This report is the second phase of the larger Vital Communities, Vital Support study to explore how well Canada’s communities support parents of young children, and to examine how that support relates to parents’ knowledge about child development, confidence in parenting and their parenting behaviour. In this phase, through a landmark national survey, Invest in Kids investigated parents’ need for and possible benefit from two types of support for their parenting role - the intangible support of family, social and peer relations and community, cultural and national attitudes, beliefs and values, as well as tangible supports of community resources, programs and services. The survey included 2554 married or living together parents - 1661 partnered mothers and 893 partnered fathers - regionally representative of Canada.

HOW ARE PARENTS DOING?

This report starts with an in-depth look at parents’ parenting behaviour, knowledge about how children grow and develop, their confidence in parenting and how each of these elements are related.

Overall, there is not enough positive parenting and too much negative parenting by Canadian parents. Fathers in particular are struggling. Fifteen percent of mothers and nearly 30 percent of fathers have insufficient levels of positive parenting, and 25 percent of mothers and 30 percent of fathers have excessive levels of negative parenting. And this happens across all sociodemographic groups – it is not confined to parents with low income and education.

Parents’ knowledge about child development is substantially lacking. Only half of mothers and one third of fathers demonstrate high knowledge about how children grow and develop. There is significant room for improvement in parents’ knowledge of child development.

Parents’ lack of confidence in their parenting is even greater than their lack of knowledge about child development. Only one third of mothers and one quarter of fathers have high confidence in their parenting.

Why does this matter? Because both high knowledge about child development and high confidence in parenting are associated with high quality parenting behaviours for both mothers and fathers.

HOW SUPPORTED DO PARENTS FEEL?

This survey presents a comprehensive national reading of parents’ feelings of support for the parenting role from four sources – their spouse/partner, their own parents, their extended family and friends and their neighbourhood community.

Too many parents feel left to handle new parenthood on their own. Only about half of parents felt they received enough emotional and practical support when they first became parents.
It is not only at the time they become parents that today’s parents of young children do not feel supported in their role as parents. **No more than half of the parents surveyed feel they receive strong support for their parenting role from any of their close relationships – their spouse/partners, their own parents or from their extended family and friends, and only about one quarter of parents reported strong support from their neighbourhood community.**

Furthermore, the majority of parents do not view the larger social context of Canada as being very supportive of their role as parents, or of valuing young children.

**DOES SUPPORT MATTER?**

Yes, support matters!

The survey indicates that parents’ experiences of social support directly influence their parenting behaviour, as well as significantly influence the knowledge they have about child development and their confidence in their parenting. The influence of support on knowledge and confidence is as important as the influence of support on parenting behaviour because knowledge about child development and confidence in parenting are critical components of quality parenting. Parents with a solid understanding of child development and confidence in their parenting are more likely to adopt positive parenting strategies, and conversely, less likely to engage in excessive negative parenting behaviour. Therefore, the four types of social support are critical influencers of parenting behaviour directly and as enablers of knowledge and confidence.

Mothers are the key to knowledge, confidence and high quality parenting in the family. They are the main source of support for fathers with significant impacts on fathers’ knowledge, confidence and parenting behaviour. Yet only 44 percent of fathers perceive high support for their parenting role from their wife/partners.

When fathers feel highly supported by their wife/partner, the result is very significant: fathers who feel highly supported are 50 percent less likely to engage in excessive negative parenting and twice as likely to have good levels of positive parenting than fathers who perceive only moderate/low support from their wife/partners. Furthermore, mothers are the only significant source of knowledge about child development for their husband/partners: fathers are twice as likely to have high knowledge about child development when they feel highly supported by their wife/partners. Mothers are also the main source of confidence in parenting for their husband/partners, where fathers who feel highly supported by their wife/partners are 2.35 times more likely to be confident in their parenting than other fathers.

**This is not a one-way street.** Fathers play an important role in the parenting behaviour, knowledge and confidence of their spouse/partners. Mothers with husband/partners who highly support the mothers’ parenting role, show a 50 percent decrease in excessive negative parenting (identical to the decrease highly supportive mothers provide their partners), and a notable 70 percent increase in the likelihood of good levels of positive parenting. And, again, although not reaching the magnitude of their own influence on fathers, mothers with highly supportive husband/partners show a 50 percent greater likelihood of having high knowledge about child development and a 40 percent increase in the likelihood of being highly confident in their parenting. It is therefore concerning that only 43 percent of mothers feel highly supported by their spouse/partner.

Parents’ own parents also play a critical role in the parenting behaviour of their adult children, especially of fathers. When their own parents are highly supportive of their parenting role, fathers are 40 percent more likely to have good levels of positive parenting and 70 percent more likely to feel confident in their parenting.

For mothers, support from their own parents plays a smaller, but still significant role in reducing excessive negative parenting, but support from their own parents is not related to positive parenting. Mothers with parents who are highly supportive of their children’s parenting role are 25 percent less likely to engage in excessive negative parenting. Mothers’ own parents play a significant role in mothers’ acquisition of knowledge about child development. Mothers with highly supportive parents are 35 percent more likely to have high knowledge about how children grow and develop. However, mothers’ confidence in parenting is not related to the support they feel from their own parents.

The single most influential source of support for mothers’ positive parenting comes from their extended family and friends – not their spouse/partners. Mothers who feel highly supported in their parenting role by their friends and family are twice as likely to have good levels of positive parenting. However, mothers’ extended family and friends is the only source of support that is not related to their knowledge of how children grow and develop or to their confidence in parenting.

The neighborhood community is a critical influence in mothers’ knowledge about child development as well as their confidence in parenting. Mothers who view their neighborhood community as highly supportive are 30 percent more likely to have high knowledge about how children grow and develop and 40 percent more likely to be highly confident in their role.

Thus, both the direct influences of social supports on parenting behaviour, as well as the effects of social supports on knowledge and confidence, which in turn significantly influence parenting behaviour, are critical to the parenting behaviour of mothers and fathers of young children.

Socio-demographic characteristics of age, income and education play only a limited role in parenting behaviour, knowledge or confidence. In this survey, it is social supports rather than socio-demographic characteristics that are the most influential in parenting. This reinforces the belief that it takes a village to raise our children well.

**COMMUNITY RESOURCES AND PROGRAMS**

Parents think the programs and resources available to them in their community are a signal of how much their community values their parenting role. Overall, an interesting and informative pattern
emerges. Generally, the more universal (vs. targeted or remedial), informal or unstructured, flexible and non-judgmental about one’s parenting the resources or programs, the more likely parents will rate them as very important and will use them when they believe they are available.

Playgrounds and libraries are thought to be very important by nearly all parents, and are widely available and highly used when they are available. These resources are available for parents to use with little planning; they can fit any schedule. And there would be little fear of judgment by service providers.

Arenas, recreation centres, athletic instruction programs and organized sports leagues as well as public places to interact with their own children and other families are also fairly highly rated and believed to be available. However, they are used less than libraries and playgrounds, possibly because many of these programs are not free, because these are more structured, with set times for specific use than libraries and playgrounds or they are not appropriate for some families to due to age/gender of children.

Drop-in centres and instructional creative arts classes for children follow a similar pattern. 60 to 64 percent of parents think they are very important, 50 to 60 percent think they are available and 30 to 40 percent use them when available.

Family resource type centres, parent-child programs and organized play groups have strong appeal to 50 to 60 percent of mothers and 40 to 50 percent of fathers. 45 to 55 percent of mothers think they are available in their communities, while only 35 to 45 percent of fathers think so, and about one third of both mothers and fathers use them when they are available. More limited use of these resources than the ones above could be a function of capacity and reach and the profile of these resources.

Parenting workshops and classes (particularly those that are issue-related or focused on improving parenting) are least likely to be deemed very important, least available and least used of all community resources or programs. They are used by only 13 to 15 percent of those parents who think they are available. This compares to usage of parent-child programs at more than twice this level. This rating by parents is concerning as it may reflect the comments of focus group participants that there is a stigma attached to seeking help to improve one’s parenting skills.

Informal activities are somewhat more favoured than parenting workshops/classes, but only about one quarter of parents think they are available in their neighbourhood, and only about one quarter of those parents attended one in the previous year.

For both mothers and fathers the three socio-demographic characteristics that show notable differences in parents’ views and use of community resources and programs are income, the age at which they became a parent for the first time and the number of children in their family. Education does not show many meaningful differences.

Overall, when income and family size differences appear, they are sizeable and occur primarily with regard to programs that typically require fees.

The top four barriers to use of programs and resources are:

- Too expensive (35 percent);
- Offered at inconvenient times (35 percent);
- Not appealing (31 percent);
- Little time to take part (30 percent).

However, while the top four barriers are identical for mothers and fathers; significant numbers of both groups strongly disagree that these are barriers.

Fathers face additional barriers. Close to thirty percent of fathers think programs are not set up for Dads and that most people at the programs think Dads don’t know what they are doing. At the same time, over 30 percent strongly disagree that these are barriers.

Two socio-demographic characteristics are influential regarding what parents perceive as barriers to resources and programs: income and the age at which they first became a parent. Income is very influential for mothers. About 40 percent of low income mothers cite “too expensive” as a barrier, and 40 percent of low income mothers cite “lack of appeal” as a barrier to their participation, compared to significantly lower percentages of higher income mothers citing these as barriers.

The age at which they became a parent is influential for both mothers and fathers. About 40 percent of younger first-time mothers and one third of younger first-time fathers indicate they find programs “lack of appeal” as a barrier to their participation, compared to significantly lower percentages of older first-time parents. In addition, younger first-time fathers are much more likely to also indicate programs are “too expensive” as a barrier, compared to older first-time fathers.

While there clearly are stronger felt barriers to participation for a sizeable percentage of mothers and fathers, parents do not have a singular view on what are the barriers to their participation in programs. Even for the top barriers, there are significant percentages of parents who strongly disagree that these are barriers. One size will not fit all. Finding the right balance may be best achieved by asking parents themselves. From our focus groups as well as the survey it is clear that flexibility, options for participation, mutually respectful relationships with service providers and an opportunity to be listened to and validated in their parenting role are key aspects of parents’ decisions to participate in resources and programs.

DO RESOURCES AND PROGRAMS MATTER?

Yes, resources and programs matter!

Although parents’ use of resources and programs is not related to negative parenting behaviour, use of resources and programs has a direct bearing on their positive parenting behaviour – mothers and
fathers who are high users of resources and programs have higher levels of positive parenting than mothers and fathers who are low users.

Knowledge about child development and confidence in parenting are also both significantly related to program use. The question is, do parents who already have more knowledge, confidence and positive parenting behaviour use more programs, or does the use of more programs increase parents’ knowledge, confidence and positive parenting? It is difficult to disentangle these elements with a cross-sectional survey. However, it could be asserted that regardless of which drives what, it is important for parents to use resources and programs because: 1) it is likely that use increases their knowledge and confidence, and 2) even if it does not, resource and program use may reinforce those with high knowledge, confidence and positive parenting to stay that way.

Perhaps the most important story around program use is the link between resource and program use and neighborhood community support.

Earlier we noted that of all the four sources of support examined in this report, parents are least likely to perceive their neighborhood community as providing high support for them as parents. Only about one quarter of parents report feeling highly supported by their neighborhood community. This was not completely surprising. In the Phase 1 focus groups, parents were poignantly clear that the experience they had in and of their neighborhood community was very far from what they wanted.

Now we see that high users of programs and resources are significantly more likely to feel high neighborhood support - 37 percent of mothers and 41 percent of fathers who were high users of resources and programs felt highly supported by their neighbourhood community. For fathers, feeling supported by their neighbourhood community is the only source of support associated with higher program use. Even their wife/partners, who are so influential in many other ways, are not significantly associated with fathers’ use of programs and resources.

Thus, for both mothers and fathers, their feelings of support from their neighborhood community is very important because it is associated with higher program use - and higher program use is connected to more positive parenting.

In addition, as also noted earlier, when mothers perceive high support for their parenting role from their neighborhood community it increases the likelihood of both high knowledge of child development and the likelihood of high confidence in their parenting. And mothers are the primary pathway for fathers parenting behaviour, knowledge and confidence.

Neighborhood support matters!

**BRINGING IT ALL TOGETHER: IT DOES TAKE A VILLAGE!**

Findings from the National Longitudinal Survey of Children and Youth demonstrated that the single most important benefit children can receive in their early years is sensitive, responsive parenting.

This survey, as well as Invest in Kids’ earlier research, tells us Canadian parents are committed to their role. They feel strongly that being a parent is the most important thing they can do. At the same time, parents lack basic knowledge about how children grow and develop, are not confident in their parenting and feel vulnerable and unsupported. Knowledge and confidence are important: the more knowledgeable and the more confident parents are, the more positive, less negative is their parenting behaviour.

Parents in the Phase 1 focus groups told us they feel unsupported, vulnerable and isolated, that society expects them to fend for themselves until their children reach school age. They poignantly and strongly told us that they believe society expects them to fend for themselves until their children reach school age. They yearn to be welcomed, valued, recognized and supported in their role as parents, yet there is an enormous gap between what they want from their communities and what parents actually experience, creating that sense of isolation and vulnerability. They feel there is a stigma attached to asking for help around anything having to do with parenting, because parenting is supposed to be simple, natural and intuitive – and they think their families and neighbours, indeed all of society, agrees.

In so many other of life’s endeavors, constant improvement - good to better to even better - is accepted, even expected. Elite athletes, despite their innate talents and constant practice all employ coaches to help them improve their performance. Taking lessons to improve one’s game carries no stigma for any golfer.

Why then, for what we all agree is one of life’s most important roles, do we burden young mothers and fathers by having them believe that asking for help carries with it the stigma of being a bad parent rather than being acknowledged for being a parent who wants every day to learn and grow to be the best they can be?

**Every parent – all parents – can benefit from parenting support.** Yet our respondents rate parent education programs as least important and least used of all community resources and programs. We need to make it acceptable for parents to reach out for help, to remove the stigma that too often comes with seeking that help.

Does support matter? Does it really take a village to raise a child? This survey probed deeply into the support parents perceive from what the literature – and common sense – would identify as the most significant and reliable sources of support for their parenting role – their spouse/partner, their own parents, other family and friends and their neighborhood community. The survey explored the relationship of those sources of support to parents’ knowledge, confidence and parenting behaviour.

The survey also looked at tangible supports: the resources and programs typically available in communities to support parents of young children. These resources are important in and of themselves and also as tangible demonstrations of the attitudes and priorities of
a community. We asked parents their perspective on these resources and probed the relationship between the use of them and parents’ knowledge, confidence and behaviour and parents’ perception of support from their community.

The significance of the work of countless dedicated frontline service providers cannot be underestimated. The survey is clear that parents benefit significantly from their use of community programs and services. High users of these programs and services are significantly more likely to feel highly supported by their neighborhood community and high use of programs and services is connected to more positive parenting, knowledge and confidence about parenting.

We need to make it a priority for our communities to provide the tangible supports of resources and programs that will build and support parents’ knowledge, confidence and positive parenting behaviour.

But leaving it entirely up to the professionals is just not enough.

What we learned confirms our belief that it takes a village to raise our children well. And that we all have a critically important role to play to ensure the best possible outcomes for our children and their parents.

We are not doing a very good job supporting parents of young children as partners, their own parents, family or friends or members of their neighborhood community. Yet this support matters greatly both as direct influences on parenting behaviour and as enablers of the knowledge and confidence that lead to positive parenting behaviour. Indeed, the survey is clear that it is social supports, not socio-economic characteristics, that most influence parenting behaviour.

The challenges of parenting have never been greater, yet parents do not experience the support they need for their parenting role from those around them.

We are those partners, parents, brothers, sisters, aunts, uncles, cousins, friends and neighbours. Now that we know how important we are to the mothers and fathers in our midst, we need to do better. We must do better. We have the power to transform how parents experience a new kind of supportive village, a village to which we all want to belong.

For the future well being of our children, we need to transform parents’ sense of support, ensuring they feel welcomed, valued and acknowledged for their most critical role. Parents have much to tell us about what their experience is, what they need and want to do their parenting well. We need to start by listening to them.

We imagine a world where the power of parenting is leveraged and:

- All parents are knowledgeable, skilled and confident in their parenting role;
- All parents are recognized, valued and supported by their families and friends, their communities and their country for their parenting role; and

We invite you to join in creating that world.

It is with regret that we say goodbye to Invest in Kids which closed its doors on September 30, 2010.

Best Start Resource Centre is pleased to be selected as the home for the Invest in Kids legacy of materials, including parent resources, reports, service provider tools etc. The materials will be available shortly in this special area of the Best Start website. In the long term we are looking into the feasibility of updating content as required, and making certain resources available in print.

To access the full Vital Communities - Vital Support Reports and survey visit:
ONTARIO’S ENHANCED 18-MONTH WELL-BABY VISIT: PROGRAM OVERVIEW, IMPLICATIONS FOR PHYSICIANS

By Dr. Jean Clinton, Associate Professor, Psychiatry and Behavioural Neuroscience, McMaster University, Offord Centre for Child Studies; Dr. Robin Williams, Medical Officer of Health, Niagara Region Public Health, Department of Pediatrics, McMaster University; Dr. David Price, Chair, Department of Family Medicine, McMaster University, and Chief, Department of Family Medicine, Hamilton Health Sciences.

Reprinted with authors permission. Originally Published Ontario Medical Review, Feb 2010.

There has been significant “buzz” around an enhanced 18-month well-baby visit in Ontario over the past couple of years.

The 18-month visit is the last of a series of regularly scheduled primary care visits before school entry.

Recognizing the importance of this visit, and the role that primary care plays in ensuring that all children meet their developmental potential, the Ontario Ministry of Children and Youth Services convened an Expert Panel on the 18-Month Well-Baby Visit to develop a report that would provide the basis for a provincial strategy to support standardized developmental review and evaluations at 18 months for each child in Ontario. The panel’s recommendations were based on evidence from multiple disciplines, which underscored the reality that the quality of the early years’ experience establishes trajectories of health and well-being for children.

Published in 2005, the report from the expert panel, entitled “Getting it Right at 18 Months...Making it Right for a Lifetime,” recommended shifting the focus of the universal 18-month visit from a well-baby check-up to a pivotal assessment of developmental health.

The recommendations included introducing a process using standardized tools in order to facilitate health professionals to have a broader discussion with parents on:

a. Child development;

b. Parenting;

c. Connecting to local community programs and services that promote healthy child development and early learning; and

d. Promotion of early literacy through book reading.

The visit also provides an opportunity to identify those children who will require referral to specialized services.

An underlying premise of the recommendations is that when there are collaborations among parents, primary care, community health and child development services, the outcomes for children will be improved.

The full report is available online (http://www.children.gov.on.ca/htdocs/English/documents/topics/earlychildhood/getting_it_right_18_months.pdf).

As part of an inter-ministerial collaboration, the recommendations were reviewed by the Ministry of Children and Youth Services, in partnership with the Ministry of Health and Long-Term Care and the Ministry of Health Promotion. The province responded to the recommendations and created an Implementation Advisory Committee and Working Group that developed strategies to support an enhanced 18-month well-baby visit in Ontario, based on the recommendations of the Expert Panel.

The following article outlines the purpose and nature of the Enhanced 18-Month Well-Baby Visit, key initiative components, and important implications for physicians. This article follows on previously published articles in the Ontario Medical Review that highlighted Ontario’s Best Start vision, and the critical role of the primary care physician in child development.1,2

THE IMPORTANCE OF WELL-BABY VISITS

Family physicians, community pediatricians, nurse practitioners and other primary health-care providers are in a unique position to improve the odds for positive childhood development outcomes by virtue of their continuing contact with their patients and families over time.

These visits are opportunities for monitoring growth and development, for early identification of risk, and for referral to early intervention and treatment. Of equal importance is the opportunity to support parents, through anticipatory guidance, to enhance parenting skills that have been shown to impact and optimize child outcomes.

The 18-month visit is one of the last regularly scheduled visits coupled to immunization, and potentially the last time children are seen before school entry. Key developmental milestones occur by this age, and parents seek help and advice for a variety of issues related to their child’s behaviour and development.

By 18 months, development of major motor and communication milestones should have been reached, and other developmental concerns may be detected (e.g., autism spectrum disorder). Furthermore, it is a time when parents are well versed in the earlier parenting issues of sleep and feeding and are now meeting the
new challenges of parenting a toddler, often seeking information on appropriate parenting techniques.

The majority of parents are back in the work force and may seek guidance as they explore child-care arrangements and struggle with day to day concerns of behaviour.

The Enhanced 18-Month Well-Baby Visit Visit builds on the current 18-month check-up. It is an initiative designed to build strong partnerships among primary care providers, parents, and community services, and help parents in making the right connections. The goal is to create a culture that enhances the developmental health and well-being of Ontario’s young children.

The initiative introduces a process, using standardized tools, for health professionals to have a discussion with parents on child development, to identify those children who will require referral to specialized services, and to discuss parenting and local community programs that promote healthy child development and early learning. Furthermore, it is the perfect time to reinforce the importance of literacy, language development, book reading, and other skills required for literacy.

The Enhanced 18-Month Well-Baby Visit in Ontario refers to:

1. A consistent, focused, developmental review and evaluation at 18 months of age completed by a primary health-care provider in collaboration with parents.

2. The use of standardized assessment tools. These tools include:
   - Nipissing District Developmental Screen™ (NDDS™) — a parent completed developmental checklist designed to assist parents, health-care and child-care professionals, with a convenient and easy-to-use method of recording the development and progress of infants and children within certain age groupings. It is not a diagnostic tool and is not meant to be a formal assessment of the child’s skills, but rather a quick survey to determine any areas that may require some extra attention.a
   - Ontario Rourke Baby Record (RBR)—an evidence-based guide for health professionals in the delivery of the enhanced visit.b

3. A process to support discussions with parents on healthy child development; provide information on parenting and community programs that promote healthy child development and early learning; and, when needed, provide referrals to specialized community services for those children identified with potential issues, needs and risks. In terms of the visit, the province is responsible for the design, funding and overall management of the initiative. Through its fee code system, the Ministry of Health and Long-Term Care is responsible for funding the visit. (Note: a new Enhanced 18-Month Well-Baby Assessment fee code has recently been approved. See Appendix A) The Ministry of Children and Youth Services has responsibilities for oversight and continued evaluation of the tools, resources and supports for the visit—updating them as required reflecting new evidence and best practice. Beyond the delivery of the visit, there is also a measurement and evaluation component of the initiative that will track how 18-month old children are doing.

Currently moving forward as a pilot project, this important component of the initiative will help to identify how Ontario children are doing with respect to development and preparation of young children for the challenges of the future—academically, behaviourally, and for long term health. As we know, what gets counted, counts, and this component of a surveillance system for child health is important.

EDUCATION AND INFORMATION TO SUPPORT THE ENHANCED VISIT

Improving the health and well-being of all Ontarians by enhancing the knowledge and ability of health-care professionals, communities and families to support healthy development of children in the early years, and particularly at 18 months, is an important objective.

With an enhanced and standardized 18-month well-baby visit available, an important online education and information strategy accessed through an 18-month web portal is in development. The web portal will enable the easy dissemination of practice tools, education and training of parents and professionals on the use of the tools, links to community resources, and provide education about healthy child development through easily accessible background and reference materials.

An electronic platform for primary care providers and parents is a key access point and support for the visit. It will serve to augment the knowledge and ability of health-care professionals, families and communities in the delivery of the enhanced visit and support healthy child development in the early years. The site will be operational April 1, 2010, and can be accessed at: http://machealth.ca/programs/18-month.

ROLE OF PHYSICIANS IN DELIVERY OF THE ENHANCED VISIT

Physicians are in a key position to partner with parents in the review and evaluation of their child’s development, and to champion local community resources that support them. Encouraging more attention to healthy development by all parents, for all children, is a population health strategy that can be carried out in the primary care practitioner’s office. Further, early detection of developmental delay is important. A full developmental review and evaluation at 18 months will help identify problems earlier so families can get the help they need sooner, when it is most effective.

At the time of the visit, parents are requested to complete the 18-month NDDS. The physician can then discuss the NDDS responses with the parents, and complete the examination using the Ontario RBR. This ensures that practitioners not only provide regular care (e.g., history, physical, immunization), but also provide an enhanced focus on development, parenting, and literacy.

Use of the RBR has been shown to prompt practitioners to more consistently cover all of the well-baby visit content. The Ontario tool assists physicians in the identification of potential developmental delay, standardizes asking parents about concerns regarding their child, assesses the state of parent-child interaction, promotes literacy, and encourages familiarity with community resources (e.g., Healthy
To access your community’s pathway template, contact your local Best

PARENTS’ ROLE IN THE ENHANCED VISIT

Parents play the most important role in nurturing their children. The
environments that they create, their parenting style, and the choices
they make about early learning activities have a great influence on
their children’s development. Parents are highly knowledgeable
about their children, but may not have accurate information on typical
child development, and many express a lack of confidence in their
parenting skills.

The NDDS checklist and accompanying “activities for your child”
section provide parents and caregivers with information and activities
to enhance their child’s development, and gives parents information
on typical child development. By incorporating its use into the visit, an
opportunity is created for parents to talk with the health-care provider
about their child’s development. The NDDS is currently available in
English, French, Chinese, Spanish and Vietnamese.

ADDITIONAL TOOLS FOR USE AT THE ENHANCED VISIT

1) 18-month clinical report

Evidence-based clinical practice recommendations have been
developed that focus on the evidence underpinning the Enhanced
18-Month Well-Baby Visit. The recommendations are supported by
the Ontario College of Family Physicians in partnership with the
Guidelines Advisory Committee, (a joint body of the Ontario Medical
Association and the Ministry of Health and Long-Term Care). The
final report and executive summary for the “Evidence to Support the
18-Month Well-Baby Visit” can be accessed online (http://machealth.
can/programs/18-month , or, http://www.ocfp.on.ca/local/files/CME/
Healthy%20Child%20Development/18%20Month%20Well%20
Baby%20Visit/Edits%20from%20OCFP%20Mar%2010%20-%20
Final%20Report%20PDF.pdf).

2) Early Child Development and Parenting Resource System
Pathway

“It takes a community to raise a child,” but physicians have expressed
concerns that they are not always aware of resources in the community,
and that identifying delays without support for referrals is very difficult
and frustrating for parents. Effective partnerships among parents,
primary care providers and community resources are key to improving
early childhood experiences.

Community-based Best Start Networks across Ontario have developed
Early Child Development and Parenting Resource System pathway
templates. Designed to provide information regarding services
available in communities, the templates illustrate the organization
of local early child development and parenting resources across a
community, region or district so that young children are offered the
opportunity for healthy development and the best start in life.

To access your community’s pathway template, contact your local Best

Start Network, health unit, or Ontario Early Years Centre. A generic
Ontario template is located on the back of Guide IV of the Ontario
RBR and provides health-care professionals with an easily accessible
reminder of the services available in their communities and regions
(see Appendix B). The Ontario pathway can be accessed online (http://
machealth.ca/programs/18-month).

3) The 18-month flowchart

The 18-month visit flowchart helps to ensure that the Enhanced 18-
Month Well-Baby Visit is delivered consistently and efficiently, and in
a standard way across the province.

The flow chart sets out the route that most families will take in
participating in the visit, and identifies the critical points where
information provided by parents, or identified by providers, may
require more discussion or a referral to services.

The 18-month flow chart can be accessed online (http://machealth.ca/
programs/18-month).

MOVING FORWARD WITH IMPLEMENTATION OF THE
ENHANCED VISIT

The critical components of the initiative are in place, establishing a
foundation for the visit. Additional projects are underway that support
province wide implementation of the visit. They include projects that
will see a strengthening of both the parent and professional tools used
in the delivery of the visit, and education and information strategies
that will provide support to physicians for the implementation of the
enhanced visit and all components in their practices. Work underway
includes:

1) Projects to strengthen the NDDS

- Development of a low literacy, pictorial version of the NDDS. The
  pictorial screen is not meant to replace the current
  screens, but addresses the needs of parents whose literacy
  skills fall below the reading grade level of the current screen,
  or whose first language is not English, and for whom current
  translations for the screen are not available; and,

- Development of the NDDS in a format compatible for
  incorporation into electronic medical record (EMR) systems.

2) Projects to strengthen the RBR

- Biennial updates of the RBR; and

- Development of the RBR in a format compatible for
  incorporation into EMR systems for use in physician offices.

3) Education and information strategies that champion key
messages for the visit, including:

- Information and education to be provided to primary care
  practitioners, family medicine academic faculty, primary care
  office administration staff, and community and specialized
  service providers on the purpose of, and their role in, the
  delivery of the Enhanced 18-Month Well-Baby Visit; and
• An online education and information strategy accessed through a web portal that will enable the easy dissemination of practice tools, evidence-based e-learning curriculum, and online community support infrastructure for professionals, as well as information for parents explaining the importance and expectations for their participation in the visit.

CONCLUSION

Physicians have a critical role to play, working with families to ensure that all children meet their developmental potential. Developmental surveillance at all well-baby visits is important. This initiative is aimed at enhancing the 18-month visit for all children, and their families, by developing an enhanced systematic approach to support parents and primary care practitioners through tools, education and other incentives.

The credibility of physicians armed with an increased understanding and knowledge of their early years community ensures opportunity for improved early childhood experiences that are known to improve a child’s lifelong learning, behaviour, and health. OMR

Endnotes


c. Links to information on these early years programs can be accessed online.

REFERENCES


Appendix A: OHIP Schedule of Benefits Fee Changes

A new Enhanced 18-Month Well-Baby Assessment fee of $61.00 (GP/FP – A002; Pediatrics – A268) has been introduced to the OHIP Schedule of Benefits. The new fee is billable when rendering a well-baby care assessment on a child between the ages of 17 to 24 months that includes:

1. An 18-month age-appropriate developmental screen; and

2. Review with the parent/guardian or other caregiver of a brief standardized tool (completed by the patient’s parent/guardian or other caregiver) that aids the identification of children at risk of a developmental disorder.

An example of an 18-month age-appropriate developmental screen would be that outlined in the Rourke Baby Record. An example of a brief standardized tool completed by the parent/guardian would be the Nipissing District Developmental Screen or similar parental questionnaire. For additional information on the revised 18-Month Well-Baby Assessment, please refer to the consultations and visits section of the Schedule. To review the payment rules and medical record requirements in their entirety, please refer to the General Preamble (page GP29) in the Schedule.

See also Appendix B, pg. 10
Appendix B: Resource Pathway

Early Child Development and Parenting Resource System – Ontario

(Template located on the back of Guide IV, Rourke Baby Record – Ontario)
Infant Mental Health Promotion is an independently funded not-for-profit community organization housed at the Hospital for Sick Children. Our operational expenses are generated through IMHP membership, training revenues, resource sales and donations. Donations, small or large, assist in sustaining accessible IMHP programs such as Infant Mental Health Rounds, the creation of new resources and our advocacy efforts.

Your support is very much appreciated.

Charitable receipts will be issued for donations over $20. Please make donations to Infant Mental Health Promotion through the SickKids Foundation. (payable to SickKids Foundation/IMHP) and forward to:

Infant Mental Health Promotion (IMHP)
The Hospital for Sick Children,
555 University Ave. Toronto ON M5G 1X8
416-816-7654 x 1082 Fax: 416-813-2258
imp.mail@sickkids.ca www.IMHPromotion.ca

IMHP would like to thank the following individuals and agencies for their generous support and donations in 2010...

Child Development Institute (CDI)
  Cynthia Alutis
  Susan Berry
  Victor J. Bernstein
  Susan Bradley
  Shirley Eyles
  Olivia Hernandez
  Janet Morrison
  Nancy Martin
  Jennifer Pearson
  Berna Skrypnec
  Dr. Peter Sutton
  Susan Tallett
  Molly A Weaver

Scott Wells (in the memory of Becky (Blackburn) Conte)

We appreciate your support!
THE ISSUE

A growing body of scientific evidence tells us that emotional development begins early in life, that it is a critical aspect of the development of overall brain architecture and that it has enormous consequences over the course of a lifetime. These findings have far-reaching implications for policy makers and parents, and therefore demand our attention.

From birth, children rapidly develop their abilities to experience and express different emotions, as well as their capacity to cope with and manage a variety of feelings. The development of these capabilities occurs at the same time as a wide range of highly visible skills in mobility (motor control), thinking (cognition) and communication (language). Yet, emotional development often receives relatively less recognition as a core emerging capacity in the early childhood years.

The foundations of social competence that are developed in the first five years are linked to emotional well-being and affect a child's later ability to functionally adapt in school and to form successful relationships. As a person develops into adulthood, these same social skills are essential for the formation of lasting friendships and intimate relationships, effective parenting, the ability to hold a job and work well with others, and for becoming a contributing member of a community.

Disregarding this critical aspect of the developing child can lead parents and policy makers to underestimate its importance and to ignore the foundation that emotions establish for later growth and development. Thus, it is essential that young children's feelings get the same level of attention as their thinking. In fact, learning to manage emotions is more difficult for some children than learning to count or read and, in some cases, be an early warning sign of future psychological problems. The failure to address difficulties in this equally important domain can result in missed opportunities for interventions. Had they been initiated early, these interventions could have yielded tremendous benefits for large numbers of children and for society.

WHAT SCIENCE TELLS US

The core features of emotional development include the ability to identify and understand one's own feelings, to accurately read and comprehend emotional states in others, to manage strong emotions and their expression in a constructive manner, to regulate one's own behavior, to develop empathy for others and to establish and sustain relationships.

Emotional development is actually built into the architecture of young children's brains in response to their individual personal experiences and the influences of the environments in which they live. In fact, emotion is a biologically based aspect of human functioning that is "wired" into multiple regions of the central nervous system that have a long history in the evolution of our species. These growing interconnections among brain circuits support the emergence of increasingly mature emotional behavior, particularly in the preschool years. Stated simply, as young children develop, their early emotional experiences literally become embedded in the architecture of their brains. Here is what we know:

The emotional experiences of newborns and young infants occur most commonly during periods of interaction with a caregiver (such as feeding, comforting and holding). Infants display distress and cry when they are hungry, cold, wet or in other ways uncomfortable, and they experience positive emotions when they are fed, soothed and held. During this early period, children are incapable of modulating the expression of overwhelming feelings, and they have limited ability to control their emotions in the service of focusing or sustaining attention. Associations between positive emotions and the availability of sensitive and responsive caregiving are strengthened during infancy in both behavior and brain architecture.

The emotional states of toddlers and preschoolers are much more complex. They depend on their emerging capacities to interpret their own personal experiences and understand what others are doing and thinking, as well as to interpret the nuances of how others respond to them. As they (and their brains) build on foundations that are established earlier, they mature and acquire a better understanding of a range of emotions. They also become more capable of managing their feelings, which is one of the most challenging tasks of early childhood.

By the end of the preschool years, children who have acquired a strong emotional foundation have the capacity to anticipate, talk about and use their awareness of their own and others' feelings to better manage everyday social interactions. Their emotional repertoires have expanded dramatically and now include such feelings as pride, shame, guilt, and embarrassment — all of which influence how individuals function as contributing members of a society. Throughout the early childhood years, children develop increasing capacities to use language to communicate how they feel and to gain...
help without “melting down,” as well as to inhibit the expression of emotions that are inappropriate for a particular setting.3,29

When feelings are not well managed, thinking can be impaired. Recent scientific advances have shown how the interrelated development of emotion and cognition relies on the emergence, maturation, and interconnection of complex neural circuits in multiple areas of the brain, including the prefrontal cortex, limbic cortex, basal forebrain, amygdala, hypothalamus and brainstem.30 The circuits that are involved in the regulation of emotion are highly interactive with those that are associated with “executive functions” (such as planning, judgment and decision making), which are intimately involved in the development of problem-solving skills during the preschool years.31 In terms of basic brain functioning, emotions support executive functions when they are well regulated but interfere with attention and decision making when they are poorly controlled.19,32,33,34,35

We now know that differences in early childhood temperament — ranging from being extremely outgoing and adventurous to being painfully shy and easily upset by anything new or unusual — are grounded in one’s biological makeup.36,37 These variations lead to alternative behavioral pathways for young children as they develop individual strategies to control their emotions during the preschool years and beyond. They also present diverse challenges for parents and other adults who must respond differently to different kinds of children.38 When it comes to finding the “best” approach for raising young children, scientists tell us that one size does not fit all.39

Young children are capable of surprisingly deep and intense feelings of sadness (including depression), grief, anxiety and anger (which can result in unmanageable aggression), in addition to the heights of joy and happiness for which they are better known.40,41,42,43 For some children, the preschool years mark the beginning of enduring emotional difficulties and mental-health problems that may become more severe than earlier generations of parents and clinicians ever suspected.

The emotional health of young children — or the absence of it — is closely tied to the social and emotional characteristics of the environments in which they live, which include not only their parents but also the broader context of their families and communities.44,45,46,47,48 Young children who grow up in homes that are troubled by parental mental-health problems, substance abuse or family violence face significant threats to their own emotional development. In fact, the experience of chronic, extreme and/or uncontrollable maltreatment has been documented as producing measurable changes in the immature brain.49,50

Children’s early abilities to deal with their emotions are important not only for the foundation these capacities provide for the future, but also for the children’s current social functioning with their parents, teachers and peers. In fact, differences in how young children understand and regulate their own emotions are closely associated with peer and teacher perceptions of their social competence, as well as with how well-liked they are in a child-care setting or preschool classroom.51,52,53

UNFOUNDED ASSERTIONS IN THE NAME OF SCIENCE

As the public’s appetite for scientific information about the development of young children is whetted by exciting new findings, the risk of exaggerated or misleading messages grows. Within this context, it is essential that scientific fact be differentiated from popularly accepted fiction.

There is no credible scientific evidence that young children who have been exposed to violence will invariably grow up to be violent adults themselves. Although these children clearly are at greater risk for adverse impacts on brain development and later problems with aggression, they are not doomed to poor outcomes, and they can be helped substantially if provided with early and appropriate treatment, combined with reliable and nurturing relationships with supportive caregivers.54

Science does not support the claim that infants and toddlers are too young to have serious mental-health problems. In fact, young children who have experienced significant maltreatment exhibit an early childhood equivalent of post-traumatic stress disorder, which presents a predictable array of clinical symptoms that are amenable to successful therapeutic intervention.55

THE SCIENCE-POLICY GAP

The fact that young children have feelings is old news. The extent to which infants can experience deep emotional pain as a result of early traumas and losses is less understood. The realization that young children can have serious mental-health problems, including anxiety disorders and signs of depression accompanied by the same kind of brain changes seen on electroencephalograms in clinically depressed adults, is startling news to most people.40,44,56,57 The fact that significant and prolonged emotional distress can affect the emerging architecture of a young child’s brain should be a sobering wake-up call for society as a whole.

Despite the availability of rich and extensive knowledge on the emotional and social development of young children, including its underlying neurobiology, current early-childhood policies focus largely on cognition, language, and early literacy. Policies addressing children’s emotional and behavioral needs have been the exception, not the rule. This gap between what we “know” about healthy emotional development and the management of behavioral difficulties, and what we “do” through public policies and programs, is illustrated by the following examples:

Uneven availability of support for parents and providers of early care and education to deal with common, age-appropriate behavioral challenges, such as discipline and limit setting.58

Limited caregiver and teacher training to evaluate and deal with children who present significant emotional and/or behavioral problems in early care and education programs. This is particularly alarming in the face of recent evidence of dramatic increases in prescriptions for behavior-modifying medications to treat preschoolers.59,60
Minimal expertise in early childhood development or “infant mental health” within child-welfare agencies that assess and treat children who have been the victims of serious maltreatment, despite extensive evidence that very young children can experience debilitating anxiety and trauma from parental abuse or neglect or from witnessing violence in their family or neighborhood, as well as data illustrating that early interventions can moderate the effects of these traumas.61

The science of early childhood development is sufficiently mature at the present time to support a number of well-documented, evidence-based implications for those who develop and implement policies that affect the health and well-being of young children. Five compelling messages are particularly worthy of thoughtful consideration:

All early childhood programs, including Head Start, must balance their focus on cognition and literacy skills with significant attention to emotional and social development. Children clearly need the social and emotional capabilities that enable them to sit still in a classroom, pay attention, and get along with their classmates just as much as they need the cognitive skills required to master the reading and math concepts taught in kindergarten.62

The rich and growing science of early emotional and social development must be incorporated into services to support parents who are struggling to manage routine behavioral difficulties in their young children, as well as those who are trying to figure out whether, when and how to deal with more serious social or emotional problems.63

Providers of early care and education must have sufficient knowledge and skills to help children who present common behavior problems early on, particularly those who exhibit significant aggression or difficulties in their young children, as well as those who are trying to figure out whether, when and how to deal with more serious social or emotional problems.63

Expertise in early identification, assessment and clinical treatment must be incorporated into existing intervention programs to address the complex and currently unmet needs of young children with serious mental-health problems such as depression, anxiety and significant antisocial behaviors. Central to this challenge is the need to accurately differentiate transient emotional difficulties that reflect a “phase” that the child will outgrow from diagnosable disorders that require clinical treatment.19

All child-welfare agencies that have responsibility for investigating suspected abuse or neglect must include a sophisticated assessment of the child’s developmental status, including cognitive, linguistic, emotional and social competence. This could be accomplished through closer collaboration between child-protective services and early intervention programs for children with developmental delays or disabilities, as mandated by the recently enacted Keeping Children and Families Safe Act of 2003 (Public Law 108-36).64

These implications for policy and practice are striking in their simplicity, the extent to which they reflect common sense and their solid grounding in the science of early childhood and brain development. Closing the science-policy gap as it affects the future of our children, and therefore our society, should be an important priority for all who are engaged in public life.

REFERENCES


FRAMEWORK FOR THE SOCIAL DETERMINANTS OF EARLY CHILD DEVELOPMENT
Clyde Hertzman, M.D., University of British Columbia

The Total Environment Assessment Model of Early Child Development (see Figure 1 – TEAM-ECD) was developed for the World Health Organization’s Commission on the Social Determinants of Health to highlight the environments and experiences that influence ECD.1 TEAM-ECD builds on the bio-ecological model,2 developmental psychology,3 the concept of “biological embedding,”4 the social determinants of health,6 research regarding social relations in human society,7 and political economy.8 It features interacting and interdependent spheres of influence that are instrumental for ECD: the individual, family and dwelling, residential and relational communities, programs and services, regional, national and global environments, and civil society.

The Individual Child
Early in life, sensitive periods occur in the brain when the child is disproportionately sensitive to the influences of the external environment.2,9,10 The interplay of the developing brain with the environment is the driving force of development. The process of early experience shaping brain and biological development in ways that influence development over the life course is known as biological embedding.4 Young children’s optimal growth and development requires adequate nutrition, beginning in utero, with adequately nourished mothers. During the first months of life, breastfeeding plays a critical role in providing children with necessary nutrients but, the quality of relationships also matters right from the start. Children are social actors shaped by their environment11,12,13,14 who, in turn, play a role in shaping it. Young children develop best in warm, responsive environments that protect them from inappropriate disapproval and punishment; environments in which there are opportunities to explore their world, to play, and to learn how to speak and listen to others.15 Stimulation has an independent effect on perceptual motor development outcomes among stunted children, over and above nutritional supplementation.16

The Family
The family (defined here as any group of people who dwell, eat and participate in other daily, home-based activities together) is the primary environmental influence on children’s development.17,18 Any chronic domestic problem, especially of the mother or primary caregiver, such as intimate-partner violence19,20 or chronic illness, can have a deleterious effect on child development. Family members provide most stimuli for children, and families largely control children’s contact with the wider environment.21 The most salient features of the family are its social and economic resources. Social resources include parenting skills and education, cultural practices and approaches, intra-familial relations, and the health status of family members. Economic resources include wealth, occupational status and dwelling conditions. The influence of family resources (herein, socio-economic status, or SES) is mediated by access to societal resources that enable families to make choices and decisions in the best interests of their children, including services such as parenting and caregiver support,21 quality childcare,22,23,24,25 and primary health care and education.

As one goes from the bottom to the top of family SES in virtually all societies, child developmental outcomes, on average, improve. This is the “gradient effect,” which is a principal source of modifiable inequality in ECD.26 Family SES has an impact on outcomes as diverse as low birth weight, risk of dental caries, cognitive test scores, difficulties with behaviour and socialization, and risk of disengagement from school.3 Children born into low SES families are more likely to be exposed to – and affected by – conditions that are adverse for development, such as homelessness, crowding, slum living conditions or unsafe neighborhoods.27,28 Low levels of parental education and literacy affect the knowledge and skill-base of children’s caregivers. Feeding and breastfeeding practices vary according to SES, as does parental stress. Low SES parents are at increased risk for a variety of forms of psychological distress, including negative self-worth and depression. The severity and chronicity of maternal depression are predictive of disturbances in child development.24,29 SES gradients in language and cognitive development are strongly influenced by the richness of the domestic language environment.30 Family SES is also associated with ability to access other resources, such as health care and high-quality childcare.31

Residential and Relational Communities
Socioeconomic, social capital, physical and service characteristics of residential communities influence ECD.32 Socioeconomic inequalities among residential communities are associated with inequalities in children’s development, but there are important caveats. Children from low SES families living in economically-mixed neighbourhoods often do better in their development than low SES children living in poor neighbourhoods.33 There is an inverse association between the socioeconomic status of a community and the chances that its residents will be exposed to toxic or otherwise hazardous exposures such as wastes, air pollutants, poor water quality, excessive noise, residential crowding or poor housing quality.34 Physical spaces accessible to children create both opportunities and constraints for play-based learning and exploration, both critical for motor, social/emotional
and cognitive development. Access to high quality services often varies according to community SES: learning and recreation, child care, medical, transportation, food markets and opportunities for employment. Child development is also influenced by the quality of community social capital – an umbrella term that encompasses constructs such as informal social control (e.g., I can leave my door unlocked because the neighbourhood teenagers respect the citizens here), norms of reciprocity (e.g., I believe that something promised will be kept because the standards in my community are like that), social engagement, participation, cohesion and trust.

The relational community is the group that gives children and families their identity and, often, how outsiders identify them. It is a primary source of social inclusion or exclusion, sense of self-worth, self-esteem and gender socialization. Relational communities transmit information regarding child-rearing practices and norms of child development. The extent to which adults and children in communities are linked to one another, whether there is reciprocated exchange (of information, in-kind services and other forms of support), and whether there is informal social control and mutual support is, in part, a function of the relational community. These are aspects of social capital, highlighting the overlap in the influences of relational and residential communities.

ECD Programs and Services
Investment in early childhood is a powerful economic strategy, with returns over the life course many times the size of the original expenditure. ECD programs promote the quality of human capital; that is, individuals’ competencies and skills for participating in society and the workforce. The competencies and skills fostered through ECD programs are not limited to cognitive gains, but also include physical, social and emotional gains – all of which are determinants of health over the life course. Accordingly, ECD programs, which incorporate and link health-promoting measures (e.g., good nutrition, immunization) with nurturance, participation, care, stimulation and protection, offer the prospect of sustained improvements in physical, social, emotional, language and cognitive development.

Regional Environment
Interrelated aspects of regions that are significant for ECD include: physical (e.g., degree of urbanization, the physical lay-out of cities), social, political and economic factors. In low- and middle-income countries, inequalities in child health outcomes – for example under-five mortality rates – vary according to geography, such as between rural and urban areas; often due to unequal allocation of resources. But regional inequalities in ECD are also seen in resource-rich countries. At the sub-national level, regional and relational communities may intersect in ways that create nurturant conditions systematically different from the rest of a country. For example, norms in some regions of southern India, in contrast to northern India, provide women more exposure to the outside world, more voice in family life and more freedom of movement than do the social systems of the north. Women’s autonomy itself is determined largely by women’s education, which is much more accessible in southern regions of India, such as the state of Tamil Nadu. Women’s autonomy, in turn, demonstrably influences opportunities for successful ECD.

National Environment
National policy and economic factors are significant for ECD. Although child development tends to be more successful in wealthy than poor countries, the priority given to children in social policy can overcome national poverty in child developmental outcomes. Camerman’s review of child welfare policies across countries identified five domains that make a difference: income transfers (cash and tax benefits); employment policies; parental leave and other policies to support maternal employment; early childhood education and care services; and prevention and other interventions related to teen pregnancy. The transformation of the “Tiger Economies” of Southeast Asia from resource-poor, low life expectancy societies to resource-rich, high life expectancy societies was accomplished primarily through investment in children, from conception to school completion.

The Global Environment
The global environment influences ECD through its effects on economic and social conditions within nations. Heymann’s research on children and families in resource-poor countries demonstrates the importance of access to quality child care for families worldwide. Due to increased female participation in the global workforce millions of children worldwide are home alone, in informal child care (often by other children), or are brought to work where they are exposed to unsafe working conditions. The global environment is also characterized by international treaties that affirm the rights of children and of women, which are meant to enhance the well-being of children. In particular, General Comment No.7: Implementing Rights in Early Childhood creates an opportunity to hold signatory countries responsible for the physical, social/emotional and language/cognitive development of young children.

Civil Society
Non-governmental international bodies and civil society have a role in holding countries accountable for adopting policies that positively benefit children’s well-being. Within many countries civil society groups take direct action or stimulate government and community action on the social determinants of ECD. They have been instrumental in organizing strategies at the local level to provide families and children with effective delivery of ECD services; to improve the safety, cohesion and efficacy of residential environments; and to increase the capacity of local and relational communities to better the lives of children.

REFERENCES


It was the night before November
and all through the Hollywood Theatre
every person was listening
to Dan’s story-telling…

Thanks to the joint effort of the Hospital for Sick Children and the Parent-Child Mother Goose Program, a storytelling concert billed “Talking You In” took place the evening of October 30, 2010. The jam-packed event included parents of babies who had been in the NICU as well as guests from many community-based agencies that run Parent-Child Mother Goose programs. The evening was a fundraiser for the Parent-Child Mother Goose Program and also celebrated the launch of a rhyme book, “It Was Midnight on the Ocean,” a collaborative project between Hospital for Sick Children’s Neonatal Intensive Care Unit and the Parent-Child Mother Goose Program.

Ruth Danziger, Executive Director of Parent-Child Mother Goose Program, started the evening with some rhymes and an introduction to the Parent-Child Mother Goose Program. “Storytelling is an ancient art,” says Ruth, “and every culture has its own rhymes, songs and stories to share with babies and young children.” Celia Lottridge, award-winning author of children’s books and editor of the newly-published rhyme book, narrated “The Pincoya’s Daughter,” a story from Chile.

The hospital will give copies of the book to parents who have babies in the NICU to encourage them to develop a connection with their fragile infants by reading the rhymes and stories to them. Jonathan Hellmann, Clinical Director of the NICU, writes in his afterward, “While Family Centred Care in NICUs has been well-entrenched for a number of years, the medical viewpoint of this has been somewhat limited. We have not taken this to a broader and deeper level not explored what “giving a voice to families” can mean…we hope you find this special collection of rhymes and stories helpful… and hope it will foster a lifelong love of telling stories and reciting rhymes… we welcome any ideas that could help to normalize and humanize the NICU environment.”
SPOTLIGHT ON RESOURCES

ROLLING INTO FATHERHOOD:
DAD’S GUIDE FOR FUN WITH YOUR BABY

MI-AIMH is proud to announce a new social and emotional learning tool for fathers! MI-AIMH members, Brooke Foulds and Greg Proulx, developed the wheel to emphasize the importance of the father-baby relationship. This new dad friendly tool is designed to encourage men to have fun with and to promote positive, nurturing relationships with their infants and toddlers. Uniquely designed to capture the interest of new dads, the wheel invites playful interaction that leads to relationship in the early years. It is a great companion to Baby Stages: A Parent’s and Caregiver’s Guide to the Social and Emotional Development of Infants and Toddlers. This colorful, simple guide offers practical suggestions for a dad about how to begin a loving, close relationship with his infant and emphasizes playful interactions that will support his young child’s early social and emotional health.

Order Your Fatherhood Wheels Now!
Visit www.mi-aimh.org for details or contact:

Michigan Association for Infant Mental Health
13101 Allen Road, Suite 200, Southgate, Michigan 48195
Phone: 734-785-7700 Fax: 734-287-1680

LITERACY IN EARLY CHILDHOOD SETTINGS

The Hanen Centre has launched a new guidebook designed to pick up where Learning Language and Loving It™ leaves off. It’s called ABC and Beyond™ – Building Emergent Literacy in Early Childhood Settings.

In your work with preschool children, you know how crucial strong literacy skills are for future academic success. You also know how important it is to support and encourage even the earliest signs of literacy – playing with a book, pointing to a sign or scribbling on a piece of paper – to ensure that young children have every possible opportunity to learn about literacy and to develop a love for it.

The ABC and Beyond guidebook brings to life the most current research on early childhood literacy and provides you with step-by-step, easy-to-use strategies to use in the classroom. In line with Hanen’s tradition of transforming research into accessible information and practical tools, this latest guidebook will teach you not just what children should learn, but exactly how to help them learn it.

ABC and Beyond identifies six building blocks of literacy and dedicates a separate chapter to each:

2. Vocabulary - Making vocabulary instruction an integral part of book reading and everyday conversations
3. Story comprehension - Enhancing children’s ability to understand stories
4. Language of learning - Fostering complex, abstract language that is critical to reading comprehension
5. Print knowledge - Creating print-rich environments in which children are explicitly helped to understand how and why print is used
6. Phonological awareness - Building listening skills that enable children to break words into smaller parts and to associate letters with corresponding sounds

Further information including ordering, sample pages and a detailed research summary describing the supporting evidence for the ABC and Beyond Program and its strategies can be found on the Hanen website. www.hanen.org

Direct link:
http://www.hanen.org/ Areas-of-Expertise/Early-Childhood-Language-Literacy-Development.aspx

RIRO RESILIENCE REPORT RELEASED

Reaching IN…Reaching OUT (RIRO), a resiliency promotion program, is pleased to announce the release of “Resilience: Successful Navigation through Significant Threat” recently completed for the Ministry of Children and Youth Services (MCYS). This report is part of RIRO’s ongoing work in helping organizations and communities create ‘cultures supporting resilience’ through its skills and leadership training programs and knowledge mobilization.

RIRO and a multi-disciplinary team undertook a ‘research and knowledge exchange’ project to gather and synthesize knowledge and ideas about resilience. Over 100 people participated including resilience and child development experts, MCYS staff, community and academic professionals, and parents and young people.

The primary goal was to help build understanding about resilience and inform thinking, planning, practice, and policy related to the healthy development of infants, children, and youth as well as supporting healthy families, communities, and institutions.

The report as well other free resilience resources are available at: http://www.reachinginreachingout.com/resources-reports.htm.

Please share this material widely and contact RIRO (info@reachinginreachingout.com) with your feedback or suggestions on how the material might be used to advance understanding and practice in various settings.
ON TRACK: Supporting Healthy Child Development and Early Identification in the Early Years: A Reference Guide for Professionals in Ontario

This online guide is designed to support professionals who work with young children. The goal of the resource is to support professionals by providing specific strategies and information to:

- Support and promote healthy development in all children;
- Decide when a child could benefit from additional support or services; and
- Refer the child and his parents to the appropriate local children’s service for advice, screening, assessment and/or treatment.

The On Track guide offers:

- Information about factors that influence a child’s development
- The continuum of healthy child development grouped into domains within an ages and stages approach
- A list of signs of atypical development
- Information on play as the central activity through which a child learns and reinforces his developing skills
- Child development supports that will promote his readiness to learn
- Information about children’s safety and well-being, including how to recognize signs of maltreatment
- Questions from professionals, answers and resources that help support caregivers
- Links local services and contact information.

The On Track guide will soon be available at the Best Start Resource Centre at: www.beststart.org

INVEST IN KIDS MATERIALS

As you know, Invest in Kids regrettably closed its doors on September 30, 2010. Best Start Resource Centre was selected as the home for the Invest in Kids legacy of materials. We are in the process of posting the resources to a special area of the Best Start website and in addition, we are making the Welcome to Parenting Box available at a reduced cost.

Welcome to Parenting box

The Welcome to Parenting box is a toolkit developed by Invest in Kids for new parents. It helps to build their parenting knowledge, skills, and confidence while supporting many aspects of their newborn’s development. It includes the Welcome to Parenting: The Amazing World of Your Baby parent book, Comfort, Play & Teach DVD Tutorial for Parents, Zero to One: A Growth Chart for Infants, Comfort, Play & Teach Activity Cards: Let’s Learn!, a bath mitt, toy, and storybook with Comfort, Play & Teach activities to help parents make the most of everyday interactions with their baby.

This box available at a reduced cost. It was sold previously for $60 per kit, and is now available for $25 per kit. It is an excellent teaching tool for classes for new parents, or gift for new parents. See:

- http://www.beststart.org/resources/hlthy_chld_dev/index.html
- Electronic Files

We encourage you to check the special area of the Best Start website to view/print a range of Invest in Kids materials. They are in the process of posting files, and more will be available soon. The resources include research reports, parent resources and professional education materials. In the long-term they are looking into the feasibility of updating content as required, and making certain resources available in print.

English resources:

French resources:
LETTER FROM THE DIRECTOR
Chaya Kulkarni, Director, Infant Mental Health Promotion

Signs of spring are all around us with the most visible for us at the IMHP office being our third Expanding Horizons for the Early Years National Conference April 14th – 15th with the preconference April 13th. We were very pleased to host over 450 delegates from all across Canada as well as internationally over the course of the three days. Thanks to all of the session presenters and participants. We received exceptional feedback from conference delegates regarding the high caliber presentations and networking opportunities.

Moving Forward

With the guidance of our community partners, I anticipate that Infant Mental Health Promotion will be developing a stronger advocacy voice for babies and toddlers and will begin to undertake some research in the field over the course of the next year. While we know so much today about attachment and brain development, translating this into practice remains a challenge. We hope that we can look more closely at how we integrate this knowledge into our practice specifically with infants and toddlers.

What is increasingly clear to me is that the 0 – 3 age group needs an even stronger voice across Canada. That voice needs to be made up of so many within the field – mental health, early childhood education, early childhood development, early intervention, social work, child welfare, public health and its many allied professionals such as speech and language and physical therapy…..and many others. Together, the translation of research into words and actions relevant to each discipline and specific to infants and toddlers is work we hope to become more engaged in over the year. As we forge partnerships enabling this, we will also begin to embed research activities within our efforts in order to capture our experience and the impact we may be having on the lives of infants, toddlers and their families.

We will be shortly launching our new website www.IMHPromotion.ca which will also enable us to be a place where discussions can take place among us and networks can be created and strengthened. Those who are not members will still have access to many of our resources, however members will received enhanced benefits. As a subscription member you will receive a login that will give you access to member only areas that will be full of IMHP resources – such as electronic versions of IMPRINT and online learning modules. Members will have the options to participate in and access the IMHP Membership Database which we hope will enable and encourage active networking between fields. Members will also be able to share information about community events and programs more freely through a new Community News and Events portal. We are thrilled that we will have a section dedicated to the resources created by Brookes. Our partnership with Brookes results in greater awareness of their resources and a donation to IMHP for any orders that are processed through to our office.

The Infant Mental Health Certificate Program we do in partnership with the Division of Continuing Education, at York University is now online and accessible to the world! This development process allowed us to review and renew all of the course materials and supplementary materials. We thank our partners at the Division of Continuing Education, York University for their ongoing support and commitment to this program. Please visit http://dce.yorku.ca for details on upcoming course availability.

In February we were pleased to have Beth Limberg from Zero to Three provide a one day workshop on the use of the Diagnostic Classification 0 – 3 (DC 0 – 3). The session was attended by a range of clinicians including physicians, social workers, public health, infant development and others. Beth presented the tool and how it can help clinicians understand the mental health needs of young children in a unique way.

In March we hosted a unique infant Mental Health Rounds discussion focused on the Racialization of Poverty. We extend our thanks to the CACP coordinators who worked with us to make this event possible and accessible to all across Canada. This event brought much needed attention to a trend that will very directly impact new families in Canada with young children. The speakers were able to enlighten our understanding of the impact and the trends that are taking place.

In April we were fortunate to have Drs Kyle Pruett and David Willis to present a special evening lecture on Neurons and Neighborhoods - Both Matter Profoundly to a Child's Development – Now and in the Future. If you missed it this and other Infant Mental Health Rounds sessions are available for viewing via the OTN Webcast Archives. (For details contact imp.mail@sickkids.ca)

Still to come is a new and exciting resource we have created for Neonatal Intensive Care Units (NICU) that we hope to share with you in our next issue. This resource, titled From the Heart, is a unique effort to encourage and support parent child attachment within the NICU – an overwhelming setting for any parent.

We hope that will have the chance to connect with you through monthly Rounds or our workshops, but I would also love to hear from you on any given day by phone or email. I am always eager to learn about what your experiences are with infants and toddlers. What's working and where are the challenges in your work? What are the resources or training experiences that we should be focusing on to support you in your role? Please contact me any time with your experiences and how IMHP can play a role in supporting you in the future.

Chaya Kulkarni
Support IMHP by Purchasing Brookes Resources!

As a Canadian distributor, IMHP receives a % of each sale when you purchase titles from the Brookes Catalogue through IMHP. Each sale supports IMHP programs and the creation of new resources.

Download the order form and a list of recommended titles from the Brookes Publishing page at www.sickkids.ca/imp, or contact imp.mail@sickkids.ca for more information.

Introducing...

www.IMHPromotion.ca

The NEW HOME for IMHP membership, resources, calendar of events, registration and sales through the new IMHP E-Store. In addition the resources available on the current IMHP website (www.sickkids.ca/imp) to individual or agency members will have access to exclusive members resources including:

- IMPRINT Online
- New IMHP Resources
- Online Learning Modules & Training Materials
- Community News, and Events*
- Infant Mental Health Rounds
- Webcast Archives
- Online Discussion Forums
- IMHP Membership Network Directory, a searchable listing of links to fellow members, relevant services and programs

Visit us and let us know what you think!
WORKSHOPS

SAVE THE DATE

The Inter-play of Temperament, Infant Mental Health, and Practice

Monday September 19, 2011

With Presenters:
Chaya Kulkarni, BAA, M.Ed, Ed.D, Director IMHP
Gregory P. Lubimiv, M.S.W., CACPT Supervisor, Executive Director, Phoenix Centre for Children and Families

Details and Registration July 2011

Perinatal Parental Depression: Infant Mental Health and Developmental Outcomes

Monday November 21, 2011

With Presenters:
Nicole Letourneau, Ph.D, RN, Canada Research Chair in Healthy Child Development; Child Health Intervention and Longitudinal Development (CHILD) Studies Program, Faculty of Nursing, University of New Brunswick
Cindy-Lee Dennis, Ph.D, Canada Research Chair in Perinatal Community Health, Associate Professor, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto

Details and Registration August 2011
**MAILING/ CONTACT**

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NOTE: Fields above marked ** will be shown in directory if completed.
____ Include me on the IMHP List Serve/ email lists
____ Include me in postal mailings (e.g. upcoming events etc.)
____ I DO NOT wish to receive a print copy of IMPRINT
Infant Mental Health Promotion (IMHP) is a coalition of individuals and professional agencies dedicated to promoting optimal mental health outcomes for infants with a focus on the first three years of life. We are committed to developing and supporting best practices through education and training, dissemination of current information, networking and advocacy.

Our goal is to support the field of infant mental health by providing relevant and reliable content: information about current research, resources and programs available, as well as practical strategies to assist and inform those working with families.

IMPRINT enables local and international experts, service providers and advocates for children to communicate information about their programs and resources to a large and diverse audience across Canada. IMHP is delighted to provide IMPRINT as a vehicle for discourse throughout this community and to encourage networking and collaboration across sectors, disciplines and the various areas of expertise in this broad field.

Through our efforts, we hope to provide valuable information to reduce the gaps in knowledge and practice. We welcome submissions from professionals and community members alike, and hope that you will share your experiences, research and insights that have been gained in working with families and children.

We are always seeking articles for publication in upcoming volumes of IMPRINT. We would like to hear from you! Please visit www.sickkids.ca/imp for author guidelines. For further details or to submit your article, please contact Chaya Kulkarni, Director IMHP, Editor-in-chief for IMPRINT.

Many thanks for your valuable work and dedication!

IMPRINT, Volume 57, Spring 2011

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