

Chapter

9

Health Services and Social Services

Overview

Health and social services comprise a very broad and diverse set of influences on healthy child development. Health services include those services and supports provided by doctors, nurses, pharmacists, dentists and other health-care professionals that focus upon both the physical and mental health of children and, at times, their primary caregivers. Social services consist of a wide variety of programs, services and supports that address both the basic needs of children (including the need for protection) and aspects of their social and psychological development (such as awareness, judgment, feelings, behaviour and relationships).

These services are important for two reasons. Throughout childhood, there are opportunities to provide the conditions and supports that keep children on healthy developmental pathways. Health and social services are important primarily in that they can contribute to promoting this positive development. And second, if these opportunities are missed, or if children are disadvantaged in some way, services can help reduce the risk of negative consequences, and in many instances partially or wholly ameliorate those that do occur.

There is a significant difference, however, in the availability of health services compared with social services. Health services are available to all children, including those at risk and those with special needs.¹ That is, they are more or less universal, with elastic public funding that largely

1. Availability is not the same as accessibility. Services may be available but not accessible if people are not aware of them, cannot get to them, or have beliefs, languages, or cultures that are not compatible with them.



reflects usage. For example, a family physician can order tests or refer to specialists in an effort to diagnose a child's health condition, and the costs of those services will be covered, for the most part, by the health-care system.

Social services, on the other hand, are not universally available to young people and their families. They tend to be targeted towards those at risk and those with special needs and are restricted in availability by fixed levels of funding. So if, in the above example, the family physician's concern was about a child's mental rather than physical health, the physician could refer to a children's mental health program for assessment, but there is no assurance that the child will be seen. Assuming that the service even existed, access would largely depend upon factors such as severity of need and competing demands on the assessment service.

Despite these differences in funding and availability, both service sectors share the experience of having undergone restructuring in most provinces over the past 10 years, with a resulting reduction of public expenditures for many programs — despite increases in the demand for some services.



Relationship to Healthy Child Development

Health and social services contribute to healthy child development in a variety of ways. They provide services and supports at all stages of childhood, from preconception through young adulthood. They also provide services and supports in response to changing life circumstances and health status, ranging from wellness through to illness or other negative health conditions. And they provide services and supports at different points of intervention, from promotion and prevention through treatment and rehabilitation.

Health and social services contribute to healthy child development in different ways at various life stages.

Health services and social services play a particularly important role in getting children off to a good start in life. Their contributions can begin even prior to conception through a variety of services for non-pregnant women. These include services that diagnose and treat general health problems — organic medical problems, nutritional status, sexually transmitted diseases, immune status, gynecological, anatomic and functional disorders, occupational exposures, and genetic risk — that could adversely affect future pregnancy, fetal development and maternal health.

They also include services that diagnose and treat mental health disorders and problem behaviours such as smoking, alcohol and other substance abuse. And finally, they include services that promote responsible and effective parenting such as comprehensive family planning programs, which provide education and counselling, physical exams and lab tests, and information and instruction on family planning methods (Carnegie Corporation, 1994, p. 80).

Health and social services also provide invaluable supports for women once they become pregnant, and to a lesser degree, for prospective fathers. Medical services provide early diagnosis of pregnancy. Counselling services support the continuation of pregnancy through referrals to prenatal care, childbirth preparation classes, and adoption services. Good prenatal care ensures a whole host of benefits including requisition of appropriate laboratory tests, diagnosis and treatment of general and/or mental health problems, assessment of nutritional status, screening for infectious diseases, and identification and management of high-risk pregnancies.

Prenatal counselling and anticipatory guidance services promote healthy choices and behaviours during pregnancy, early detection of possible abnormalities, preparation for labour, information on infant nutritional needs and feeding practices (including breastfeeding), and awareness of the emotional and social changes brought on by the birth of a child.



Hhealth services and social services play a particularly important role in getting children off to a good start in life.



Once a child is born, health and social services can contribute to its early development by providing evaluation and support immediately after delivery, linkage to continuous and comprehensive pediatric care after discharge, diagnosis and treatment of maternal health problems including postpartum depression, nutritional assessment and supplementation, infant stimulation programs, home-visiting programs that support effective parenting and parent-child attachment, and quality child care.

As a child moves towards school age, the contributions of health and social services often become more situation-specific. If a child is developing normally, parents may only draw upon the occasional health service to diagnose and treat the usual childhood maladies. As well, they may use some of the more competency-based social services, such as family resource centres or other parenting support programs.

However, for children who are living in circumstances that place them at risk, or for those who have unique characteristics that translate into special needs, a whole host of preventive and special services may come into play. These include a variety of child and family services such as mental health and child protection services, developmental and rehabilitative services (e.g. physical therapy, language therapy), and school readiness programs.

The same pattern holds true for school-aged children and adolescents. Those who are developing normally tend to use health and social services on an as-needed basis. Those who are at risk or have special needs draw upon a variety of specialized services. Health and social services can make a significant contribution to young people approaching adolescence by providing both good information about personal health and programs that promote positive life skills.

These can be provided in a variety of ways, including: programs that build social support networks, especially those addressing factors that predispose young people to engage in risky behaviour; adult mentoring programs that foster a stable, supportive bond between a young person and a caring adult; well-developed peer-mediated counselling and peer tutoring programs; and life skills programs that stress interpersonal, decision-making and coping skills (Carnegie Corporation, 1996, p. 19).

Services for Children with Special Needs

In 1991, 7.2% of children and youth between 0 and 19 years of age living at home had at least one disability (including physical, psychological and mental disabilities). The rate was higher among boys (7.9%) than girls (6.3%). Most (85%) children with disabilities had mild disabilities; 11% had moderate disabilities; 4% had severe disabilities. The rates of moderate and severe disabilities were higher among 15- to 19-year-olds (19% and 5% respectively) (CICH, 1994, pp. 151–152).

*See **Exhibit 9.1**.*

Almost 50% of all children and youth with disabilities had specialized transportation services available in their communities; however, more than 13,000 children and youth with disabilities had a need for transportation services but did not have them in their communities. Few (1.5%) children with disabilities needed specialized accommodation features (e.g. ramps, widened doors, automatic doors, elevators), but did not have them (CICH, 1994, pp. 162–163).



Health and social services contribute to healthy child development in response to changing life circumstances and health status.

Most children get off to a good start in life, and then grow and develop in a reasonably normal way. There are numerous health and social services (described in the next section) that promote and support this well-being and positive development.

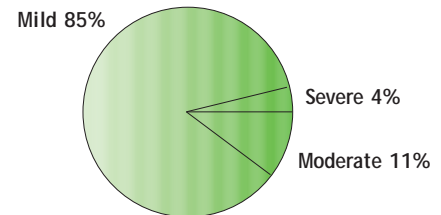
But health status can change at any point in time, as can the conditions or circumstances that contribute to it. For this reason, there are a number of health and social services that respond to changing health status and life circumstances. Most of these services are designed to lessen the impact of what are hoped to be temporary setbacks in states and conditions of well-being. They range from direct services to young people and their caregivers, through to programs, services and other supports that are intended to strengthen the conditions in which these young people and caregivers find themselves.

For example, there are a variety of primary, secondary and tertiary health-care services that diagnose and treat the full spectrum of childhood diseases and other health conditions. Similarly, there are all kinds of social services that attempt to offset difficult life circumstances (e.g. parental illness or injury, unemployment, and changes in family structure). These include respite services, food banks, mediation services, counselling services, child welfare services, family income security programs, employment training programs, and subsidized housing.

For those with long-term or chronic health or developmental concerns, such as disabling conditions, there are also a number of special health and social services, ranging from rehabilitative services (e.g. physiotherapy and speech and language therapy) to long-term services and supports (e.g. attendant care).

9.1

Distribution of children aged 0 to 19 years with disabilities, by severity of disability, Canada, 1991



Source: Canadian Institute of Child Health (1994). *The Health of Canada's Children: A CICH Profile*, 2nd edition. Ottawa: CICH, p. 152.

Immunization is Key

Many childhood diseases are preventable. These include diphtheria, tetanus, measles, rubella and congenital rubella syndrome, mumps, pertussis, poliomyelitis and invasive infections due to Haemophilus influenza.

For some diseases, the risk of long-term consequences is greater if infection is in early childhood. Major blood-borne pathogens such as hepatitis B and hepatitis C cause long-term persistent infections in children. The risk of chronic hepatitis B infection is 90% to 95% if exposure occurs in infancy, but only 6% to 10% if acquired in adulthood (Health Canada, 1998, p. 90). Hepatitis C may lead to chronic infections in up to 70% to 80% of cases (WHO et al., 1999, p. 36).



Health and social services contribute to healthy child development at different points of intervention.

A true system of health services and social services is comprised of a variety of services and supports that lie along a continuum of points of intervention. This continuum ranges from promotion and prevention at one end, to treatment and long-term care at the other. Having such a continuum of services and supports enables health and social services to contribute to healthy child development at all points of well-being.

For example, health and social services can promote good health and normal development through services such as well-baby clinics and parent education programs. They also can contribute to reducing risk and preventing illness or other negative health conditions through immunization programs and early identification programs that screen for developmental anomalies or genetic disorders.

Where a concern is already evident, health and social services can intervene early before the situation worsens, through strategies such as home-visiting programs and child development programs. In more serious situations, they can treat illness or other negative health conditions through resources such as neonatal trauma units, programs that treat postpartum depression, and primary care services for childhood diseases.

And finally, for situations in which there is a long-term concern, health and social services can contribute to healthy child development by providing support (e.g. counselling and anticipatory guidance) to parents of children with chronic illness or disabling conditions.

Child-care Subsidies

High-quality child care contributes to greater social competency, higher levels of language development, higher developmental levels of play, better ability to self-regulate and fewer behaviour problems.

While all provinces have fee subsidies for low-income families, most provinces limit their availability (CCSD, 1996, pp. 30–31). In fact, in recent years, the number of child-care subsidies for low-income parents along with operating or wage grants to child-care providers were decreased in many provinces (CCSD, 1996, pp. 30–31). In 1993, the income cut-off for child-care subsidies was less than \$21,000 for a two-parent family with two children in seven provinces and one territory (CCSD, 1996, pp. 30–31).



Conditions and Trends

In Canada, health and social services are by and large the responsibility of provincial/territorial and local governments. Given this decentralized approach, there is considerable diversity across the country with regard to legislation, funding, administration and availability of these services. Along with this diversity, however, there appear to be a few common themes.



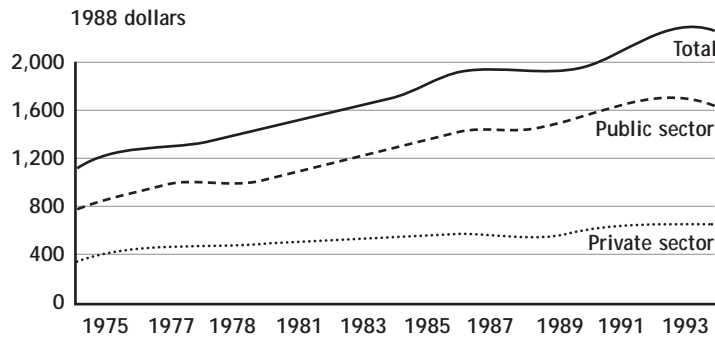
Fiscal restraint and systems change.

Perhaps the two most common themes across all jurisdictions are those of fiscal restraint and systems change. With the persistent concerns about deficits and debt, all levels of government have been seeking ways to contain costs and restructure service systems to be more efficient and effective. These two trends have had a significant impact on the funding, organization and delivery of health and social services across all categories of service: universal, targeted, and special services. And with the current uncertainty about the state of the international economy, the concerns — at least about cost — are not likely to go away.

In 1994, for the first time in 20 years, health expenditures showed a decline, per person and as a percent of GDP (Health Canada, 1996, p. 26). See **Exhibit 9.2**.

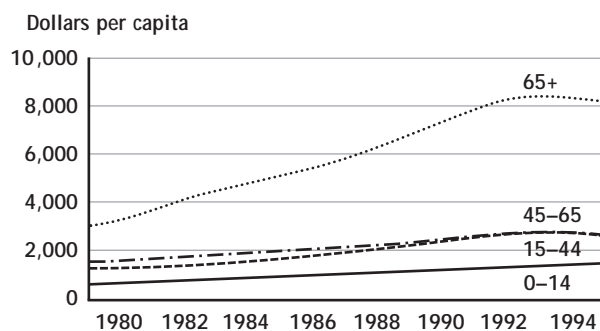
Health care spending on children accounts for less than 10% of all spending, even though children under the age of 15 make up about 20% of the population (CCSD, 1996, p. 30). Since 1980, the growth in per capita expenditure on health has been about the same for all age groups. See **Exhibit 9.3**.

9.2 Real per capita health expenditures, Canada, selected years, 1975 to 1994



Source: Health Canada (1996). *National Health Expenditures in Canada 1974–1994: Summary Report*. Catalogue No. H21-99/1992-2. Ottawa: Health Canada, p. 26.

9.3 Per capita total health expenditures by age group, Canada, selected years, 1980 to 1994



Source: Health Canada (1996). *National Health Expenditures in Canada 1974–1994: Summary Report*. Catalogue No. H21-99/1992-2. Ottawa: Health Canada.



Increased emphasis on population health and early child development.

There has been a growing appreciation of the population health perspective, particularly at the federal and provincial/territorial levels of government. Population health, with its emphasis on broad health determinants, has become a very useful framework for understanding both the factors that influence health and the opportunities for improving health status of the population as a whole. One consequence of this improved understanding of the factors that influence population health has been a renewed emphasis on early child development.

There has always been a strong emphasis on getting children off to a good start; but in the past, much of the rationale for this emphasis was tied to preparing children for successful transition into the formal education system. Now we understand that in addition to promoting school readiness, investing in the early development of children holds other benefits as well, particularly in terms of adult health status. As a result of this growing awareness, governments at all levels have been either introducing new programs to support early child development or, in some cases, shifting the use of existing resources.

Reduced Spending and Care

In recent years, spending cuts on health care and overall reform of the health care system have resulted in a shift away from traditional services and settings. There are some indicators that continuity of care has been affected by the shift away from hospital care without alternative infrastructure and supports being made available. For example, non-voluntary short hospital stays have been associated with infant re-admission, problems breastfeeding, parents' difficulty adjusting and maternal dissatisfaction (Rush, 1996, p. 6).

System level emphasis on inter-sectoral action.

Given the variety of factors that influence health and well-being, and the fact that some of the most powerful of these influences lie outside the traditional health-care sector, the best way to improve population health is through a multi-sectoral approach. For this reason, governments at all levels have been searching for ways to connect the contributions of various sectors including health, social services, education, finance, justice, recreation, and housing.

These inter-sectoral efforts have both “horizontal” dimensions (in that they connect different partners and sectors) and “vertical” dimensions (in terms of layers of organizations and levels of government). Both of these dimensions are important to varying degrees depending upon the type of inter-sectoral action.

Many jurisdictions have tried to strengthen the connections between sectors within government through reorganization. The two most common approaches have been to integrate responsibilities under one ministry or department, and to create some form of inter-sectoral committee or structure. These are examples of efforts to promote inter-sectoral action along a horizontal dimension.



But there also are increasing efforts to stimulate inter-sectoral action along the vertical dimension. Among other benefits, this should help alleviate situations in which there have been disagreements over who should be providing what, which resulted in children and families falling through the cracks of an uncoordinated system.

The emphasis on inter-sectoral action has had very real implications for the providers of health and social services, particularly in terms of heightened expectations that they take an integrated and collaborative approach to the planning and delivery of services.

Service level emphasis on holistic and customized packages of support.

The other side of the “inter-sectoral action coin” is an increased emphasis on comprehensive and customized packages of services at the consumer level. For the same reasons that it is important to be able to draw upon the contributions of different sectors at a systems level, it is also important to be able to translate those inter-sectoral contributions into packages of services and supports that respond to the unique circumstances and needs of individuals and families.

As a result, funders and consumers are putting increased pressure on service providers to find approaches that respond to the full range of unique needs of those that require health and social services. In the health sector, this has resulted in public health units joining other sectors in community-based initiatives, with particular emphasis on providing multi-faceted supports to those at risk. In social services, it has given rise to more comprehensive and customized approaches to provision of services and supports such as wrap-around services, family preservation programs, and service brokerage.



Health and Social Services and Other Determinants

Income and Social Status

Income and social status are powerful influences on health and well-being at all stages of life, but they are particularly influential on the life chances of children. There are troubling correlations between low income status and the need for health services, particularly in relation to getting children off to a good start. The same holds true for certain social services; for example, child protection agencies report disproportionate numbers of poor women and children among their caseloads.

The National Longitudinal Study of Children and Youth (NLSCY) found that “single-mother family status and low income significantly and independently influenced child well-being” (Lipman, Offord and Dooley, 1996, p. 89).



Education

Health and social services can provide a variety of supports that help young people stay in school. For example, health services strive to maintain health, but they also diagnose and treat illness or other health conditions, which might interfere with school attendance. A vast array of social services assess and treat emotional, behavioural or social concerns that could interfere with school attendance and performance. Social services also provide supports, such as child care, which allow young parents to continue on with their education.

Health and social services also promote healthy early development, and otherwise ensure that children are ready for school. Health services such as primary care, immunization programs and injury prevention programs contribute to healthy early development, readiness to learn, and eventual school attendance. Social services — particularly those that support responsible and effective parenting, and early development — also contribute to getting children off to a good start and to making a successful transition into the formal education system.



Social services — particularly those that support responsible and effective parenting, and early development — contribute to getting children off to a good start and to making a successful transition into the formal education system.

Social Environment

Health and social services link to the immediate social environments in a variety of ways. For example, some health services (such as home-visiting programs and parenting programs) and many social services (including family resource centres, mutual aid groups, parent and child drop-in programs, child-care centres, and family preservation programs) include in their design the strengthening of social networks to overcome the negative effects on parents and families of social isolation.

Other services — including community health programs, community development programs and local economic development programs — attempt to strengthen local social environments by working not just with individuals and families, but with local groups and broader communities as well.

Natural and Built Environments

Health and social services link primarily with natural and built environments through surveillance and regulatory functions, but also through awareness and public education activities. For example, public health departments play a leading role in the monitoring and enforcement of standards related to the natural environment, such as air and water quality. They also play a similar role with regard to public health standards for built environments for children,



including parks, schools, housing units, child-care programs, and residential care settings. Social services play a smaller role, but try to ensure that local built environments are safe and welcoming to children and youth, and are supportive of their developmental needs (e.g. youth programs at malls and in high-density housing areas).

Personal Health Practices and Coping Skills

A variety of services are intended to promote healthy life choices and improve coping skills in relation to child development. In the health sector, services include: comprehensive family planning programs; health education programs; programs that diagnose and treat health problems that could affect pregnancy or birth; programs that diagnose and treat mental health problems; and counselling and anticipatory guidance for parents of children with a chronic illness or disabling condition.

In the social services sector, these include: family resource programs; parent and child drop-in programs; individual, couple and family counselling services; child and family mental health programs; child protection services; respite programs; and community-based programs to prevent family violence.

Genetic and Biological Factors

Health and social services have a small but growing link to biology and genetics as contributors to healthy child development. Most of the services that have relevance for these two fields include a counselling component. For example, prenatal health services provide genetic screening, diagnosis and counselling, as well as diagnosis and treatment of gynecological anatomic and functional disorders that could adversely affect pregnancy, fetal development, or maternal health. Both health and social services also counsel with regard to pregnancy continuation and positive health behaviours related to pregnancy.

Culture

Some health and social services are intended to be bridging services (i.e. they assist people from varying cultural backgrounds to become more familiar and comfortable with mainstream health and social services). In addition, health and social services are increasingly being designed and delivered in a manner that is both sensitive and responsive to the cultures of those they serve. In some instances, such as social services within Aboriginal communities, the actual governance and delivery of services is being turned over to the communities themselves.



Gender

Health and social services link to gender in a number of ways. Health services link with the biological dimension of gender (e.g. reproductive health), while social services may have more links with the social dimension of gender — parental roles, societal attitudes, receptiveness to services, and gender-related patterns of behaviour and service (e.g. sole-parent led families, risk-taking behaviours).



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