THE PROGRAM IN COMMUNITY AGENCIES

- ◇ The community agency already knows their own community well and has good community links.
- ◇ Would provide the home visitors with strong community links and sense of being a team with other agency staff.
- ◇ HB/HC would fit well into the mix of services already offered by the agencies and could augment existing home visiting services provided by the agencies.
- ◇ Could leverage additional resources for home visiting services through the agency.
- ◇ Families may be more likely to use other services at the agency if they have received home visits from someone based at the agency. This may decrease the family's need for long-term home visiting.
- ◇ Home visiting alone has not been demonstrated to have an impact and this model allows home visiting to be a part of a system of services.
- ◇ Builds on community capacity.
- ◇ Minimises travelling distance of home visitors.

Appendix C

Description of Areas

Far West Area

Census Tract Number	Neighbourhood Name
B19	Pinecrest- Queensway East
B20	Pinecrest- Queensway West
C2	Bells Corners
C3	Nepean Central
C5	Nepean North
E1	Bridlewood
E2	Glencairn
E3	Katimavik
E4	Beaverbrook
E5	South March
I	Goulburn
J	West Carleton

Carlington Area

Census Tract Number	Neighbourhood Name
B2	Carleton Heights
B3	Carlington
B6	Copeland
B24	Westboro
C1	Barrhaven
C4	Nepean East
C6	Nepean West
K	Rideau

Central Area

Number	Name
B4	Centre Town
B7	Dalhousie
B8	Glebe
B13	New Edinburgh
B14	Ottawa East
B15	Ottawa South
B17	Ottawa West
B23	Sandy Hill
L	Rockcliffe

East Area

Census Tract Number	Neighbourhood Name
D1	Beaconhill
D2	Blackburn Hamlet
D3	Orleans South
D4	Mer Bleue
D5	Blossom Park/Windsor Park
D6	Convent Glen
D7	Cyrville
G1	Cumberland Urban
G2	Cumberland Rural

North East Area

Census Tract Number	Neighbourhood Name
B11	Lower Town
B12	Ottawa North East
B18	Overbrook
F	Vanier

South East Area

Census Tract Number	Neighbourhood Name
B1	Alta Vista
B5	Clementine
B9	Hunt Club East
B10	Hunt Club West
B16	Ottawa South East
B21	Riverside Park
B22	Riverview/Hawthorne
D5	Blossom/Windsor Park
D8	Hawthorne
H	Osgoode