

# Healthy Babies Healthy Children Protocol

## Preamble

The Ontario Public Health Standards (OPHS) are published by the Minister of Health and Long-Term Care under the authority of the Health Protection and Promotion Act (HPPA)<sup>1</sup> to specify the mandatory health programs and services provided by boards of health. Protocols are program and topic specific documents which provide direction on how boards of health must operationalize specific requirement(s) identified within the OPHS. They are an important mechanism by which greater standardization is achieved in the province-wide implementation of public health programs.

Protocols identify the minimum expectations for public health programs and services. Boards of health have the authority to develop programs and services in excess of minimum requirements where required to address local needs. Boards of health are accountable for implementing the standards including those protocols that are incorporated into the standards.

## Purpose

This protocol has been developed to provide direction to boards of health in delivering the Healthy Babies Healthy Children Program. Boards of health shall provide Healthy Babies Healthy Children Program services to women and their families in the prenatal period and to families with children up to six years old. The provision of the Healthy Babies Healthy Children Program is mandatory for all boards of health, but family participation in the program is voluntary. Family consent is required for the provision of all components of the Healthy Babies Healthy Children Program.

For more information on best practices for implementing the Healthy Babies Healthy Children Program, refer to the *Healthy Babies Healthy Children 2003 Consolidated Guidelines*<sup>2</sup> (or as current) and *Healthy Babies Healthy Children 2003 Complete Guide to Screening and Assessment*<sup>3</sup> (or as current).

## Reference to the Standards

The table below identifies the OPHS program standards and requirements to which this protocol relates.

Standard	Requirement
Reproductive Health	Requirement #7: The board of health shall provide all the components of the Healthy Babies Healthy Children Program in accordance with the <i>Healthy Babies Healthy Children Protocol, 2008</i> (or as current) (Ministry of Children and Youth Services).
Child Health	Requirement #9: The board of health shall provide all the components of the Healthy Babies Healthy Children Program in accordance with the <i>Healthy Babies Healthy Children Protocol, 2008</i> (or as current) (Ministry of Children and Youth Services).

Legal and professional requirements are addressed under existing legislation and guidelines, such as the Regulated Health Professions Act,<sup>4</sup> the Nursing Act,<sup>5</sup> the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA),<sup>6</sup> the Child and Family Services Act (CFSA),<sup>7</sup> the Ministry of Community and Social Services Act,<sup>8</sup> and the Personal Health Information Protection Act.<sup>9</sup>

## Operational Roles and Responsibilities

### 1) General policy/practice requirements

- a) Legislation, standards of care, and professional practice
  - i) The individuals, agencies, and organizations that deliver the Healthy Babies Healthy Children Program shall comply with all relevant legislation, regulations, policy, and legal agreements, and with accepted standards of care and professional practice.
- b) Informed consent, confidentiality, and disclosure
  - i) Confidentiality and consent provisions are articulated in legislation, regulation, policy, and legal agreements specific to particular programs and agencies. Compliance with the appropriate legislation and regulation is a requirement under the law.
  - ii) The board of health shall develop an appropriate policy concerning confidentiality and disclosure of client information, and this policy shall be approved in writing by their Information Privacy Coordinator.
- c) Duty to report
  - i) The Child and Family Services Act (CFSA)<sup>7</sup> requires any person who has reasonable grounds to suspect that a child is or may be in need of protection to report that suspicion and the information on which it is based to child protection services forthwith. In the case of persons who perform professional duties with respect to children, the Act also sets out that they could be liable to a penalty for not reporting.
  - ii) In addition to the legal requirement to report, the board of health shall require all employees who work with children and families to consult with the child protection services about any family situation in which child protection advice would be helpful.
  - iii) The board of health shall provide that all employees who deliver the Healthy Babies Healthy Children 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.
- d) Personal Safety
  - i) The board of health shall provide the education and training to all employees needed to implement policy and procedures and deal with personal safety issues or safety issues for the child and family that may arise in cases of children in need of protection.
- e) Service agreements
  - i) The board of health shall maintain current agreements with the services and organizations that help deliver the Healthy Babies Healthy Children Program, including hospitals, midwives, prenatal clinics, the Children's Aid Society, primary care providers, and any other health or social service agency that provides screening, assessment, home visiting, or service coordination services for the Healthy Babies Healthy Children Program.
  - ii) The board of health shall provide ongoing education, training, and support to all employees responsible for the delivery of the Healthy Babies Healthy Children Program.

### 2) Screening

- a) Prenatal screening
  - i) The board of health shall work with health service providers involved in prenatal care to offer screening to all pregnant women.
  - ii) The board of health shall use and promote the prenatal screening tool as prescribed by the Ministry of Children and Youth Services (the "ministry").
  - iii) The board of health shall establish a procedure for obtaining the results of the prenatal screens.
  - iv) The board of health shall be responsible for entering the results of the prenatal screen in the Integrated Services for Children Information System (ISCIS) or any other method specified by the ministry.
- b) Postpartum screening
  - i) The board of health shall work with hospitals and midwives to provide that all women who give birth in Ontario are offered a postpartum screen.
  - ii) The board of health shall use the postpartum screening tool as prescribed by the ministry.

- iii) The board of health shall work with hospitals and midwives to establish a procedure for notifying the boards of health of all births and obtaining the results of all postpartum screens.
  - iv) The board of health shall be responsible for entering the results of the postpartum screen in ISCIS or any other method specified by the ministry.
- c) Early childhood screening and promotion
- i) The board of health shall work with primary care providers, educators, and providers involved in early learning and child development to provide that all families have access to screening for healthy child development throughout the early years.
  - ii) The board of health shall identify local champions/opinion leaders and engage them in strategies to increase primary care providers' participation in interdisciplinary educational opportunities in child development.
  - iii) The board of health shall promote the use of the *Rourke Well Baby Record: Evidence Based Infant/Child Health Maintenance Guide (Ontario version)*<sup>10</sup> by primary care providers to review and evaluate child development and to serve as the record for all of their well-baby visits.
  - iv) The board of health shall provide parents with the Nipissing District Developmental Screen<sup>TM11</sup> for use in monitoring their child's achievement of developmental milestones.
  - v) The board of health shall provide local contact information for parents to discuss results and arrange follow-up.
  - vi) The board of health shall work with primary care providers and community partners to develop procedures for referring at-risk families to the Healthy Babies Healthy Children Program and sharing results of early childhood screens.

### 3) Assessment

- a) General
- i) The board of health shall conduct brief assessments using the brief assessment tool as prescribed by the ministry and in-depth assessments using the in-depth assessment tool as prescribed by the ministry. The tools shall be completed by public health nurses.
  - ii) The board of health shall integrate family assessment information with their consent, when obtained from other organizations.
  - iii) The board of health shall record all assessment results in ISCIS or any other method specified by the ministry.
- b) Prenatal assessment
- i) The board of health shall conduct a brief assessment on all consenting pregnant women who have been identified as at-risk by the prenatal screening tool. If the pregnant woman is identified as at-risk through the brief assessment, the board of health shall conduct an in-depth assessment using the in-depth assessment tool.
- c) Postpartum assessment
- i) The board of health shall conduct a brief assessment on all consenting postpartum families. If the family is identified as at-risk through the brief assessment, the board of health shall conduct an in-depth assessment using the in-depth assessment tool.
- d) Early identification assessment
- i) The board of health shall conduct a brief assessment on all consenting families with children from six weeks to six years who are referred to the Healthy Babies Healthy Children Program. If the family is identified as at-risk through the brief assessment, the board of health shall conduct an in-depth assessment using the in-depth assessment tool.

### 4) Support services

- a) General
- i) The board of health shall record and track the Healthy Babies Healthy Children Program services provided to pregnant women and families with children up to six years old in ISCIS or any other method specified by the ministry.

- b) Prenatal Support Services
  - i) The board of health shall provide all pregnant women with access to information about the prenatal period that will help families promote healthy child development.
  - ii) The board of health shall refer pregnant women identified as high-risk by the in-depth assessment tool to the Healthy Babies Healthy Children Program blended home visiting services and other community services.
- c) Postpartum support services
  - i) The board of health shall provide that all families who have given their consent are contacted by a public health nurse within 48 hours of being discharged from a birth admission.
  - ii) The board of health shall offer all families of newborns a home visit from a public health nurse.
  - iii) The board of health shall provide all families, including families that do not choose to have a home visit, information about community resources for parents.
  - iv) The board of health shall refer families identified as high-risk by the in-depth assessment tool to the Healthy Babies Healthy Children Program blended home visiting services and other community services.
- d) Early identification support services
  - i) The board of health shall refer families identified as high-risk by the in-depth assessment tool to the Healthy Babies Healthy Children Program blended home visiting services and other community services.

## 5) Blended home visiting services

- a) The board of health shall provide home visiting services for pregnant women and families with children up to six years old identified as high-risk by the in-depth assessment tool.
- b) The board of health shall use a blended model of home visiting by public health nurses, family home visitors, and other professionals with the permission of the ministry.
- c) The board of health shall plan home visiting services in collaboration with the family. Home visiting services is usually delivered ideally in the home, but may be delivered in an early years community setting that families and children attend, or in an alternative setting that is mutually agreeable.
- d) The board of health shall establish policies and procedures to manage home visiting services.
- e) The board of health shall work with pregnant women and their families, and families with children up to six years old to access the Healthy Babies Healthy Children Program blended home visiting services and to develop a family service plan.
- f) The board of health shall identify and implement tools to determine a family's level of service and readiness for discharge.
- g) The board of health shall record and track the blended home visiting services in ISCIS or any other method specified by the ministry.

## 6) Service coordination

- a) The board of health shall offer service coordination to all pregnant women and their families, and families with children up to six years old eligible for home visiting services and identify a service coordinator.
- b) The board of health shall develop procedures to support service coordination in conjunction with community partners.
- c) The board of health shall record and track service coordination in ISCIS or any other method specified by the ministry.

## 7) Referrals to community services

- a) The board of health shall develop and maintain a network of health and social service providers to support pregnant women and their families, and families with children up to six years old in attaining and sustaining their health and developmental potential.
- b) The board of health shall refer all pregnant women and their families, and families with children up to six years old who require additional support to community programs or services available in the community.
- c) The board of health shall record and track the referrals to community programs and/or services in ISCIS or any other method specified by the ministry.

## 8) Service and system integration

- a) The board of health shall engage the community and be engaged with the community in planning and delivering the Healthy Babies Healthy Children Program through representation and participation at community network tables.
- b) The board of health shall work with other service providers to coordinate service delivery to clients as needed. The list of service providers may include the following:
  - Aboriginal Head Start Programs;
  - Aboriginal Healing and Wellness Strategy;
  - Aboriginal Healthy Babies Healthy Children (AHBHC);
  - Adult Mental Health service organization;
  - Autism Program;
  - Best Start Hubs;
  - Best Start Networks;
  - Blind Low Vision Early Intervention Program;
  - Canada Prenatal Nutrition Program (CPNP);
  - Child welfare services;
  - Children in Need of Treatment (CINOT) Program;
  - Children's Mental Health service organizations;
  - Children's Treatment Centres;
  - College of Midwives of Ontario;
  - Community Action Program for Children (CAPC);
  - Family Health Teams, family practice networks, community health centres, community clinics and reproductive health services;
  - First Nations Inuit Health Branch, Health Canada;
  - Hospitals;
  - Infant Development Program;
  - Infant Hearing Program;
  - Integrated Services Northwest (ISN);
  - Local Child Health Networks;
  - Local children's services networks;
  - Local Health Integration Networks (LHINs);
  - Local midwifery practices;
  - Municipal programs, such as child care and Ontario Works;
  - Ontario Early Years Centres;
  - Other child and family services;
  - Prenatal programs;
  - Preschool Speech and Language Program;
  - Related board of health public health programs;
  - School Boards; and
  - Women's Emergency Shelters.

- c) The board of health shall promote the Healthy Babies Healthy Children Program to community partners.
- d) The board of health shall develop procedures with primary care providers and community partners for:
  - i) Referring pregnant women and their families, and families with children up to six years old to other agencies; and
  - ii) Accepting referrals from other agencies and individuals.

## 9) Evaluation

- a) The board of health shall participate in provincial Healthy Babies Healthy Children Program evaluation activities.

## Glossary

**48 Hour Postpartum Contact:** Families who have given their consent are contacted by a public health nurse within 48 hours of being discharged from a birth admission. The contact is made preferentially by phone but if the family cannot be contacted by phone then they can be contacted by other means.

**Assessment:** The Healthy Babies Healthy Children Program evaluates a broad range of economic, psychosocial, behavioural, and lifestyle factors that affect families and that will influence the child's ability to develop to his or her full potential.

Assessments are delivered in two stages:

- Determination of “at-risk” situations based on nursing judgment and the results of a brief assessment, using the tool prescribed by the Ministry of Children and Youth Services.
- Determination of “at high-risk” situations based on nursing judgment and the results of an in-depth assessment, using the tool prescribed by the Ministry of Children and Youth Services.

**At-risk:** A family is “at-risk” if determined through a brief assessment and nursing judgment, that there is some risk that a child may not reach his or her full potential.

**Blended home visiting:** Home visiting services are provided by an integrated team consisting of public health nurses, family home visitors and other professionals. The members of the team coordinate their work to enhance the family's parenting capacity.

**Early identification:** Early identification is the use of screening and monitoring tools by professionals and parents to determine whether children are achieving developmental milestones. Early identification can occur any time after the postpartum period up to school entry (six weeks to six years).

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

**Family Home Visitor:** Family home visitors are people from the community who work one-to-one with families in their homes, modeling effective parenting. Family home visitors receive training to become skilled peer mentors and are supported by public health nurses and/or other professionals.

**High-risk:** A family is “high-risk” if determined through an in-depth assessment and nursing judgment that there is a serious risk that a child may not reach his or her potential and the family may benefit from the more intensive Healthy Babies Healthy Children Program services (blended home visiting, service coordination).

**Public Health Nurse:** Public health nurses are knowledgeable about local children's and family services, committed to evidence-based practice, and up-to-date with the early years literature. They have skills in adult education, health teaching, communication, problem solving, conflict resolution, strength-based planning, and child and family health and/or other areas.

**Screening:** Screening is a process that is universal or population-based. It is the first step in identifying pregnant women and families with children up to six years old who may need the Healthy Babies Healthy Children Program's services or other services.

The Healthy Babies Healthy Children Program offers screening services at three stages:

- Prenatal screening;\*
- Postpartum screening; and
- Early childhood screening.

**Service coordination:** Service coordination is a family-centred process that supports high-risk families in accessing services and supports.

## References

1. *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7.  
Available from [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_90h07\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm).
2. Ministry of Health and Long-Term Care; Ministry of Community, Family and Children's Services. Healthy Babies Healthy Children consolidated guidelines. Toronto, ON: Queen's Printer for Ontario; 2003.
3. Ministry of Health and Long-Term Care; Ministry of Community, Family and Children's Services. Healthy Babies Healthy Children complete guide to screening and assessment. Toronto, ON: Queen's Printer for Ontario; 2003.
4. *Regulated Health Professions Act*, 1991, S.O. 1991, c. 18.  
Available from [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_91r18\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm).
5. *Nursing Act*, 1991, S.O. 1991, c. 32.  
Available from [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_91n32\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91n32_e.htm).
6. *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M.56.  
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7. *Child and Family Services Act*, R.S.O. 1990, c.C.11.  
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8. *Ministry of Community and Social Services Act*, R.S.O. 1990, c. M.20.  
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9. *Personal Health Information Protection Act*, S.O. 2004, c. 3, sched. A.  
Available from [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_04p03\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm).
10. Rourke L, Leduc D, Rourke J. Rourke Baby Record: Evidence Based Infant/Child Health Maintenance Guide (Ontario version). Revised May 2006. Available from [http://www.rourkebabyrecord.ca/documents/RBR\\_Ont\\_EN.pdf](http://www.rourkebabyrecord.ca/documents/RBR_Ont_EN.pdf).
11. Nipissing District Developmental Screen™. North Bay, ON: Nipissing District Developmental Screen Intellectual Property Association; 1993.

\* 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 Healthy Babies Healthy Children 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).