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SUMMARY REPORT

Delivery of the Healthy Babies Healthy Children Program during the COVID-19 Pandemic

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Introduction

At the request of Ontario's Ministry of Children Community and Social Services, Public Health Ontario conducted an evaluation of public health units' restoration of the Healthy Babies Healthy Children Program in partnership with the Public Health Nursing Practice Research and Education Program at McMaster University's School of Nursing. Data collection for the evaluation took place from September 2021 to April 2022 and the evaluation was completed in November 2022. This document provides a summary of the findings submitted to MCCSS. For more information about the evaluation, please contact hpcdip@oahpp.ca.

Background

The Healthy Babies Healthy Children Program (HBHC) is a home visitation program that public health units (PHUs) across Ontario are mandated to deliver. HBHC provides screening, assessment, and support to families from the prenatal period through the early childhood period, identifying risks to healthy child development and assisting families in areas related to nutrition, breastfeeding, positive parenting, and family well-being.[1]

Global COVID-19 Pandemic

On March 11, 2020 the World Health Organization declared the novel coronavirus (SARS-CoV-2) outbreak and the disease it causes (COVID-19) a pandemic.[2] The COVID-19 pandemic and subsequent community-based public health measures have had negative impacts on the health and well-being of children and their families.[3] Research indicates the level of parents' perceived stress due to the COVID-19 pandemic may exacerbate or buffer children's mental health and behaviour issues.[3] Based on the results of a provincial online survey conducted from May 5 to June 19, 2020, 57% of caregivers reported elevated depressive symptoms and one third of parents reported needing assistance with their children's mood and/or behaviour during the initial phases of lockdown in Ontario.[4] Survey responses also showed moderate to high levels of interpersonal conflict between family members with 40% of parents reporting being picky and "on their child's back" when stressed or upset.[4] In addition, more than one-half of parents stated they would be interested in receiving parenting tips and information about children during the COVID-19 pandemic.[4]

As the needs of families were increasing, public health services in child and family health were diminishing as a result of public health measures that required physical and social distancing. The public health programs and services typically available to support families with young children, especially those with complex needs, saw a redeployment of staff to lead public health responses to the pandemic (e.g., vaccination delivery, contact and case management) which in many communities resulted in a reduction

of services particularly in the identification of families with needs and provision of early intervention programming and health promotion activities through home visiting.

Request to Restore HBHC Service Delivery

The Ontario Ministry of Children, Community, and Social Services (MCCSS) recognized that the COVID-19 pandemic placed unprecedented challenges on PHUs, which impacted HBHC and other early intervention services and reduced the capacity to which they were delivered. However, due to physical distancing guidelines and closure of facilities, many children and families lost other supports and have become more vulnerable with increased risks of missed opportunities related to child safety, optimal health and development.[4] Given the impact of the pandemic on children and families, it was important that HBHC and early intervention services be prioritized for vulnerable families and children during this challenging time. On March 11, 2021, MCCSS sent a memo to all PHUs requesting that they restore service delivery to HBHC. PHUs were asked to identify flexible and/or innovative approaches to prioritize the restoration of services through a service delivery plan that was provided to MCCSS. At the request of MCCSS, Public Health Ontario (PHO) conducted an evaluation of the restoration of HBHC services in partnership with the Public Health Nursing Practice Research and Education Program (PHN-PREP) at McMaster University's School of Nursing.

The evaluation aimed to identify:

- remaining gaps in planned HBHC services
- contextual factors influencing HBHC service restoration

Methods

A mixed method study was conducted that incorporated quantitative data from the Healthy Child Development Integrated Services for Children Information System (HCD-ISCIS database), review of PHU 'return to service' plans, and qualitative data from 33 interviews with HBHC Managers, Supervisors, and other key informants. Changes in program outcomes and delivery were explored and compared across three time periods: the pre-pandemic period (2017-2019), the pandemic period (March 2020-March 2021) and the return to service period (April 2021-March 2022). This document provides a summary of the evaluation results.

Key Findings

The majority of PHUs were unable to resume HBHC services as requested by MCCSS, and had not returned to pre-pandemic service volumes, despite some making concerted efforts to reinstate the program by March 2022. The contextual factors contributing to this outcome included ongoing redeployment of staff along with a hesitancy to reinstate public health staff amid ongoing uncertainty about future COVID-19 waves, time required to re-train or re-certify staff returning to the program, and time required to re-build collaborations and referral processes with community partners involved in the HBHC program.

All of the core components of the HBHC program were impacted by reductions in staff numbers and capacity, not only due to province-wide nursing shortages and staff redeployment, but also trauma and burnout experienced by the public health workforce. There were decreases found in the number of universal screens, IDAs, and home visits completed in both the pandemic and return to service periods, as compared to the pre-pandemic period.

- **HBHC 36-item Universal Screen**: The screening rate as a proportion of live births decreased 7.4%. Screening rates were not as impacted as other program components, with higher rates of completion among PHUs that maintained their hospital liaison nurses. The number of completed screens did not recover to pre-pandemic levels by March 2022. Changes to screening criteria were implemented in some PHUs, all of which did not count risk factors in the labour and delivery section to help identify the families at highest risk and facilitate the allocation of limited resources.

- **In-Depth Assessment Contact and In-Depth Assessment (IDAC/IDA)**: The total number of IDACs and IDAs decreased during the pandemic. IDACs were less impacted than expected, with some PHUs completing screening and IDACs in a single telephone call. The percentage of successful IDACs (all entry levels) decreased by 7% in the pandemic and return to service periods compared to the pre-pandemic period. Provincially, the number of IDAs performed decreased 47.3% during the pandemic compared to the pre-pandemic period and decreased another 5.5% in the return to service period compared to the pandemic. However, this decrease was not uniform across regions. The quality of IDAs was also perceived to decline when nurses were required to complete the assessment by phone or videoconference. It was also an issue when nurses or families did not have access to necessary technology.

- **Blended Home Visiting and Family Service Plans**: Home visiting was severely reduced over the course of the pandemic, partially because of measures to reduce COVID-19 transmission. Home visiting volume dropped by 64.7% provincially, and up to 89.9% in large, urban regions. Services rebounded before the MCCSS memo was issued, representing a 22% increase in the return to service period compared to the pandemic period. Most health units transitioned in the first few months of the pandemic to virtual platforms and phone contacts to connect with clients. Few PHUs reinstated in-person home visiting, despite being the preferred modality for connecting with clients. The number of home visits stabilized at a low level by March 2022 (42.3% compared to pre-pandemic). For nurses who remained in HBHC, caseload numbers increased, as did the complexity and acuity of clients receiving home visits, which required more staff time. Family Service Plans were completed less often than pre-pandemic, and the goals they contained were prioritized to those that could be easily addressed by phone or videoconference. There were significant decreases in topics such as healthy attachment, positive parenting, and safe environment which are goals that likely require in-person intervention rather than virtual interaction. Growth and development and parental health were significantly more likely to be identified during the pandemic and return to service periods compared to pre-pandemic.

- **48 Hour Postpartum Contact for Those without Risk:** Likely due to data limitations and previous changes to the protocol pre-pandemic, there was a small significant decrease in postpartum contacts during the pandemic and return to service periods. There may also be a reduced impact as some PHUs transitioned to contacting all postpartum individuals, while others opted to not contact any individuals without risk.

Importantly, staff who remained in HBHC rapidly transitioned to identifying alternate, innovative strategies for identifying and supporting families. This included changes to screening criteria and protocols that reduced the number of eligible clients deemed to be at risk, use of videoconferencing and telephone support, provision of outdoor visits, and strengthened partnerships with community agencies.

Variation between PHUs in the success of service restoration could largely be attributed to the commitment to the program from senior PHU leadership. In health units with senior leaders that felt the HBHC program was essential, more services were maintained throughout the pandemic. Additional contextual factors that influenced adoption of the return to service plans include local rates of COVID-19 cases and the extent to which local community agencies were restarting their own services.

PHUs identified that HBHC reinstatement planning and implementation was happening in a **context of constant change and increasing complexity**. Program leads, while recognizing the imperative need to reinstate HBHC services, had to take multiple factors into consideration in their planning, including increased client complexity, structural and operational changes among community agencies and the need to reinvest in key partnerships, needing to be able to "pivot on a dime" if they, or any of their staff, were needed to again support COVID-19 programming and difficulties in filling vacancies given provincial nursing shortage challenges.

Contextual Factors for Service Resumption

PHUs also identified areas for strengthening the program once full resumption is in place.

These areas included:

- Regular, consistent communication from the MCCSS
- Development of a theoretical model to underpin the HBHC program, with a focus on continuous quality improvement
- A review and update of the HBHC program to improve consistency in program delivery across the province, including clear guidance on:
    - role expectations and scope of practice for home visitors
    - length and number of home visits
    - virtual service delivery
    - triaging and waitlist management
    - education and training
    - reportable indicators or outcomes
- Increased funding and resourcing for HBHC, including mechanisms to facilitate resource sharing between health units and the development of new support roles (e.g., social worker positions)
- Opportunities for HBHC teams to connect with one another for collaborative problem solving and the establishment of mutual understanding of role expectations, such as through a MCCSS-led Community of Practice
- Full access to relevant data in the HCD-ISCIS database for HBHC teams, to enable the production of analytical reports and the identification of data trends to support decision-making
- Development of a reference guide and training for new managers and staff on how to use the HCD-ISCIS database

At the community level, interviewees spoke about the importance of re-establishing local and regional partnerships to enhance referral pathways, promote earlier referrals, activate working groups and communities of practice, and enable resource sharing across PHUs.

At the organizational and program levels, the additional steps required for the return to full service delivery of HBHC include:

- Reinstatement of adequate human resources to the program, including program leads who are experts in particular areas of program administration
- The prioritization of employee wellness, including the provision of mental health supports for staff
- The allocation of technology to enable virtual supports, such as computers and Wifi services
- Renewed orientation and training of staff on various HBHC program components, including NCAST, Parent-Child-Interaction Scales, PIPE, the HCD-ISCIS database, home visiting best practices, and supporting client mental health.

Conclusion

The COVID-19 pandemic had a substantial impact on the functioning of the HBHC program, with notable capacity limits that made it difficult to meet clients' increased needs and to effectively return to full service delivery following the MCCSS memo in March 2021. This being said, the dedication, resilience and creativity of the PHU staff and management who remained part of the HBHC program over the pandemic and recovery periods enabled adjustments that kept the program running, as well as important reflections on what is needed to maintain and strengthen the delivery of the HBHC program moving forward.

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