How Community Health and Family Support Practitioners can work together to address the complexity of Early Childhood Development and Family Health









Presenters and Partnerships

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Objectives

- To explore the intersection of health, the Social Determinants of Health and experience-based brain development
- 2. To provide an overview the Toronto Child and Family Network and community Initiatives
- 3. To share and have an interactive discussion about the *Check It Out Approach*
- 4. To further explore the interconnectedness of financial resources and overall wellbeing

Definition of Health

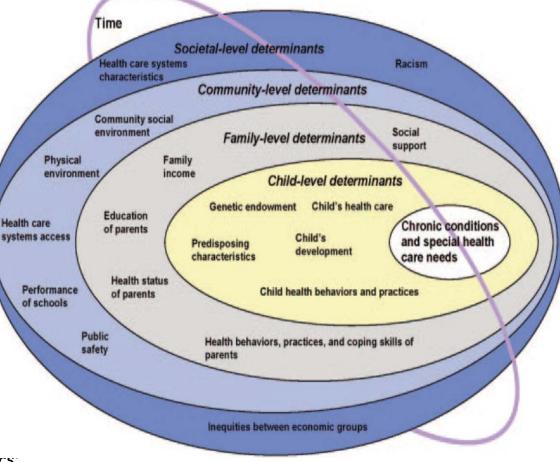
Children's health is the extent to which individual children or groups of children are able or enabled to

- a) develop and realize their potential,
- b) satisfy their needs, and

c) develop the capacities that allow them to interact successfully with their biological, physical and social environments

Social Determinants of Health

How to remember these. **"ITHELLPS"** Income and food **T**ransportation Housing Education Literacy Legal needs **Personal safety** Support

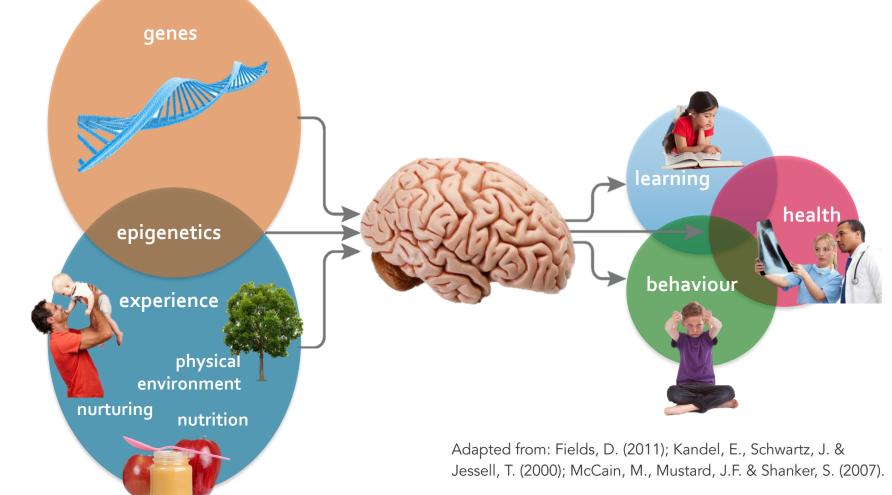


Adapted from Zuckerman, Sept. 2007 Pediatrics; Newacheck, Pediatrics, August, 2008

Genes and the social environment



Experienced-based brain development



We are now "hitting the wall in our *treatment*" of medical conditions

Pediatric Patients

Children from high poverty neighbourhoods:

- 56% of admissions
- 1.6 days extra length of stay: 7.6 vs. 6.0 days
- 2.0 vs. 1.5 Resource Intensity Weighting
- 60% of missed clinic visits
- 64% of unplanned readmissions (8-28 days)
- 65% of deaths

Medical Complications of Poverty

Birth Outcomes

Infant mortality rate: 1 70% Low birth weight: 140% Asthma Overweight and obesity NLSCY (1998-99) 25% 2-11 yr olds vs. 16% NLSCY (2000-01) 35% 5-17 yr olds vs. 24% Injuries intentional and unintentional 2.5 X risk of injury 4.5 X risk of death due to injury

Gupta, Paed Child Health Oct. 2007

Med Complications cont'd

Children's Mental Health

- <u>Aggression</u>: NLSCY age 4-11 40% vs. 25%
- Emotional disorder-anxiety 12% vs. 7%
- <u>High hyperactivity scores</u>: 20% vs. 12%
- ***<u>Deep Poverty</u> (> 75% below median): highest rates conduct disorders, hyperactivity and emotional disorders
- **Functional Health** low functional health 4-11 yr. 2.5 X risk; also extra financial pressures in special needs children exacerbate needs

Gupta, Paed Child Health Oct. 2007

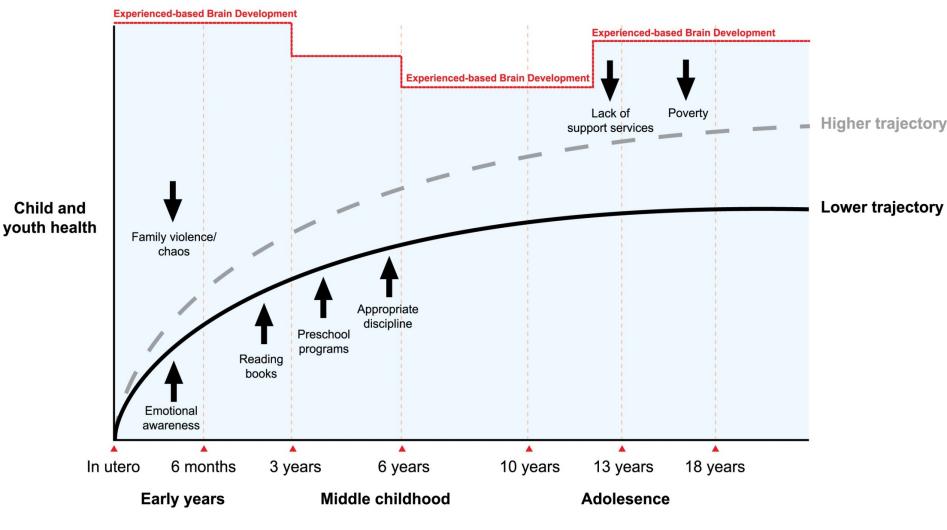
Low Adult Life Trajectory

Poorest 1/5 vs. richest 1/5 of Canadians have:

- more than 2X the rate of **diabetes and heart disease**
- nearly 2X the rate of **arthritis or rheumatism**
- more than 3X the rate of **bronchitis**
- 350% higher rate of disability
- 125% more mental and behavioural disorders
- 95% more ulcers

Poverty is Making Us Sick, Wellesley Institute, Dec. 2008

Strategies to improve life trajectories early, middle childhood, youth



Adapted from Halfon, 2009

NEW Life Course Model of Health

Health as developmental process

The product of multiple gene-environ't interactions.

Halfon, 2010



Leon Eisenberg, Urban Health, 1999

"need a community-side manner..." Holtz, PLoS, 2006



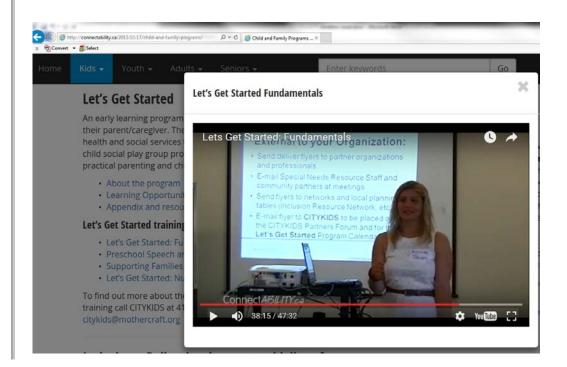




Let's get started

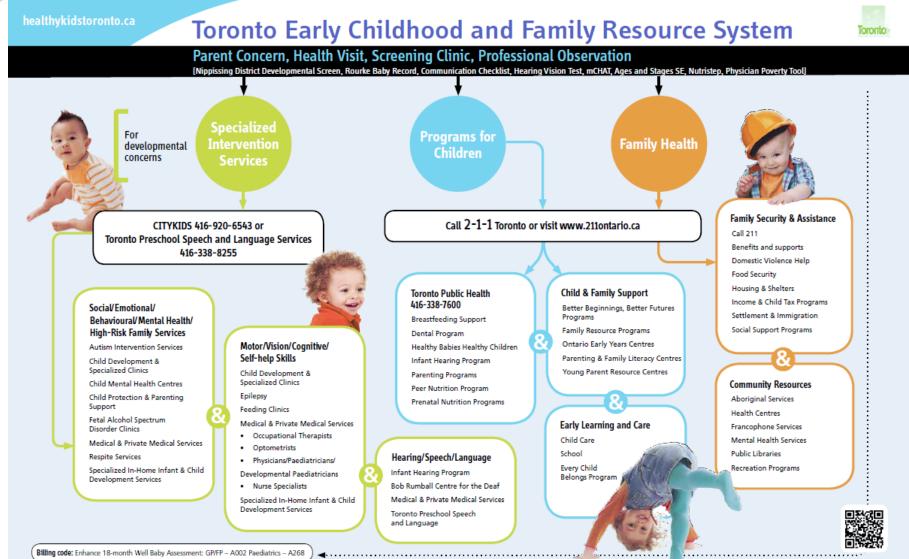
An early learning program for children with extra support needs and their families



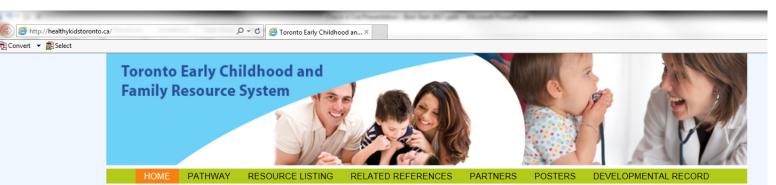


connectability.ca/2013/10/17/child-and-familyprograms/





Healthy Kids Toronto Website



Welcome to the **Toronto Early Childhood and Family Resource System: Pathway and Resource Listing**, a tool to help link families to appropriate community services and programs that promote development, reduce risks, and address developmental concerns.

We hope this resource will promote communication between parents and professionals, improve developmental outcomes for children, and encourage families to use local community resources such as Ontario Early Years Centres.

THE GOALS OF THE TORONTO PATHWAY ARE TO:

- · Increase screening and early identification of children;
- Increase use of services and supports for families of young children living in Toronto; and
- Improve response and coordinated access to services for children with developmental concerns.







See and on't Wait

Wait and See with a child's development!

By 18 MONTHS, a child should be able to:

- · Point to at least three body parts when asked
- · Enjoy being read to and identify pictures in a book
- · Say 20 words or more

Don't

- · Demonstrate some pretend play with toys
- · Use a variety of familiar gestures e.g. waving, reaching up
- Show affection for people, pets or toys
- · Walk on their own
- · Look at you when you are talking or playing together
- · Hold, bite and chew crackers or other crunchy foods
- · Stack three or more blocks

- Early Abilities (Speech & Language, Vision, Hearing) 416-338-8255



aboutkidshealth.ca







Keeping Track

NOTES:

This Child Developmental Support Record is designed to help you record and organize information regarding services for your child. Your child may not need all the services listed. You can present this card when you are meeting with the professionals involved in supporting your child's health and development.

Don't Wait and See with a Child's Development

If you have questions about a child's development, please call: Toronto Public Health 416 338 7600

Foronto Public Health	416.338.7600
CITYKIDS	416.920.6543
Early Abilities (Speech & Language,	
Vision, Hearing)	416.338.8255

healthykidstoronto.ca





aboutkidshealth

Holland Bloorview Kids Rehabilitation Hospital





DI TORONTO Public Health

Community Living

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Keeping Track

Child Developmental Support Record

Child's name:

uary 2017

Child Developmental Support Record

Parent Concern, Health Visit, Screening Clinic, Professional Observation: Tracking support received from specialized intervention services [Nippissing District Developmental Screen, Rourke Baby Record, Communication Checklist, Hearing, Vision, Ages and Stages SE, Mchat, Nutristep]

Services Received (only if needed)	Screened/Assessed DD/MM/YY (identify tool used)	Professionals' Name, Designation and Phone Number (Print)	Organization Name	Professional's Comments Referral Made: Yes, to whom / No	Next Visit (DD/MM/YY)
General medical exam by a family doctor/ paediatrician					
Hearing test by audiologist					
Vision test by ophthalmologist					
Speech and Language (assessment & therapy)					
Communication (social communication)					
Child Care Resource Consultant (supports inclusion in child care centre/home)					
In-home parenting support (home visitor &/or public health nurse)					
In-home child developmental support (early interventionist)					
Feeding support (swallowing) by dietician, RN etc					
Nutrition counseling (dietary, allergies and food intolerance)					
Dental / oral care by dentists &/or paediatric dentists					
Occupational therapy (daily living tasks and/or self-care)					
Physical therapy assessment (functional abilities and motor)					
Counselling, parent education, group/individual therapy					
Developmental assessment using standardized tests & observations					
Psychological assessment or psycho-educational assessment					
Mental health services (group/individual support, assessment, play therapy)					
Autism services (one-to-one support, group intervention, counseling, respite)					
Other E.g., Specialized Services:					
	1				1

Common Intake



Child's First Name DOB (DD-MMM-YYYY) CITYKIDS File #

Common Referral Intake Form

1. Referral Source (reviewed eligibility for CITYKIDS referral)				
Parent/Legal Guardian	Date (DD-MMM-YYYY) 20-Jan-2017			
	Child Welfare OCITYKIDS OCMH OHBHC OHospital			
IHP O Physician O PSL O School Board O SNRS Name	OTPH OTICDP O Other			
Agency/Position	E-mail			
Telephone	Fax			
2. Consent for the Referral				
If the referral source is someone other than the family, the referral has been	n discussed and confirmed with the family OYes			
3. Individual/Child's Information	Ŭ			
Last Name	First Name			
АКА	Gender Identified Female Male Other			
D.O.B. (DD-MMM-YYY) Age at Referral Gestation	Birth weight Health Card #			
Address (Street #/ Name)	Apt/Unit City Toronto Postal Code			
Home Phone	Main Intersection			
Pertinent birth information				
Primary language spoken at home English				
Interpreter Needed Language & Name/Number of someone who could interpret Yes ONO OTTY				
Preference for O French language service O Aboriginal service				
Cultural considerations				
Physician information (place stamp/ sticker here)	Physician Information Name			
	Phone			
	Fax			
Physician Signature (referring physicians) Address				
4. Parent/Legal Guardian 1 (primary family contact)				
Last Name	First Name			
Same address information as above				
Address (street #/Name)	Apt/Unit City Postal Code			
E-mail				
Primary Phone O H O C O W Alternate Phone O H O C O W				
Relationship to child O Parent O Legal Guardian (describe)				
Child lives with O Both Parents O Parent 1/ Legal Guardian	Custody Arrangement (where applicable) O Shared Custody O Sole Custody			

Notice With Respect to the Collection, Use and Disclosure of Information: Personal Information will be guthered by the partners of CITYKIDS and will be shared among staff of the partner agencies Any personal information collected by Motherenti to collected under the authority of the Child and Family Services Act and the Personal Health Information ACI (PHIPA, 2004). It will be shared only among staff of the partner agencies for the parquess of the program CITYKIDS. Questions about this collection should be directed to the Ensemite Placers (Meterral 416-490-3515. 18 Toronto Agencies adopted Common Intake / Data elements to date



CHECK IT OUT

An Integrated Community- Based Approach to Early Child Development, Health and Wellbeing

Workgroup

BLACK CREEK







A Place For Parents And Their Children.





SickKids



Networks & Committees:

- Toronto Child and Family Network
- Early Identification and Intervention Committee of the Toronto Child and Family Network
- Check It Out Workgroup and Evaluation Committee

CHECK IT OUT

<u>Vision</u>: Children will reach their optimal level of health and are ready to learn at school entry.

<u>Goal:</u> Increase the number of children who access comprehensive health and development screening and referrals prior to school entry.

CHECK IT OUT

- <u>Objectives:</u>
 - Object Children 0-4 years will have equitable access to 12 health and development screening areas
 - Children with identified concerns will be referred to specialized services, community & government programs in a timely manner and receive follow up.
 - Families will receive key messages related to the 12 health domains for screening and take away resources and support to linking with community services.

Theory to Practice

- Population Health & Social Determinates of Health
- 😕 Ecological Approach
- 😕 Family Centered Approach
- 😕 Early Learning Framework
- 😕 Developmental theory
- 😕 Relational Theory

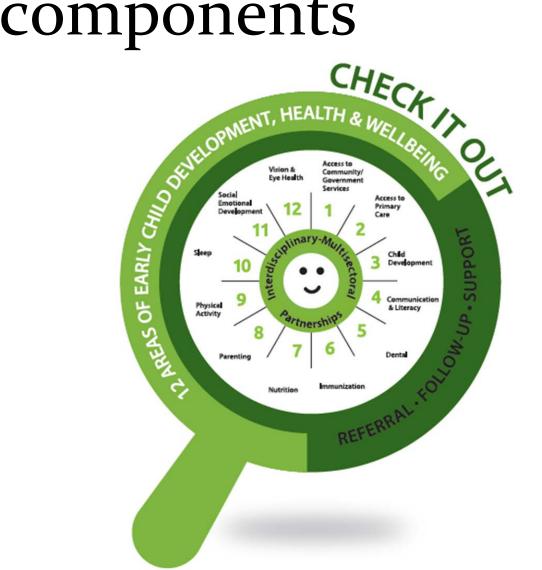
Benefits of Check It Out

Provides families with:

- opportunities to learn about child health and development
- information on and access to programs and services
- screening of potential and ongoing health concerns
- planned interventions and strategies, which include referrals to appropriate professionals







Partnerships



12 Health Areas



Referral and Follow-up

- Early referrals lead to early intervention by appropriate professionals.
- Early intervention leads to more positive outcomes for children.
- Service planning and coordination supports children and families through different services & supports

Tool Kit

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01 Background



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identification of developmental delays, behavioural problems and health issues in the early years is critical to the health and well-being of children. In Toronto, results from the 2010/2011 Early Development Instrument (EDI), a population-based measure of children's readiness to learn in school, revealed that 29.8% of kindergarten children were vulnerable on at least one of the five domains of development. Children scored below the 10th percentile In one or more of the following areas: Communication and General Knowledge, Emotional Health and Maturity, Language and Cognitive Development, Physical Activity and Well Being, and Social Knowledge and Competencies.

Research has shown that these children are more likely to find school stressful, experience behavioural and psychological problems and develop health problems later in life (McCain, Mustard, & Shanker, 2011). Early identification enables intervention and support for children and their families as well as enhancing the child's readiness for school entry and their ability to learn. Screening is a key strategy for identifying those children whom require additional support and linking them to necessary services.

Screening is the process of identifying characteristics known to be associated with a certain populations or age groups. In children 0 - 6 years old, the purpose of screening is to identify those who may need further support or assessment to verify the presence of developmental or health risks. It is important to ensure that the child or family who is identified by a positive screen is followed up with further assessment to confirm or exclude the suspected delay or condition. Further assessment will also specify the sources of difficulty and lead to appropriate support and intervention" (Best Start Resource Centre, 2011).

It should be noted that the term "screening" is used to imply an integrated health service model and does not suggest screening as used in the academic setting. Screening should be used as a conversation starter with families regarding a child's overall wellbeing and are not intended for diagnosis.

The Benefits of child and family health and development screening

- Provides families with the opportunity to learn about their child's health Helps parents/caregivers to recognize their child's skills and abilities
- Provides families with information about, and access to, programs and services
- Bridges communication between parents and professionals about a child's development
- Identifies child health areas that may need extra attention Enables planned interventions and strategies, including referrals, to appropriate professionals as needed

Overview of the Manual

- 🤪 Getting Started
 - **Outreach and Promotion**
 - Building Effective Partnerships
 - Implementation
- 🤪 Referral and Follow up
 - Debrief and Evaluation



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Check It Out: Professionals Guide

Pool of Professionals

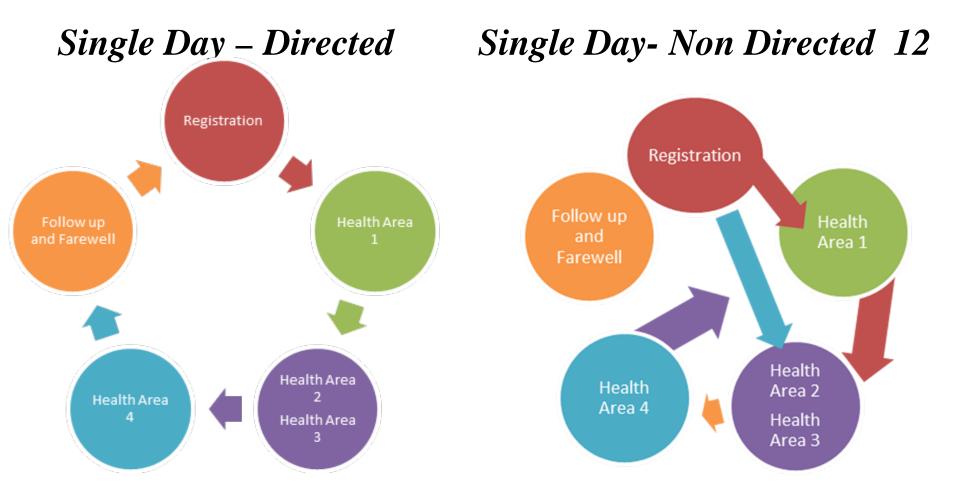
Resources and Templates

- Flyer
- Registration templates
- Passport template
- Keeping Track Developmental Record
- Hand outs
- Tip Sheets
- Online resources

Implementation



Check It Out – Flows



Check It Out – Flows

Multi Session



Referral and Follow up

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DI TORONTO Public Health

Community Living

aboutkidshealth

Holland Bloorview





Toronto

anuary 2017



Child Developmental Support Record

Child's name:

Check It Out: Pilot Evaluation

Purpose:

- To determine whether Check It Out influences the number of children accessing comprehensive Health and development screening and referrals prior to school entry.
- To explore the reach of four Check It Out screening models in supporting families to access comprehensive health and development screening and referrals.
- To gain a better understanding of the resources required to deliver an effective model.

Evaluation Objectives

To determine the:

- uptake of screening in each health domain
- families' perceptions on ease of access, the usefulness of the screening and degree of support experienced
- level of resources (e.g. physical, human, expertise) required of host agencies for implementation
- the ability of professionals to facilitate referrals and support follow up

Methodology

- Prospective pilot agencies
- Checklist for self-evaluation
- Submissions
- Pilot sites will be chosen
- Training
- Recruitment plan
- Delivery models

Break



W Astronomic

Financial Resource and interconnectedness to overall wellbeing

Poverty Impacts Health

- Poverty is both a cause and outcome of poor health
- Social and economic factors determine 50 per cent of health outcomes.
- Adding to family incomes works to decrease the health effects of poverty.

Poverty is a Risk Factor to Many Health Conditions

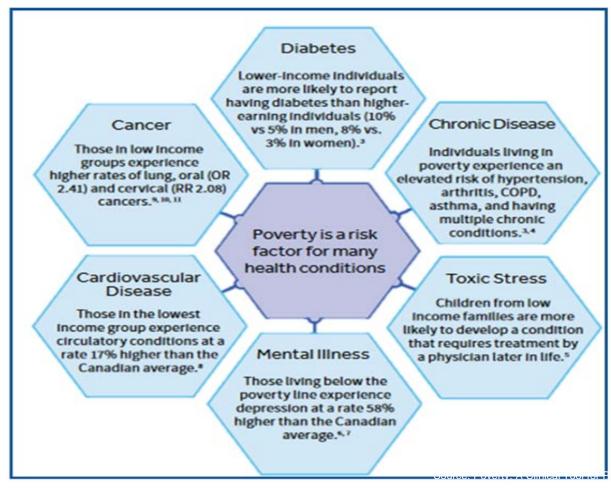
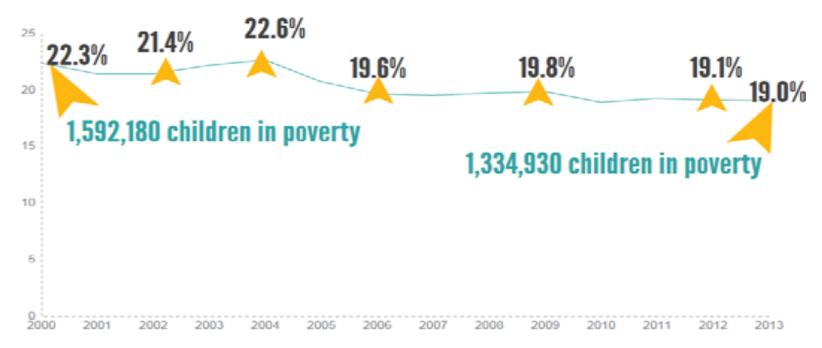


CHART 2: Children in Low-Income Families in Canada 2000- 2013



Source: Statistics Canada. Table 111-0015 - Family characteristics, Low Income Measures (LIM), by family type and family type composition, annual, CANSIM

About New Canada Child Benefit

- The Government of Canada introduced a new Canada Child Benefit to replace the current system of child benefits.
- There is no need to apply if families already get child benefits, but parents/guardians have to file a 2015 tax return.
- If eligible, families will automatically start receiving the new Canada Child Benefit as of July 2016.

The New Canada Child Benefit is:

- **Simpler** most families will receive a single payment every month
- **Tax-free** families won't have to pay taxes on payments received when they file their tax returns
- **Better-targeted to those who need it most** low and middle-income families get higher payments, and those with the highest incomes (generally over \$150,000) receive less than under the previous system
- **Much more generous** families benefiting will see an average increase of almost \$2,300 in the 2016-17 benefit year

How much a family receives is based on two things:

- 1. Number of children under age 18
- 2. Net family income.

Families with a net income of less than \$30,000 receive the full benefit of \$533 per month for a child under six and \$450 per month for children six to 17.

Benefit levels drop as income rises.

Most families, on average, will receive about \$191 per month. An extra \$227 per month is added for a child who qualifies for a disability payment.

Check it Out - What you can do

Educate

Ask

Ask questions in a safe and sensitive way. Ensure staff are aware of resources available to parents and families.

Intervene by connecting families to benefits, resources and services.

Intervene & Connect

Source: Poverty: A Clinical Tool for Primary Care Providers, Centre for Effective Practice, 2016

Ask Everyone:

"Do you ever have difficulty making ends meet at the end of the month?"

"Do you receive the Child Tax Benefit on the 20th of every month?"

"Have you filled out and sent in your tax forms?"

If possible, include questions on intake forms

Ensure Early Learning and Health Practitioners are aware of resources available to parents and families.

- CanadaBenefits.gc.ca connecting people to government benefits
- For parents

http://www.canadabenefits.gc.ca/canben/f.1.2cl.3st@.js p?lang=eng&catid=1&geo=5

Intervene

Connect families to benefits, resources and services. For example:

- Have blank benefit application forms available
- Help parents complete forms
- Provide a warm transfer and connect parents to Service Canada
- Partner with another organization to offer a free tax clinic
- Provide information session or 'tip of the day' to parents
- Other ideas.....

Expected Outcomes of New Child Tax Benefit

• 9 out of 10 families will receive more in child benefits

 300,000 fewer children will be living in poverty in 2017 compared to 2014

Source: Revenue Canada, 2016

Group Exercise

- How has your community champion Early Intervention and Early Identification?
- What information, training and or support do you need to screen for and to promote access to financial benefits?

Report back

Poster Series Launch



your family doctor, local public health unit, or a child and family program near you. CHECK IT OUT

This poster write was produced in partnership with Black Covet Community Health Covets (Oktiver) Add Society of Revolo (Molteentaff, Onlands Sarly Years Covety-Jano Visch Covety | The Hospital for Sak Children | Soveth Harth Local Investming (Taronto Public Haulth www.healthykidstoronto.ca/checkitout

If you have questions about your child's health, development or wellbeing, contact

Questions



Discussion



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