

## Children's Health Services – April 2025 - March 2026

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**To:** Chair and Members of the Board of Health

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### Recommendations

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It is recommended that the Board of Health receive this report for information.

### Key Points

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- The early years from pregnancy to school entry are critical to development and lifelong health.
- The Healthy Babies Healthy Children (HBHC) program provides early relationship-based support to families in their homes and communities.
- Families in the HBHC home visiting program report increased confidence, improved well-being and stronger connections to community supports.
- New initiatives like prenatal education are increasing early engagement and awareness of HBHC.
- Strengthening early connection and awareness will help more families access support when it matters most.

## Background

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### Children's Health is Vital for Communities

Every child deserves the best possible start in life, no matter what community they live in. Wellington-Dufferin-Guelph Public Health (WDGPH) recognizes that supporting children's health and well-being in the early years is critical to lifelong outcomes.

The early years from pregnancy to school entry are a time of rapid brain development that shapes health, learning and behaviour.<sup>1</sup> Children's development is strongly influenced by their relationships with parents and other trusted adults.<sup>1,2</sup> These relationships — known as early relational health — build the foundation for emotional well-being and resilience.<sup>2</sup>

ACEs can cause toxic stress (long-lasting stress).<sup>2,3,4</sup> Toxic stress is linked to poorer health and life outcomes, such as a higher risk of injury, difficulty forming stable relationships and challenges with decision-making.<sup>4</sup> This highlights the importance of early relational health in supporting healthy outcomes.

The Children's Health Services (CHS) team at WDGPH plays a key role in strengthening early relational health with families across the community. The CHS team, made up of public health nurses (PHNs) and family visitors (FVs), works with families to build on their strengths and improve access to supports that promote healthy growth and development.

Through the Healthy Babies Healthy Children (HBHC) program funded by the Ministry of Children, Community and Social Services (MCCSS), families can access free personalized support in their homes and communities.<sup>5</sup> Services focus on prevention, early identification and timely intervention for families with newborns and young children who may be at risk of poorer developmental outcomes.<sup>5,6</sup>

### Healthy Babies Healthy Children

HBHC is a core component of Children's Health Services. The program uses evidence-based screening to identify potential risks among pregnant individuals and families with young children.<sup>5</sup> The screen asks questions about pregnancy, birth, family health and parenting which are areas that the HBHC program can support.

Table 1 outlines the number of screens completed across the prenatal, postpartum (birth up to seven weeks) and early childhood periods (seven weeks up to six years) over the past three funding years. Screening is conducted by hospital nurses, family doctors, midwives and PHNs.

**Table 1:** HBHC Universal Screening Data (Funding Year April 1 - March 31)

Funding Years	# of Prenatal Screens	# of Postpartum Screens	# of Early Childhood Screens
<b>2025 – 2026</b>	59	1792	105
<b>2024 – 2025<sup>5</sup></b>	38	2009	72
<b>2023 – 2024<sup>5</sup></b>	46	1987	64

The timing of screening influences how early families are connected to supports. Screening during pregnancy and after birth helps identify needs sooner and connect families to services earlier. It is also important to re-screen whenever there are changes in the family, for example, new concerns with mental health, physical health or child development.

Prenatal and early childhood screening is increasing as efforts to boost referrals from healthcare providers and community partners continue. According to the Better Outcomes Registry & Network (BORN) Ontario, there were 3,324 live births in Wellington-Dufferin-Guelph (WDG) between April 1, 2025, and March 31, 2026, with approximately 54 percent of infants receiving a postpartum screen.<sup>7</sup>

There has been a decline in postpartum screening, which underscores the importance of further enhancing collaboration with hospital partners. Staff are currently visiting hospital units quarterly to connect with teams, celebrate successes and address challenges with the goal of increasing uptake.

Increasing connections with families during pregnancy and early infancy remains a key priority. Earlier intervention is associated with improved developmental outcomes and reduced need for more intensive services later.<sup>2</sup>

Once screening is completed and a family accepts an initial home visit, an in-depth assessment (IDA) is completed by a PHN to better understand the family’s strengths, needs and level of risk. The IDA is a comprehensive assessment that explores a range of factors, including:

- Prenatal education and health
- Mental and physical health
- Child development, behaviour and temperament
- Parent-child interaction
- Caregiver capacity and expectations
- Caregiver coping skills
- Social supports
- Living conditions, including housing stability and food security

This assessment helps identify areas where families may benefit from additional support, while also recognizing existing strengths and protective factors. Highlighting family strengths is an important part of the process as it promotes positive parenting practices and strengthens early relational health.<sup>2,3</sup> Table 2 provides an overview of the number of IDAs completed over the past three funding years.

**Table 2:** In-Depth Assessment Data (Funding Year April 1 - March 31)

Funding Years	# of In-Depth Assessments	# of Individuals with High Risk In-Depth Assessment
2025 – 2026	401	180 (45%)
2024 – 2025 <sup>5</sup>	376	143 (38%)
2023 – 2024 <sup>5</sup>	369	158 (42%)

Table 3 demonstrates the number of families receiving home visiting services and the volume of visits delivered over the past three funding years. The number of families receiving home visits has increased, demonstrating the program’s growing reach and importance within the community. The consistently high proportion of visits delivered through the home visiting program (HVP) highlights the program’s role in providing ongoing tailored support to families.

**Table 3:** WDG Public Health HBHC Home Visiting Data (Funding Year April 1 - March 31)

Funding Years	# of Families / # of Families Part of Home Visiting Program (HVP)	# of Visits / # of Visits Part of HVP	% of Visits Completed as Part of HVP
2025 – 2026	508/496	2173/1996	92%
2024 – 2025 <sup>5</sup>	440/436	1951/1908	98%
2023 – 2024 <sup>5</sup>	424/422	2093/2032	97%

## Discussion

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### How Families Experience HBHC

Families access the HBHC program at different stages and for a wide range of reasons. The level and type of support vary depending on each family's needs, goals and circumstances.

#### **Prenatal Support**

Some families are connected to HBHC during pregnancy, often as they prepare for their first child. They may be looking for information about pregnancy, labour and birth, or how to care for a newborn. For example, a first-time parent may want to know how to prepare for birth at the hospital and what to expect in the first few days for themselves and their baby. The PHN can share information on what resources are available in the hospital, strategies to support labour, first feeding and what may be needed within the first couple weeks of recovery.

Through home visiting, families receive support in a setting that feels comfortable to them, most often in their home. PHNs and FVs work together to build relationships, provide guidance and foster confidence as families prepare for their baby. Families are connected to community resources and supported in building a strong foundation for parent-child attachment.

For some, the support provided during pregnancy is enough to feel prepared. Others choose to continue receiving support after their baby is born. In all cases, families leave the program knowing where to go if they need help in the future.

#### **Postpartum Support**

Many families are referred to HBHC shortly after the birth of their baby. The postpartum period can be overwhelming, even for parents who feel prepared.

A home visit soon after birth gives families the opportunity to receive support without needing to leave their home. During this visit, families can ask questions about infant feeding, sleep, and newborn care. They can also receive guidance on maternal health, including mental health, physical health and available social supports. These visits recognize that not everything can be addressed during a hospital stay and that families are often processing a significant experience following labour and birth.

For example, first-time parents may need support with feeding and sleep routines while also recovering from a C-section. PHNs can help ensure that both the baby and the parent recovering from birth have the information they need, such as finding comfortable breastfeeding positions and establishing rest routines while the baby sleeps.

The check-in after birth is sufficient for some families and they choose to have only one or two visits. Other families want ongoing support as it provides an opportunity to build confidence, strengthen parenting skills and ensure they feel supported as they adjust to life with a newborn.

## **Early Childhood Support**

As children grow, families accessing HBHC often seek support related to development, behaviour or parenting. Families may have questions about whether their child is meeting developmental milestones or need strategies to manage common challenges such as sleep routines or nutrition.

Through home visiting, families are supported to better understand their child's development and are provided with practical, evidence-based strategies to promote learning and growth. This often includes play-based approaches that help children build skills in a way that is engaging and meaningful. Families may also receive guidance on starting solid foods and managing common challenges such as picky eating or introducing common allergens.

In addition, families are supported in building positive interactions with their child and understanding development at each stage, as well as accessing developmental screening and referrals to additional services when needed.

In some cases, families may initially seek support for one concern, but additional needs can be identified over time. For example, a family new to the community may seek guidance on feeding their infant while also benefiting from support in building social connections. In these situations, families are connected to community programs and may be supported in accessing these services for the first time.

## **What Families Are Saying About HBHC**

In addition to program data, feedback from families provides valuable insight into the impact of HBHC on parenting confidence, well-being and connection to supports. Between June 2024 and June 2025, families who had been involved in the program for at least six weeks were invited to share their experiences through a survey, with some also participating in follow-up interviews. While based on a small sample, this feedback offers meaningful insight into how families experience the program.

Families consistently reported positive experiences with staff. They described PHNs and FVs as respectful, easy to talk to and supportive. Many families shared that they felt comfortable asking questions and valued having someone they could trust.

Participation in the program helped families feel more confident in their parenting. Families also valued the practical guidance provided, including support with infant feeding, sleep, safety and child development.

The program plays an important role in connecting families to community resources. Many families reported learning about new supports through HBHC and described the program as helping reduce feelings of isolation and supporting their mental well-being during a challenging period.

While feedback was overwhelmingly positive, families also identified opportunities to strengthen the program. Some expressed interest in more hands-on, interactive learning during visits and increased access to digital resources. Families also noted that they would have benefited from learning about the program earlier, particularly during pregnancy.

Overall, these findings reinforce the value of HBHC as a trusted, relationship-based service that supports families during a critical stage of life. They also highlight the importance of continuing to strengthen awareness and early engagement so that more families can access and benefit from the program.

### **Early Engagement and Prenatal Education**

Early engagement during pregnancy provides an important opportunity to support family wellbeing, promote early relational health and identify needs as early as possible. Recognizing that not all families are eligible for home visiting services or able to access supports during business hours, CHS expanded its approach to include in-person prenatal education.

In September 2025, CHS launched a prenatal education series in partnership with Dufferin EarlyON to provide pregnant individuals and their support persons with information on pregnancy, labour and birth, infant feeding and newborn care, while also fostering peer connection. Sessions are delivered collaboratively by EarlyON staff and PHNs, increasing awareness of available supports, including public health programs, hospital services and EarlyON centres, with all participants also offered HBHC screening to support early identification and connection to services.

Participant feedback has been highly positive, with strong satisfaction and increased confidence reported. Following the success of the pilot, expansion is planned in Orangeville and Fergus, with future planning underway to extend the series to Guelph to support more equitable access to prenatal education across the WDG region.

## Health Equity Implications

The HBHC program is designed to be accessible and responsive to the needs of diverse families across the region. Key considerations include:

- **Reduced barriers to access:** home visiting allows families to receive support in their own environment without needing transportation, which is especially important in areas with limited public transit or community resources.
- **Language accessibility:** the program supports families who speak English as an additional language by working with translation services like Immigrant Services Guelph Wellington to provide interpretation services, both in person and by phone.
- **Inclusive eligibility:** services are available without requiring OHIP, allowing families to access support even if they are not yet fully established in the community.
- **Culturally responsive care:** the program continues to build knowledge and access resources to better support specific communities, including Mennonite families. Staff participate in professional development to strengthen cultural awareness of key populations in the region and provide more responsive care.

## Conclusion

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CHS plays a critical role in supporting families during the early years, a period that has lasting influence on child health, development and well-being. Through the HBHC program, families are connected to timely, relationship-based support that helps build confidence, strengthen parent-child relationships and promote healthy development.

Program data demonstrates strong reach and engagement, particularly in the postpartum period, while also highlighting opportunities to connect with families earlier in pregnancy. Feedback from families reinforces the value of the program, with many reporting increased confidence, improved well-being and greater awareness of available supports.

Together, these findings highlight the importance of continuing to strengthen early identification and engagement, particularly during pregnancy and early infancy. Increasing awareness of the program and expanding opportunities for connection will help ensure that more families can access the support they need at the right time.

CHS remains a key component of the early years system, supporting families across WDG and contributing to healthier children, stronger families and more resilient communities.

## Ontario Public Health Standards

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### Foundational Standards

- Population Health Assessment
- Health Equity
- Effective Public Health Practice
- Emergency Management

### Program Standards

- Chronic Disease Prevention and Well-Being
- Food Safety
- Healthy Environments
- Healthy Growth and Development
- Immunization
- Infectious and Communicable Diseases Prevention and Control
- Safe Water
- School Health
- Substance Use and Injury Prevention

## 2024-2028 WDGPH Strategic Goals

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More details about these strategic goals can be found in [WDGPH's 2024-2028 Strategic Plan](#).

- Improve health outcomes
- Focus on children's health
- Build strong partnerships
- Innovate our programs and services
- Lead the way toward a sustainable Public Health system

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