National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

Pan-Canadian Inventory of Public Health Early Child Home Visiting

Key Facts & Glossary

DECEMBER 2009

National Collaborating Centre
for Determinants of Health

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National Collaborating Centre for Determinants of Health
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Contents

Key Facts

Public health early child home visiting programs have been delivered for many years in every province and territory in Canada. Recently, these programs have been receiving renewed attention due to their impact on healthy child development outcomes. In order to identify the provincial/territorial similarities and differences in home visiting programs in Canada, and to illuminate the evidence that early child home visiting improves the health equity and health outcomes of children and their families, the NCCDH conducted a comprehensive, pan-Canadian environmental scan of these programs.

This environmental scan was conducted through telephone interviews with key informants, and provided an inventory of the current structures and practices of early child home visiting programs throughout Canada. The scan gathered information that could then be used to examine the relationship between home visiting, the determinants of health, health outcomes and health equity.

The *Key Facts and Glossary* provides insight into important topics such as: key practitioners involved, preferred curricula used to guide practice, professional development practices, evidence-informed screening and assessment tools, evaluation, the presence of an overarching early child development framework and how the social determinants of health are used within Canadian programs. Presented together by jurisdiction, these key topics provide a snapshot of the current status of Canadian provincial/territorial and national home visiting programs.

For more detailed information, please refer to the technical report, *Pan-Canadian Inventory of Public Health Early Child Home Visiting: Final Report* (December 2009).

	NU	NWT	YT*	
Name of public health early child home visiting program	Home and Community Care Program: Great Kids Program	Healthy Family Program	No distinct home visiting program. Home visiting is used as a strategy to deliver preventive public health programs to all new mothers	
Key Workers involved	▪ Home and Community Care Workers ▪ Home Care Nurses ▪ Community Health Centre Nurses	▪ Family Home Visitors ▪ Coordinators (social workers or nurses) ▪ Community/Public Health Nurses ▪ Community Health Representatives	▪ Community Health Nurses ▪ Primary Health Care Nurses ▪ Family Support Workers	
Curricula used to guide practice	Growing Great Kids	Growing Great Kids	Information not available*	
Training and professional development	Region specific	▪ Growing Great Kids ▪ Support to staff for continuing education ▪ Training in core program areas	Information not available	
Screening and assessment tools	Nunavut Home and Community Care Program Assessment Tool	▪ Healthy Family Screen ▪ Nipissing District Development Screen ▪ Infant Hearing Screening Program ▪ Edinburgh Postnatal Depression Scale	Information not available	
Evaluation	No evaluation	Healthy Family Program Evaluation (February 2007)	Information not available	

	BC**	AB	SK	MB
	No provincial program. Name varies with each regional health authority	Home Visitation (regional names may vary)	KidsFirst	Families First
	▪ Public Health Nurses ▪ Registered Nurses with advanced clinical training ▪ Allied Professionals ▪ Para-professionals	▪ Public Health Nurses ▪ Home Visitors (Allied Health Professionals)	▪ Para-professionals (Screening clerks, ward clerks, maternity nurses refer from hospital, using a modified Parkyn Tool. Positive screens are directed to the KidsFirst program. If the program does not match the need, KidsFirst refers to public health.)	▪ Public Health Nurses ▪ Para-professionals
	▪ Growing Great Kids ▪ BC Perinatal Health Program ▪ High Priority Parenting Program	▪ Growing Great Kids ▪ Invest in Kids ▪ Healthy Families America	▪ Growing Great Kids	▪ Growing Great Kids ▪ Invest in Kids ▪ Literacy training ▪ Triple P ▪ Other
	▪ Core training in Growing Great Kids ▪ Variety of content areas – orientation, breastfeeding, attachment	▪ Core and wrap-around training in Growing Great Kids, Invest in Kids and Healthy Families America	▪ Training requirements are standardized ▪ Core curriculum training in Growing Great Kids ▪ Core training in 'duty to report', shaken baby, others ▪ Reflective supervision and infant-parent attachment	▪ Initial orientation: core training, role orientation, various curricula ▪ Ongoing training on selected topics
	▪ Parkyn Tool ▪ Edinburgh Postnatal Depression Scale ▪ Ages and Stages Questionnaire	▪ Healthy Families America ▪ Healthy Baby Healthy Child ▪ Calgary Screen ▪ Parkyn Tool ▪ Kempe Family Stress Checklist	▪ Adapted version of the Parkyn Tool ▪ Ages and Stages Questionnaire ▪ Better Beginnings Better Futures Assessment tool	▪ Families First Screening Form based on the Parkyn tool ▪ Parent survey based on Kempe Family Stress Checklist
	Of the 19 regional programs, eight have been evaluated.	Pre and post survey with outcomes Logic models Calgary Postpartum Screen (2007): http://ahvna.org/measurementtoolkit/	KidsFirst Evaluation: *Making a Difference: Minus Nine to Three Years*. (2002). Evaluation of screening tools in progress.	Evaluation of Families First, including Screening Tool: *Manitoba's BabyFirst Program: A Way to Reduce Child Maltreatment?* (2007).

	NU	NWT	YT*	
Early Child Development Framework	Developing Healthy Communities: A Public Health Strategy for Nunavut (2007)	Early Childhood Development Framework for Action Early Childhood Development Initiative (2000) and Early Learning and Childcare Multilateral Framework (2003)	Department of Health and Social Services' larger strategy provides comprehensive care for Yukon residents.	
Determinants of health	Guiding principle of the Public Health Strategy: "Use approaches that address root causes of poor health"	Home visiting practices provide insight into the living conditions of NWT families, but does not address the causes of inequities	Information not available.	
Contact information	Website: http://www.gov.nu.ca/health/	Website: http://www.hlthss.gov.nt.ca/default.htm	Tel: 867-667-3745 Website: http://www.hss.gov.yk.ca/programs/family_children/early_childhood/healthy_families/	

*The Yukon Territory respondent, rather than completing the standardised survey, submitted a summary description of the home visiting strategy in that Territory.

** British Columbia does not have a province-wide ECD Home Visiting program; hence the information presented here does not necessarily represent a provincial approach.

	BC**	AB	SK	MB
	No provincial policy framework guiding home visiting. Several ECD frameworks have been developed including "Strong Safe and Supported: A commitment to BC's children and youth"	No provincial policy framework exists for early child development. Several government departments play a role in home visiting.	Saskatchewan's Action Plan for Children (1993) Interdepartmental ECD strategy in place under the Ministry of Education.	Healthy Child Manitoba (HCM) is the larger policy framework that bridges 8 government departments.
	The Government Action Plan to Combat Poverty and Social Exclusion ensures determinants of health are well-integrated into and a major focus of home visiting practice.	▪ Determinants of health are addressed by home visiting ▪ One goal is to 'even out inequities.'	The home visiting program was designed to focus on prevention strategies grounded in the determinants of health	Touches on all determinants of health; there is a strong focus on causes and circumstances that put children at risk for less than optimal development.
	Tel: 604-660-2421 Email: EnquiryBC@gov.bc.ca Website: http://www.mcf.gov.bc.ca/early_childhood/index.htm	Tel: 780-429-4787 Email: info@ahvna.org Website: http://www.ahvna.org/ http://www.eastcentralalbertacfsa.gov.ab.ca/home/574.cfm	Tel: 306-787-6532 Website: http://www.education.gov.sk.ca/KidsFirst	Email: healthychild@gov.mb.ca Website: http://www.gov.mb.ca/healthychild/familiesfirst/index.html

	ON	QC	NB **	NS	
Name of the public health early child home visiting program	Healthy Babies Healthy Children	Services Intégré en Périnatalité pour la Petite Enfance à l'Intention des Familles Vivant en Contexte de Vulnérabilité Integrated perinatal and early childhood services for families living in vulnerable situations	PH** (see Note below): ▪ Prenatal & Postnatal Screening and Intervention SD** (Social Development): ▪ Home-based Early Intervention Services	Healthy Beginnings: Enhanced Home Visiting	
Key Workers involved in home visiting program	▪ Public Health Nurses ▪ Lay Home Visitors	▪ Interprofessional Team: nurses, social workers, doctors, nutritionists, community workers	PH: ▪ Public Health Nurses & Nutritionists SD: ▪ Early Interventionists	▪ Public Health Nurses ▪ Community Home Visitors (range: licensed practical nurses to lay home visitors)	
Curricula used to guide practice	▪ No set provincial curriculum ▪ Health units use Invest in Kids materials	Follow the provincial guidelines regarding: ▪ Parent-child attachment ▪ Child development ▪ Healthy lifestyles ▪ Intervening in the context of poverty	PH: ▪ No curriculum currently in use SD: ▪ Healthy Families America core competencies will be used in future	▪ Growing Great Kids ▪ Invest in Kids	
Training and professional development	▪ Determined by health unit	Two day training on: ▪ Attachment guide ▪ Intervening within the context of poverty	▪ Dependent on region PH: ▪ Managers and staff orient and train new employees SD: ▪ Annual training event by NB Early Intervention Association	▪ Core and curriculum training for community home visitors, supervisors, and public health nurses by Growing Great Kids Master Trainer ▪ Invest in Kids ▪ Individualized continuing education	

	PEI	NL *	FNIH	PHAC
	Best Start	Healthy Beginnings (HB) (See note below) Direct Home Services Program (DHSP)	Maternal Child Health	Home visiting can be a strategy within: ▪ Community Action Program for Children (CAPC) ▪ Canada Prenatal Nutrition Program (CPNP)
	▪ Public Health Nurses ▪ Best Start Home Visitors	▪ Public Health Nurses ▪ Child Management Specialists	▪ Community Health Nurses ▪ Community Health Representatives ▪ Home Visitors	Determined by region and community
	▪ Adapted version of Growing Great Kids	Healthy Beginnings: ▪ No curriculum DHSP: ▪ Applied Behaviour Analysis ▪ Other autism curricula	▪ Determined by region and community	▪ Determined by region and community
	▪ Curriculum training in adapted Growing Great Kids ▪ Orientation and wrap-around training within first six months ▪ Additional material on pertinent topics provided within first year	Healthy Beginnings: ▪ Detailed orientation and program training DHSP: ▪ Staff training in Applied Behaviour Analysis ▪ Continuing education available	▪ Determined by region and community	▪ Determined by region and community

	ON	QC	NB **	NS	
Screening and assessment tools	▪ Larson Tool ▪ Modified Parkyn Tool ▪ Rourke Baby Record ▪ Nipissing District Developmental Screen ▪ Brief Assessment Tool ▪ Family Assessment Tool	▪ No standard screening or assessment tools used ▪ Families are eligible to enrol if they fall within the target population	PH: ▪ Public Health Priority Assessment (adapted Parkyn Tool) ▪ Nipissing District Developmental Screen ▪ Edinburgh Postnatal Depression Scale SD: ▪ Ages and Stages Questionnaire ▪ HELP (Hawaii Early Learning Profile) ▪ Brigance Diagnostic Inventory ▪ Nipissing Developmental Screening ▪ DISC (Diagnostic Inventory For Screening Children)	▪ Modified Parkyn Tool ▪ Nursing Child Assessment Satellite Training (NCAST)	
Evaluation	In process	In planning stages	*Early Child Initiatives Program Review* (2005)	Phase III, Family Outcomes Evaluation complete (October 2009) Watch for it at: http://gov.ns.ca/hpp/healthy_development/early-childhood-ehv.asp	
Early Child Development Framework	Ontario's Best Start Strategy: an integrated approach to planning and delivery of services for children and their families.	Born Equal: Growing Up Healthy (1991) Integrated Perinatal and Early Childhood Services for Families in Vulnerable Situations (2004)	The Early Childhood Initiatives (1993) Early Childhood Development Agenda (2001)	Early Childhood Development Strategy (2000) The Nova Scotia Child and Youth Strategy (2007)	

	PEI	NL *	FNIH	PHAC
	▪ Adapted Growing Great Kids Screening and Assessment Tool	Healthy Beginnings ▪ Parkyn Tool ▪ Denver, Denver II ▪ Growth charts ▪ Vision and hearing screen ▪ Edinburgh Postnatal Depression scale ▪ Newborn assessment tool DHSP ▪ Halpern-Boll Developmental Profile	▪ Determined by region and community	▪ Determined by region and community
	Evaluation of Best Start: Final Process and Outcome Analysis Report (2006) Public Health Nursing Review of Home Visiting Program	HB: (St. John's Program) completed; a formal evaluation in planning stages DHSP: Evaluation (1985) Autism Pilot (ABA home therapy service) evaluation implemented in 2001	In process	Ongoing
	The PEI Healthy Child Development Strategy (2000)	Several programs and services support the goal of healthy child development, but no overall strategy exists	Early Childhood Development (ECD) Strategy for First Nations and other Aboriginal Children (2002) Maternal Child Health Program Framework (2005)	Community Action Program for Children and the Canada Prenatal Nutrition Program (2004)

	ON	QC	NB **	NS	
Determinants of health	Each public health unit has mechanisms to identify the causes of inequities. Healthy Babies Healthy Children works toward equity by linking families to resources and services.	Provincial plan in place to eradicate poverty and social exclusion. Inequities are addressed based on the clinical judgment of the home visitor.	Inequities are addressed with the family and their connections to services and the community.	The Department of Health Promotion and Protection mandate uses the lens of health disparities and inequity to look for the "causes of the causes."	
Contact information	Email: mcsinfo@mcys.gov.on.ca Tel: 1-866-821-7770 Website: http://www.children.gov.on.ca/htdocs/English/topics/earlychildhood/health/index.aspx	Email: communications@msss.gouv.qc.ca Tel: 1-877-644-4545 Website: http://formulaire.gouv.qc.ca/cgi/affiche_doc.cgi?dossier=11803&table=0#15	Email: dh-ms@gnb.ca Tel: 506-444-2112 Website: http://app.infoaa.7700.gnb.ca/gnb/Pub/EServices/ListServiceDetails.asp?ServiceID1=10795&ReportType1=All	Email: healthpromotion@gov.ns.ca Tel: 1-866-231-3882 Website: http://www.gov.ns.ca/hpp/healthy_development/early-childhood-ehv.asp	

* Newfoundland has two home visiting programs: Healthy Beginnings (HB) and Direct Home Services Program (DHSP)

**New Brunswick has two home visiting programs: Pre- and Post-natal Screening and Intervention, delivered by Public Health (PH) and Home-based Early Intervention Services, delivered by Social Development (SD).

	PEI	NL *	FNIH	PHAC
	Determinants of health are integral in screening and assessment tools and are addressed through community networks.	Healthy Beginnings and Direct Home Services Program address all determinants of health. HB was designed using social determinants of health principles.	Home visiting is recognized as a good strategy for addressing the determinants of health. FNIH explores tools and mechanisms to address the determinants of health.	CAPC and CPNP work to address all the determinants of health.
	Email: chances@chancesfamily.ca Website: http://www.chancesfamily.ca/	Email: healthinfo@gov.nl.ca Tel: 709-729-4984 Website: http://www.health.gov.nl.ca/health/	Email: fnihb-dgspni@hc-sc.gc.ca Tel: 613-948-6364 Website: http://www.hc-sc.gc.ca/fniah-spnia/index-eng.php	Email: DCA_public_inquiries@phac-aspc.gc.ca Tel: 613-952-1220 Website: http://www.phac-aspc.gc.ca/dca-dea/index-eng.php

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Glossary of Common Terms Used in Early Child Home Visiting

Home visiting is practiced in every province and territory in Canada, yet the use of terms and language differs among jurisdictions. This complicates the development of a pan-Canadian context for home visiting and limits opportunities for cross-jurisdictional knowledge exchange and evaluation. This was identified as a priority issue by participants at the NCCDH/NCCAH Early Child Development Forum in 2008 and by those who contributed to the pan-Canadian early child home visiting environmental scan. The following list of terms and descriptions was generated to support the development of a shared understanding of terms commonly used in the practice of public health early child home visiting.

The glossary is organized into five sections: home visiting; early child development; determinants of health, health inequities and inequalities; home visiting curricula; and screening and assessment tools.

Section 1: Home Visiting

Community Health Representatives: CHRs play a key role in health promotion, protection, and injury prevention, and often advocate for change within their communities. CHRs live and work in First Nations and Metis communities throughout Canada and make a major contribution toward improving the health of Canadians (Health Canada, 2004).

Core training: The term core training is used differently in each Canadian jurisdiction. One jurisdiction uses the term to convey the compulsory component of training, i.e. intensive training (usually several days in duration) on various aspects of home visiting required for a home visitor. *Great Kids Inc.* defines 'core family support training' as ". . . a 4-day training providing those working in an intensive home visitation program the tools for . . . implementing successful services to families." Topics range from a philosophical foundations to practical applications such as "how to" strategies in areas such as engaging families, supporting growth in families,

promoting positive parent child relationships and healthy child development (Great Kids Inc., 2009).

Home visiting: A preventive intervention strategy aimed at improving the experience and outcome of a child's early years. While there is diversity across home visiting programs in their goals and approaches, in general, home visiting is considered to be a service providing intense, personalized, one-to-one support to families and children at risk of negative outcomes, directly within the family's own home (Leighton & Shiell, 2008).

Lay Home Visitor: Ontario's *Healthy Babies Healthy Children* program defines a lay home visitor as someone from the community who is an experienced mother, may act as a peer support, and has had special training in helping other parents care for their children and use community resources (Ontario Government, 2003). The term is sometimes used interchangeably with paraprofessionals (MacMillan et al., 2000).

Paraprofessional: A worker trained to perform certain functions, as in medicine or teaching, but not licensed to practice as a professional (YourDictionary.com, 2009).

Public health early child home visiting: Any public health home visiting program – prenatal or postnatal – that has healthy child development as its primary goal. A home visiting program qualifies as a *public health* home visiting program if it is either delivered by public health, or if public health refers their clients to the program (National Collaborating Centre for Determinants of Health, 2009).

Reflective supervision: Reflective supervision is a staff development strategy that features regular meetings between the employee and supervisor. It includes a collaborative approach with opportunity to develop insight through reflection and discussion (Fenichel, 1992).

Wrap-around training: *Healthy Families America* describes wrap-around programming as integrating members of the communities in meeting the training needs of the home visitors. Community experts are invited to provide training on community resources, core elements of home visitation, child development, cultural diversity, and other issues staff may encounter in their work with families. Topics can include domestic violence, substance abuse, etc. Program sites are encouraged to add

wrap-around training topics that are relevant to the families and communities in which they operate (Prevent Child Abuse America, 2009).

Section 2: Early Childhood Development

Early child development as a determinant of health: The early childhood period is considered to be the most important developmental phase throughout the lifespan. Healthy early child development (ECD) - which includes the equally important physical, social/emotional and language/cognitive domains of development – strongly influences well-being, obesity/stunting, mental health, heart disease, competence in literacy and numeracy, criminality and economic participation throughout life (Siddiqi, Irwin & Hertzman, 2007).

Early childhood: The period from prenatal development to eight years of age (Siddiqi, Irwin & Hertzman, 2007).

Section 3: Determinants of Health and Related Terms

Determinants of health: Definable entities that cause, are associated with, or induce health outcomes. Public health is fundamentally concerned with action and advocacy to address the full range of potentially modifiable determinants of health – not only those which are related to the actions of individuals, such as health behaviours and lifestyles, but also factors such as income and social status, education, employment and working conditions, access to appropriate health services and the physical environment. These, in combination, create different living conditions which impact on health. (Public Health Agency of Canada, 2007).

Health equity: The absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically (WHO, 2007).

Health inequalities: Differences in health status experienced by various individuals or groups in society as a result of genetic and biological factors, choices made or chance. Often they are because of unequal access to key factors that influence health

like income, education, employment and social supports. (Health Disparities Task Group of the Federal/Provincial/Territorial Advisory Committee on Population Health and Health Security, December, 2004).

Health inequities: Avoidable inequalities in health between groups of people within and between countries. Social and economic conditions, and their effects on people's lives, determine their risk of illness and the actions taken to prevent them becoming ill or treat illness when it occurs (WHO, 2008).

Health outcomes: Objective health indicators that are used to evaluate the performance of health services, such as infant mortality rates. (Last, 2007).

Social Determinants of Health: The circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are shaped by a wider set of forces: economics, social policies, and politics (WHO, 2008). These include income and social status, social support networks, education, employment and working conditions, social environments, physical environments, personal health and coping skills, healthy child development, health services, gender and culture (National Collaborating Centre for Determinants of Health, 2008).

Section 4: Home Visiting Curricula

Applied Behaviour Analysis (ABA): An extensively researched treatment approach developed for children with autism. Matson et al. (1996) reviewed 550 behavioural analysis studies from 1980 to 1996 and found the approach is often delivered by trained professionals in cooperation with parents to assess the child's behaviour and teach skills such as language, motor, social and self-help. The intensive approach has been shown to be most effective with 20 to 40 hours of one-on-one work with children under age five (Matson et al., 1996). Many early child development researchers have incorporated and adapted the ABA approach for their publications and curricula, including Maurice (1996), Leaf & McEachin (1999) and Johnson- Martin et al. (2004).

Growing Great Kids: A curriculum made available through the United States non-profit organization, Great Kids, Inc. (2009). This comprehensive curriculum is

designed to be implemented from prenatal stages until age three. *Growing Great Kids* adds structure to home visits and uses a strengths-based philosophy to promote and enhance nurturant parent–child relationships. The curriculum contains modules that focus on child development and health, provision of care, parenting concerns and dynamics of parent-child and family relationships. The *Growing Great Kids* website describes the research and experience in early child development that was used to design every aspect of the curriculum, but does not explicitly identify the evidence. The website includes articles and books that support the curriculum.

Healthy Families America: A voluntary home visiting program model launched in 1992 by Prevent Child Abuse America to prevent child abuse and neglect while enhancing healthy child development and positive parenting. Initially based on the Hawaii Healthy Start program, the program continues to incorporate recent research and best practices. Evaluations from the 440 participating communities inform the development of the program. There are three critical program elements: initiate services prenatally or at birth; use a standardized assessment tool to systematically identify families who are most in need of services; and, offer services voluntarily and use positive, persistent outreach efforts to build family trust. Each of these elements has been developed based on research. The reference list for these elements can be found in the publication section of the *Healthy Families America* website.

Invest in Kids: A Canadian charity that focuses on understanding and supporting the needs of all Canadian parents to ensure positive outcomes for children. Their mission is to transform the way Canadian parents are educated to fulfill their parenting role by using a combination of web-based and face-to-face classes to deliver their Positive Parenting Program, "Comfort, Play and Teach". *Invest in Kids* is currently evaluating the Parenting Partnership curriculum using process and impact evaluation. The organization has developed many online evidence-based resources and programs for parents and professionals. Invest in Kids provides training for public health nurses and other home visitors. Reports and resources can be found on the *Invest in Kids* website.

Nurse-Family Partnership: An evidence-based community health program that aims to transform the lives of vulnerable, low-income pregnant women who are expecting their first children (Nurse-Family Partnership, 2009). Built on the work of David Olds, the Nurse-Family Partnership's model is grounded in more that 30 years of evidence from randomized, controlled trials which showed that families visited by

NFP nurses experienced consistent improvements in maternal and child health in at least two of the following domains:

* Improvements in women's prenatal health
* Reductions in children's healthcare encounters for injuries
* Fewer unintended subsequent pregnancies, and increases in intervals between first and second births
* Increases in father involvement and women's employment
* Reductions in families' use of welfare and food stamps
* Increases in children's school readiness - Improvements in language, cognition and behavioural regulation.

Parents as Teachers National Center: An organization in the United States that aims to provide child development knowledge and support to parents; ensure early detection of developmental delays; prevent early childhood abuse and neglect; and enhance school readiness. The organization delivers a four-part research-based home visiting intervention model, *Born to Learn*, professional development training for home visitors and health professionals, as well as group support programs for parents. Since 1984, 13 outcome studies on more than 6,000 children and parents have been conducted with the *Born to Learn model*. Evaluations have been done throughout the United States, which add to the knowledge on outcomes for the children and families served by *Parents as Teachers* as well as the long-term impacts on communities. The website provides summaries and links to the research that demonstrates that the *Born to Learn* model is making a measurable difference in the lives of children and families.

Triple P-Positive Parenting Program®: A multi-level framework focused on providing individualized early child development resources and professional support to families to prevent behavioural, emotional and developmental problems in children from infancy to adolescence. Triple P interventions include positive parenting media messages, brief information resources such as tip sheets and videos, and brief targeted interventions for specific behaviour problems. The interventions are offered by primary care practitioners at various levels, from intensive parent training to programs targeting broader family issues such as relationship conflict,

parental depression, anger and stress. Service providers enhance the skills and confidence of parents by addressing family risk factors known to contribute to adverse developmental outcomes in children.

The program was developed by Professor Matt Sanders and colleagues at the University of Queensland, Australia. Triple P has a theoretical basis which draws from social learning, cognitive-behavioural and developmental theory (Triple P – Positive Parenting Program, 2009). It has been shown to work effectively across a diversity of cultures, socio-economic demographics, and family structures. An extensive reference list is available on the website.

Section 5: Screening and Assessment Tools

Ages and Stages Questionnaire: An assessment tool used by parents, caregivers and/or home visitors to identify children from one month to 5 ½ years with developmental delays. It has been shown to be sensitive to delays associated with autism. The tool was developed based on a landmark study by Knobloch, Stevens, Malone, Ellison, & Risemberg (1979), who found infant screening tools administered by parents were accurate and cost-effective. This study prompted Bricker & Squires (1989) to conduct an extensive literature review and develop a series of questions for parents to complete in their homes. The questions continue to evolve based on evaluation and emerging evidence. The research evidence demonstrates the tool's validity and reliability, with high levels of sensitivity and specificity. The most recent version of the tool is comprised of 21 strengths-based questions which assess a child's communication, gross and fine motor skills, problem solving, and personal-social development.

Assessment tool: A tool used in situations where the screening result is positive and an in-depth evaluation of an individual(s) and/or their at-risk circumstances is needed (Alberta Home Visitation Network Association, 2005).

Better Beginnings, Better Futures: The origins of this program are with the Ontario Ministry of Community and Social Services in response to a 1983 Ontario Child Health Study that revealed that one in six children had an identifiable emotional or behavioural disorder. The Better Beginnings, Better Futures model was designed to prevent young children in low income, high risk neighbourhoods from experiencing

poor developmental outcomes. The program was developed by a Queen's University research team based on the ecological model, and five years of longitudinal data on socio economically disadvantaged Ontario children who participated in the program (Peter, Petrunka & Arnold, 2003). The program identifies child, parent/family and neighbourhood/community goals.

The Saskatchewan Ministry of Education (2008) outlines the philosophy and evidence behind their implementation of the program in the document Better Beginnings, Better Futures: Best Practices Policy and Guidelines for Pre-kindergarten (2008). In Saskatchewan, the program emphasizes continuous assessment in five areas: the pre-kindergarten environment, adult child interactions, child development, family engagement, partnerships with services and supports, and long-term effects. The Saskatchewan home visiting program, KidsFirst, uses an in-depth assessment with an adapted, 25-question version of the Better Beginnings Better Futures Assessment form.

Calgary Regional Home Visitation Collaborative Postpartum Screening Tool: A standardized and validated screening tool developed between 2005 and 2007 to replace the Parkyn Postpartum Screen. Based on research, the tool is administered by a health professional, who asks new mothers questions around education level, drug/alcohol use, social support, confidence as a parent, mental health, abuse in the home, etc. Each response is scored, and mothers scoring higher than 10 are offered home visiting. The Calgary tool was tested for validity, reliability and ease of administration. (Hull, 2007).

Denver, and Denver II: Standardized clinical screening tools used by health professionals worldwide to detect developmental delays in children from birth to age six. The tool screens for gross motor, language, fine motor adaptive and personal social development. The Denver tool was originally designed by Frankenburg and colleagues in 1967. The Denver II was created and standardized in 1992 based on new norms of child development determined from the 1980 United States census population. The Denver II is widely used, and several references on its use and validity can be found on the Denver Developmental Materials website.

Edinburgh Postnatal Depression Scale (EPDS): A screening tool used worldwide to assess postpartum depression. Women self-administer the tool by responding to 10 questions about their emotional health to detect signs of depression after giving birth.

The tool is scored from 0 to 30. A positive screen is a score of 12 or over, and should result in a recommendation for clinical assessment to confirm a possible diagnosis. The tool was developed in 1987 by Cox, Holden & Sagovskey, who conducted research on the prevalence and effects of postpartum depression in mothers in Uganda and Scotland. This research combined with a review of existing depression screening tools, and the clinical experience of the researchers led to the design and validation of the Edinburgh Postnatal Depression Scale (Cox & Holden, 2003).

Healthy Babies Healthy Children In-Depth Family Assessment Tool: This tool was developed by the Early Years and Healthy Child Development government branch in Ontario for their *Healthy Babies Healthy Children* home visiting program. The tool assesses family strengths and risk factors in five main areas: prenatal, child, caregiver, family support and service (Alberta Home Visitation Network, 2005). The authors of Ontario's *Healthy Babies Healthy Children Complete Guide to Screening and Assessment* (2003) evaluated the tool and found it to have high levels of test/retest reliability.

Healthy Families America Screen: This tool is designed to identify families who may be at risk and would benefit from home visiting. The screen involves examining health records, and having discussions with parents to identify families with life circumstances shown to be related to negative family outcomes (Alberta Home Visitation Network, 2005). The Healthy Families America website did not provide details on the design of this tool.

The Infant Hearing Program: Available to all newborns in several Canadian jurisdictions, including Ontario, Northwest Territories, New Brunswick and British Columbia (Hyde, 2005). The program usually involves a universal screen of newborns before hospital discharge using a small earphone which measures the responsiveness of the infant's ears. If hearing loss is identified early, and proper support is given, the baby's chance of developing language, communication, and reading skills at the same rate as hearing children is significantly increased. Hyde, Friedberg, Price, & Weber (2004) indicated the Ontario Infant Hearing Program follows evidence-based protocols, and Hyde (2005), provided a long list of references that support infant hearing screening.

Kempe Family Stress Checklist: A 10-item psychosocial interview tool used to measure families under stress, and identify parents who may be at-risk of having

difficulty caring for their children (Korfmacher, 2000). In the case of home visiting, if a family is at-risk, they will be referred to home visiting programs. The checklist covers various domains such as substance abuse, criminal activity, emotional functioning, and attitudes toward children. The tool was created in the United States based on a guideline for interviewing abusive parents (Schneider, Pollack, & Helfer, 1972) and a prenatal interview and assessment process (Kempe & Kempe, 1976). The tool is also referred to as the Carroll-Schmidt Parenting Checklist, and the Kempe Family Stress Inventory. Korfmacher reviewed studies on the tool's validity and reliability and found inconclusive results.

Larson Tool: A screening tool developed in Montreal, Quebec to detect psychosocial risk in pregnant women (Larson, Collet, & Hanley, 1987). The three item questionnaire identifies the mother's education level, prenatal class attendance, and whether she is a smoker. The responses are scored from 0 to 32; any score above 13 is considered at risk. Ontario's Healthy Babies Healthy Children Complete Guide to Screening and Assessment (2003) performed psychometric analysis on the Larson tool, and found strong support for the tool's abilities to identify families at risk of difficulties.

Nipissing District Developmental Screen (NDDS): An easy to use screening tool developed in Canada by a multi-disciplinary committee of professionals concerned about the prevalence of developmental delays among children under three. The NDDS was designed to identify developmental delays at thirteen stages of child development from one month to six years old. The tool screens for gross and fine motor skills, vision, hearing, communication, social-emotional, self-help skills and cognitive skills. Several updates have been made since its development in 1993, and the tool now includes screening for autism. If there is more than two "no" responses indicating the child has not achieved age-appropriate development skills, a referral to a health care provider or home visiting program is recommended. The tool has been empirically validated in Canada (Dahinten, Ford, Lapointe, Merkel, & Moraes, 2004); however, nothing relating to the tool has been published in peer-reviewed journals (Stout & Jodoin, 2006).

Nursing Child Assessment Satellite Training (NCAST) Parent-Child Interaction (PCI) Feeding and Teaching Scales: This tool was developed in the United States training organization NCAST (2005). The scales are a component of the Nurse-Family Partnership program, and are widely used scales for measuring parent-child interaction. The PCI scales are administered by trained professionals to measure

observed behaviours between caregivers and their children from birth to 36 months during feeding and teaching situations. The scales were developed by researchers at Washington University in 1979 based on a large study that measured parent-child interactions, and the Barnard's Child Health Assessment Interaction Theory. The Barnard theory emphasizes the importance of intervening as early as possible in a child's life, and the importance of the environment as a determinant of child health, particularly the interactions between children and their caregivers (Huber, 1991). Extensive research has been published on the scales from around the world, and a list of references can be found on the NCAST website.

Parkyn Postpartum Screen: Developed by Helen Parkyn in 1985 to screen mothers and infants for 14 factors associated with risk of parenting problems, including presence of congenital or acquired health challenges (two items), developmental factors (four items) and family interaction factors (eight items). A health professional, usually a nurse, administers the tool and assigns a score to each item; if a family scores above nine, they are referred to a home visiting program. The Parkyn tool is the most frequently used assessment tool in Canadian home visiting (Stout & Jodoin, 2006). The Ontario home visiting program, *Healthy Babies Healthy Children,* validated the modified Parkyn Tool used in the program, and concluded that the Parkyn Tool is a valid, effective screen when all the questions are completed. However, if all items are not completed, the Parkyn Tool will fail to identify families who may be at risk. Evaluation of the use of the Parkyn Tool indicated that staff can be uncomfortable asking mothers certain questions, particularly those dealing with financial or social status (Ontario Ministry of Health and Long-Term Care; Ministry of Community, Family and Children's Services, 2003).

Public Health Priority Assessment: A screening tool used in New Brunswick to determine if families are at-risk and eligible for home visiting services. The tool is based on the Parkyn Postpartum Screen.

Rourke Baby Record: Provides an evidence-based guide for primary health care practitioners to efficiently record key developmental and child care parameters, and to identify children at-risk for developmental delays from birth to age five. Canadian physicians Rourke & Rourke (1985) developed a flow chart in 1979 based on literature reviews, and many years of experience as family physicians, to ensure no developmental indicators were missed in young children during regular paediatrician visits. The Rourke Baby Record (RBR) has been revised over time and updated

according to the latest evidence. The current version is based on the recommendations of *The Canadian Guide to Clinical Preventive Health Care* (Panagiotou, Rourke, Rourke, Wakefield & Winfield, 1998), and provides practitioners with information for well baby/child care including nutrition monitoring, developmental surveillance, physical examination parameters, immunizations, and anticipatory guidance on safety, family, behaviour and health promotion issues (Rourke, Rourke, & Leduc, 2006). The RBR is endorsed by the College of Family Physicians of Canada, but has yet to be evaluated for clinical outcomes (Dinkevich, Hupert, & Moyer, 2001).

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