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The MNCHP Bulletin is an electronic bulletin that highlights current trends, new resources and initiatives, upcoming events and more in the preconception, prenatal and early childhood education and development fields. Our primary focus is the province of Ontario, Canada but the bulletin also includes news and resources from around the world. Wherever possible, we include resources that are available for free.

*\*Please note that Best Start does not endorse or recommend any events, training, resources, services, research or publications of other organizations.*

## In this issue:

### [I. News & Views](#)

- Supporting Fathers in a Changing Canadian Family Landscape
- Quit Fretting about Pot We're Swimming in Alcohol
- Residential School 'Monster' Now Lives in Child-Welfare System, According to Senator
- Federal Indigenous Child Care Framework
- Federal Government Extending Parental Leave by up to 5 Weeks
- 2018 Toronto Child & Family Poverty Report
- Multiple Barriers Face Francophones with FASD in Ontarios

### [II. Recent Reports & Research - Maternal & Child Health](#)

- Food-Induced Anaphylaxis in Infants and Children
- Early-Life Sleep Program Tied to Reduced Obesity Risk in Childhood
- Fetal Alcohol Spectrum Disorders: A Review of Diagnostic Test Accuracy, Clinical and Cost-Effectiveness of Diagnosis and Treatment, and Guidelines
- Rate of Recurrence of Adverse Events Following Immunization: Results of 19 Years of Surveillance in Quebec, Canada
- Oral Sensorimotor Intervention Enhances Breastfeeding Establishment in Preterm Infants
- Postnatal Education Increases Pain Relief Use at Vaccinations

### [III. Recent Reports & Research - Early Childhood Development & Education](#)

- Corporal Punishment Bans and Physical Fighting in Adolescents: An Ecological Study of 88 Countries
- Socioeconomic Position in Childhood and Cognitive Aging in Europe
- Technoference: Longitudinal Associations Between Parent Technology Use, Parenting Stress, and Child Behavior Problems
- Language Experience in the Second Year of Life and Language Outcomes in Late Childhood

- Raising Canada: A Report on Children in Canada, Their Health and Wellbeing
- Early Childcare Type Predicts Children's Emotional and Behavioural Trajectories Into Middle Childhood. Data from the EDEN Mother–Child Cohort Study

#### [IV. Current Initiatives](#)

- Co-Creating with Parents – A Case Study
- Sudbury and Districts Public Health Indigenous Engagement Strategy
- More than 90% of the World's Children Breathe Toxic Air Every Day
- Statistics Canada Wants to Hear what Data you Need
- Helpline for Indigenous Women Expands Service Throughout Ontario
- Consultation on Strengthening Canada's Approach to Substance Use Issues
- Change Day Ontario
- Early Education Nation : the Hi Mama ECE Library

#### [V. Upcoming Events](#)

- Best Start Resource Centre 2019 Conference
- Lecture to Explore Provision of Services to Indigenous Children
- Free RNAO Webinar: Assessment and Interventions for Perinatal Depression Best Practice Guideline, Second Edition
- Raise the Bar: Children's Rights In Canada
- CIC Preliminary Program now available
- CNS 2019 Thematic Conference - "Advances in Nutrition: Healthy Diets & Weight - Sorting Fact from Fiction"
- Side-by-Side: Canadian Father Involvement Conference

#### [VI. Resources](#)

- CCSA Releases for Canada's Low Risk Alcohol Drinking Guidelines Communications Toolkit
- Webinar recording: Parental Alienation, Family Law, and Mothers: A Discussion
- Webinar Recording : Cultural Safety and Addressing Systemic Racism
- Language Development and Literacy
- 4 Tips for Building Confidence in Newcomer Children
- A Shared Responsibility Brochure
- Webpage to Set Up or Update Child Support Online
- Webinar Recording: Connect with Self with Kim Haxton from IndigenEYEZ
- Webinar Recording: Managing Trauma Exposure and Compassion Fatigue in the Health Care Professional
- Hi Mama Podcasts

## I. News & Views



### **Supporting Fathers in a Changing Canadian Family Landscape**

The landscape of Canadian families is evolving and so too is fatherhood. Of the 8.6 million dads in Canada, an increasing number are embracing a more central role in parenting. With all this change in the landscape of fathering, how do family support practitioners best support

the dads they work with, and the dads who would benefit from family supports? This question often leads to many others: How do dads make first contact and what barriers need to be removed from services? How do dads get connected in a group setting and what makes them come back to a supporting service or program?

These are the questions addressed in [a recent blog post from the BC Council for Families](#).

### Interested in supporting fathers better?

The Best Start Resource Centre resources, as a rule, are designed to include the mother and their partner. Several resources are even intended for partners, such as:

- [Step by Step - Engaging Fathers in Programs for Families](#) - Manual (also available [in French](#))
- [Men's Information - How to build a healthy baby](#) - Brochure (also available [in French](#))
- [Daddy and Me On the Move](#) - Booklet (also available [in French](#))



And don't forget to register to the very anticipated session "[In His Footsteps - Supporting Indigenous Father's](#)", at our [2019 Conference](#)!

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### Quit Fretting about Pot We're Swimming in Alcohol

For every ounce of pot that was bought in BC on the first legalization day, the government sold about 300 bottles of wine and 440 six-packs of beer. The government also sold 87,000 six-packs of cider and coolers, and 97,000 bottles of what the LDB calls spirits — gin, vodka, Scotch and the rest. Government cannabis sales on day two were worth about \$270,000, by my calculations. Government alcohol sales — wholesale — were worth \$9.2 million.

Of course, people are buying cannabis from other sources — neighbours, local semi-legal dispensaries, online, a dealer. And more legal outlets are coming. And of course there are concerns about legalization. The media has been all over them in the last month, from impaired driving to the effect on teen brains. But we're swimming in alcohol. Or we could. Each month, we buy enough beer, coolers, wine and spirits to fill 16 Olympic swimming pools with a truly gross cocktail. And I expect people would drink it.

Because most of us like alcohol. A glass or two of wine eases the woes of a tough day. A couple of martinis sweep disappointments aside. A few beers help friends enjoy a day at the beach. It can be a nice drug, like marijuana. Or it can kill. Spectacularly, in grisly drunken crimes and car crashes.

Read more of this thought-provoking article [here](#).

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## The Caring Society's Website Now Has a New Look

The [Caring Society's website](#) now has a new look. It was also cleaned up and made more user-friendly. *Bear* with them as they fix glitches and issues that arise. Website users can now:

- Find their most popular resources with greater ease.
- Navigate the most popular information from a mobile device.
- Learn just as much without having as much text to read.
- Have greater access to resources including: updated information sheets, more French resources, and information on Jordan's Principle in American Sign Language (ASL).

The Caring Society's database, one of the largest free resource databases on Indigenous children, youth and families in Canada, will also see improvements as the website is reworked!

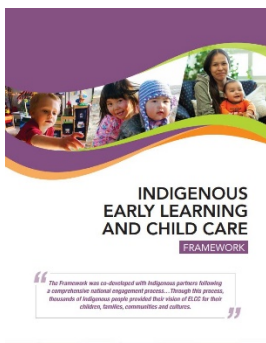
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## Residential School 'Monster' Now Lives in Child-Welfare System, According to Senator

Truth and Reconciliation Commission chairman Justice Murray Sinclair says Canada's child welfare system is failing Indigenous children because it does not acknowledge their family traditions. If the child-welfare system existed in its current form when he was a boy, he says, he would have been cut off from his family and cultural heritage. Sinclair said there are more children in Canada's child-welfare system today than there were at the height of residential schools, which housed Indigenous children forcibly taken from their communities in what the Truth and Reconciliation Commission said amounted to cultural genocide. Sinclair's home province of Manitoba has the highest per-capita rate of children in care in the country. As of March 31, there were more than 10,300 kids in care — almost 90 per cent Indigenous. Sinclair said some children may flourish in non-Indigenous foster families, but the vast majority have been failed because they have been cut off from their family traditions.

Learn more [here](#).

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## Federal Indigenous Child Care Framework

The Assembly of First Nations, Inuit Tapiriit Kanatami, the Métis National Council and the Government of Canada jointly released a co-developed Indigenous Early Learning and Child Care Framework, with the aim of strengthening early learning and child care programs for Indigenous children and families. In support of the Framework, the Government of Canada is committing up to \$1.7 billion in funding over 10 years to strengthen early learning and child care programs and services for Indigenous children and families starting in 2018-19.

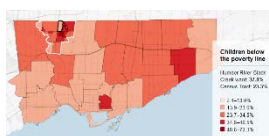
Access it [here](#).

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## Federal Government Extending Parental Leave by up to 5 Weeks

The federal families minister announced Wednesday that a new parental leave benefit of up to five additional weeks of time off from work will be available to eligible parents as of March 2019, three months earlier than initially planned. The measure, first announced in the last federal budget, will provide an additional five weeks of Employment Insurance (EI) parental benefits when parents — including adoptive and same-sex parents — agree to share some of the benefits. Parents with children born or placed for adoption on or after March 17, 2019 will be eligible for the benefit. Initially, the benefit was to take effect in June. New rollout date means 24,000 more parents can tap parental benefit, federal government says. The Liberal government has touted the benefit as a way to encourage male partners to take some of the allotted leave to more equally share the responsibilities of raising children.

Learn more [here](#).



## 2018 Toronto Child & Family Poverty Report

Upwards of 125,000 Toronto children — more than one in four — are growing up in poverty, a problem that plagues pockets of every city ward, says [a new report](#) released Monday by [Social Planning Toronto](#) and a coalition of agencies serving vulnerable communities. With an overall poverty rate of 26.3 per cent, the city maintains its dubious status as the [child poverty capital of Canada](#). Child poverty exists in all 25 of Toronto's new city wards. The report shows children in Indigenous, racialized and newcomer families are struggling the most, with child poverty rates of 84 per cent, 33 per cent and 40 per cent respectively. The data “presents a disturbing picture of the reality of child and family poverty in Toronto (and) underscores the need for the next mayor and city council to make a serious commitment and take real action to improve conditions for families struggling in this city,” the report says.

Learn more [here](#).

## Supporting with Families Living in Poverty?

Best Start's Child and Family Poverty in Ontario. A practical guide for moving from stigma to empowerment report is a reference for service providers working with families living in poverty who have children under age six. This edition includes updated statistics, policies and practices that can influence child and family poverty, examples of promising approaches to addressing various aspects of child and family poverty and current literature. It offers an opportunity to reflect on how poverty is defined, the impacts of poverty on families, how service provider practices can help and suggest broader systemic and policy issues that influence families living in poverty. Available in [English](#) and [French](#).

See also our free webinar recordings in [English](#) and [French](#)



## Multiple Barriers Face Francophones with FASD in Ontario

According to the [Canada Fetal Alcohol Spectrum Disorder Research Network](#) (CanFASD), 4% of Canadians are living with Fetal Alcohol Spectrum Disorder (FASD). Specifically in Ontario, The Centre of Addiction and Mental Health led [a recent study](#) that suggested that 2-3% of school children in the Greater Toronto Area have FASD. Ontario is home to the largest Francophone community outside Quebec, with 4.1 percent, or 550,600 people speaking French as their first language. Given the prevalence of FASD in Ontario, there are potentially thousands of Francophone people living with FASD. But there are almost no FASD resources or services in their language.

Fetal Alcohol Spectrum Disorder (FASD) resources are a lifeline for families raising children with the neurodisability. But many Francophone families are cut off, simply because those resources can't be found in French. The [Fetal Alcohol Resource Program](#), a KBHN-funded organization, has been providing FASD resources, education for professionals, and service navigation in the Ottawa region since its inception in 2015. While their services were mainly in English, over the past year, they have expanded to offer service navigation and educational resources [in French](#).

Learn more [here](#).

### Did you know?

Best Start is currently developing a provincial, bilingual website for parents/caregivers of children and youth with FASD... Stay tuned!

In the meantime, Best Start can help you raise awareness about the risks of consuming alcohol during pregnancy in many languages:

- Our recently revised, bilingual [Alcohol-Free Pregnancy website](#) for future parents and service providers.
- Our [numerous resources](#), some of them available in 8 languages.



## II. Recent Reports & Research - Maternal and Child Health

### Food-Induced Anaphylaxis in Infants and Children

Recent recommendations to introduce peanut products to infants for peanut allergy prevention requires a focused assessment of infant anaphylaxis. This study describes the symptomatology of food-induced anaphylaxis (FIA) in infants (<12 months) compared with older pediatric cohorts. A retrospective review between June 2015 and June 2017 of children presenting with FIA at a large urban children's hospital emergency department (ED) was performed. A total of 357 cases of FIA were evaluated: 47 in infants (<12 months), 43 in toddlers (12-24 months), 96 in young children (2-6 years), and 171 in school-aged children (>6 years). Infants presented with gastrointestinal (GI) involvement more frequently than any other age group. Additionally, infants and young children presented with skin-related issues (rashes, etc.) more frequently than school-aged children. Respiratory symptoms were more common in older cohorts. Egg and cow's milk were more common causes of FIA in infants compared with school-aged children. Only 21% of infants with FIA had eczema, and 36% had a history of food allergy. **Infants with FIA primarily presented with only GI and skin manifestations.** Egg was the most common food trigger in infants. Most infants with FIA did not have eczema or a history of food allergy.

Learn more [here](#), and access the article [here](#).



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## Early-Life Sleep Program Tied to Reduced Obesity Risk in Childhood

The [Prevention of Overweight in Infancy \(POI\) study](#) suggested that a brief sleep intervention in infancy reduced the risk of obesity at age 2. In contrast, no benefit from the nutrition and activity intervention was observed. The objective of this new study was to determine how these interventions influenced growth at ages 3.5 and 5 y compared with usual care (Control). A follow-up of a parallel, 4-arm, single-blind, 2-y, randomized controlled trial in 802 women (86% European, 48% primiparous) recruited in pregnancy (58% response rate) was undertaken. All groups received standard Well-Child care with additional support for 3 intervention groups: FAB (promotion of breastfeeding, healthy eating, physical activity: 8 contacts, antenatal, 18 mo); Sleep (prevention of sleep problems: antenatal, 3 wk); Combination (both interventions). Follow-up measures were collected by staff blinded to group allocation. The primary outcome was child body mass index (BMI) z score, and secondary outcomes were prevalence of obesity (BMI  $\geq$ 95th percentile), self-regulation (psychological measures), sleep, physical activity (accelerometry, questionnaires), and dietary intake (food-frequency questionnaire). Analyses were conducted through the use of multiple imputation. Retention was 77% at age 3.5 y and 69% at age 5 y. Children in the FAB group had significantly higher BMI z scores than did Controls at age 5 y but not at age 3.5 y. Children who received the Sleep intervention (Sleep and Combination groups) had significantly lower BMI z scores at age 3.5 y and at age 5 y than children who did not (Control and FAB groups). In conclusion, **babies who participated in a sleep intervention were significantly less likely to develop obesity**, compared with those who didn't receive the sleep intervention. However, the findings didn't show reduced odds of obesity among those whose families underwent a nutrition and physical activity intervention. More intensive or extended sleep intervention might have larger or longer-lasting effects and should be investigated.

Learn more [here](#), and access the article [here](#).

### Did you know?

Best Start's *Sleep Well, Sleep Safe* booklet, revised in 2017, is for parents of infants from 0-12 months and for all who care for infants. It provides healthy sleep tips as well information on how to reduce the risks of Sudden Infant Death Syndrome (SIDS) and other sleep related causes of infant death.

Available in [English](#) and [French](#).



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## Fetal Alcohol Spectrum Disorders: A Review of Diagnostic Test Accuracy, Clinical and Cost-Effectiveness of Diagnosis and Treatment, and Guidelines

The purpose of this report is to examine the diagnostic test accuracy, clinical utility, and cost-effectiveness of diagnosis and/or assessment of fetal alcohol spectrum disorder (FASD), the clinical and cost-effectiveness of treatment of FASD, and the evidence-based guidelines associated with diagnosis, assessment, or treatment of FASD in individuals of any age. Preliminary evidence from ten diagnostic test accuracy studies indicated that a variety of tests or tools, including a decision tree model, checklist, test battery, narrative analysis tool, and computer-assisted landmark-based morphometric face analysis, showed promise as diagnostic tools in comparison to reference standards of unknown accuracy. **Overall, there was insufficient evidence to suggest an optimal diagnostic test for FASD, and there remains no “gold standard” for FASD diagnosis.** No evidence for the clinical utility or cost-effectiveness of diagnosis and/or assessment of FASD in individuals of any age was identified. Limited evidence from three systematic reviews and one primary study suggested that multi-dimensional treatment strategies (that include physical, mental health, behavioural, cognitive, and/or pharmacologic components) that are individually tailored for patients may be clinically effective. A single economic analysis indicated that the use of an FASD Service Network may result in cost-savings by preventing

secondary disabilities (such as crime, homelessness, and mental health problems), however this analysis was based on model components that were estimated from the literature and effectiveness studies are needed. One evidence-based Canadian guideline was identified that provides recommendations regarding the diagnosis of FASD. Based on predominantly high-quality evidence, the guidelines provide strong recommendations for multi-disciplinary diagnosis based on criteria related to facial features, prenatal alcohol exposure, and neurodevelopmental effects.

Access the article [here](#).

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### **Rate of Recurrence of Adverse Events Following Immunization: Results of 19 Years of Surveillance in Quebec, Canada**

Canadian scientists found there is a low rate of recurring reactions following subsequent vaccinations. They said their findings should help inform doctors and parents about the safety of immunizations. For the study, De Serres and colleagues analyzed data on 5,600 patients in this Canadian database from 1998 to 2016. All required additional doses of a vaccine that caused them to have a reaction. The researchers noted the seasonal flu shot was not included in the study since this vaccine changes from year to year. Follow-up data was available on 1,731 of these patients. Of these, 78 percent, or 1,350 people, received an additional vaccination. In most cases, the patients who received booster shots were younger than 2. The study found that **only 16 percent of the patients had another reaction after receiving an additional vaccination**. The researchers also found that more than **80 percent of these subsequent reactions were not any more severe than the initial reaction**. Patients' gender didn't affect the rate of reactions.

Learn more [here](#), and access the article [here](#).

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### **Oral Sensorimotor Intervention Enhances Breastfeeding Establishment in Preterm Infants**

To assess the efficacy of an oral sensorimotor intervention on breastfeeding establishment and maintenance in preterm infants, 31 preterm infants born  $\leq 34$  weeks gestation were randomized into an experimental or control group. The experimental group received a 15-minute program consisting of stroking the peri-oral structures for the first 5 minutes, tongue exercises for the next 5 minutes, followed by non-nutritive sucking for the final 5 minutes. The control group received a sham intervention for the same duration. The interventions were administered once daily for 10 days. The outcomes included: time to attainment of full oral feeding, breastfeeding acquisition (i.e.,  $\geq 50\%$  of direct breastfeeding at hospital discharge), breastfeeding skill assessment using the Preterm Infant Breastfeeding Behavior Scale (PIBBS), length of hospitalization, and breastfeeding maintenance at 3 and 6 months post-hospitalization. Full oral feeding was attained earlier in the experimental group compared with the control. This was associated with a greater number of infants in the intervention group acquiring breastfeeding at hospital discharge compared with the controls. There was no statistical difference in PIBBS score, length of hospitalization, and breastfeeding rates at 3 and 6 months post-hospitalization between the two groups. In conclusion, **an oral sensorimotor intervention accelerated the achievement of full oral feeding and enhanced direct breastfeeding rates at hospital discharge** only. Provision of an oral sensorimotor intervention is a safe and low-cost intervention that may increase breastfeeding rates in a highly vulnerable population.

Access the article [here](#).





## Want to know more about breastfeeding babies born very prematurely?

Developed by Best Start and the BFI Strategy for Ontario, the *Breastfeeding Your Early Preterm Baby* booklet supports families who have an early preterm baby born prior to 34 weeks gestation who plan to breastfeed and/or provide breast milk to their baby. Topics include: breastfeeding preterm baby, skin-to-skin contact and Kangaroo care, tips to getting off to a good start, pumping, feeding baby at the hospital and tips to continue after taking baby home.

Available in [English](#), [French](#), [Arabic](#), [Bengali](#), [Chinese](#), [Farsi](#), [Gujarati](#), [Korean](#), [Hindi](#), [Punjabi](#), [Russian](#), [Serbian](#), [Soma li](#), [Spanish](#), [Tagalog](#), [Tamil](#), [Urdu](#) and [Vietnamese](#).

## Postnatal Education Increases Pain Relief Use at Vaccinations

Parents have reported that they want to learn how to reduce pain in infants during vaccinations. This study's objective was to compare different levels of intensity of postnatal education about pain mitigation on parental self-reported use of interventions at future infant vaccinations. A longitudinal, 3-group parallel, add-on, randomized controlled trial was conducted on the postnatal ward of a hospital. New mothers, unaware of the hypothesis, were randomly assigned to 1 of 3 intervention groups and 3 follow-up groups. The 3 intervention groups were control (general immunization information), pain pamphlet (pain mitigation information), and pain pamphlet and pain video (pain mitigation information). Both pain mitigation education groups also received general immunization information. The 3 follow-up groups were 2-, 4- and 6-month infant vaccinations. Mothers reported use of breastfeeding, sucrose and topical anesthetics during infant vaccinations in a telephone survey. Of 3420 participants, follow-up was available for 2549 (75%): 36.1%, 34.2% and 29.7% reported on pain mitigation practices at 2-, 4- and 6-month vaccinations, respectively. Maternal characteristics did not differ: mean age, 33.6 years; 58% were primipara. Utilization of any intervention (breastfeeding, sucrose or topical anesthetics) was 53.2%, 61.4% and 63.0% for control, pain pamphlet, and pain pamphlet and pain video groups, respectively; both pain education groups had higher utilization than the control group, but did not differ from one another. Uptake differed among intervention groups at 2 and 4 months but not at 6 months. **These results suggest that postnatal education increased parental use of pain interventions at infant vaccinations and can be added to existing education.**

Learn more [here](#), and access the article [here](#).

## III. Recent Reports & Research - Early Childhood Development and Education

### Corporal Punishment Bans and Physical Fighting in Adolescents: An Ecological Study of 88 Countries

To examine the association between corporal punishment bans and youth violence at an international level, An ecological study of low-income to high-income 88 countries was performed, involving school-based health surveys of 403 604 adolescent students, and measuring of age-standardised prevalence of frequent physical fighting (i.e., 4+ episodes in the previous year) for male and female adolescents in each country. Frequent fighting was more common in males than females and varied widely between countries, from 0.9% in Costa Rican females to 34.8% in Samoan males. Compared with 20 countries with no ban, the group of 30 countries with full bans (in schools and in the home) experienced 69% the rate of fighting in males and 42% in females. Thirty-eight countries with partial bans (in schools but not in the home) experienced less fighting in females only (56% the rate found in countries without bans). In conclusion, **country prohibition of corporal punishment is associated with less youth violence**. Whether bans precipitated changes in child discipline or reflected a social milieu that inhibits youth violence remains unclear due to the study design and data limitations. However, these results support the hypothesis that societies that prohibit the use of corporal punishment are less violent for youth to grow up in than societies that have not.

Learn more [here](#), and access the article [here](#).

### Want to help parents teach their children in positive ways?

Parenting can be stressful. It's not easy to manage one's stress while teaching a child. Research shows that punishments such as slapping, spanking or shaming do not work. They can actually harm children. They can have a negative lasting impact on parent-children relationship. There are more positive ways to teach children that do work, and they are all on Best Start's bilingual [Children see, Children Learn website!](#)



See also the *Frequently Asked Questions about Time-out* handout, available in [English](#) and [French](#).

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### Socioeconomic Position in Childhood and Cognitive Aging in Europe

Does socioeconomic position (SEP) in childhood have an effect on the level of cognitive performance and the rate of cognitive decline in older adults? A prospective cohort study of individuals enrolled in a multicenter population-based study was performed, called SHARE (Survey of Health, Ageing and Retirement in Europe). Interviews were conducted in 6 waves at approximately 2-year intervals and included examinations of cognitive performance (memory, verbal fluency, delayed recall) and measurements of childhood SEP (participants' household characteristics at the age of 10 years). The associations of SEP with the level of cognitive performance was estimated using linear regression and the relation to the rate of cognitive decline with mixed-effects models. This study included 20,244 participants from 16 European countries (median age at baseline 71 years, 54% women). Adverse childhood SEP was associated with a lower level of baseline cognitive performance. This association was attenuated after adjustment for clinical and social risk factors but remained statistically significant. Childhood SEP was not related to the rate of cognitive decline. Variation in childhood SEP helps to explain differences in cognitive performance between older people, but not the rate of decline from their previous level of cognition. Strategies to protect cognitive aging should be applied early in life.

Learn more [here](#) and [here](#), and access the article [here](#).

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### Technoference: Longitudinal Associations Between Parent Technology Use, Parenting Stress, and Child Behavior Problems

Heavy parent digital technology use has been associated with suboptimal parent-child interactions and

internalizing/externalizing child behavior, but directionality of associations is unclear. This study aims to investigate longitudinal bidirectional associations between parent technology use and child behavior, and understand whether this is mediated by parenting stress. Participants included 183 couples with a young child (age 0–5 years, mean = 3.0 years) who completed surveys at baseline, 1, 3 and 6 months. Cross-lagged structural equation models of parent technology interference during parent–child activities, parenting stress, and child externalizing and internalizing behavior were tested. Controlling for potential confounders, we found that across all time points (1) greater child externalizing behavior predicted greater technology interference, via greater parenting stress; and (2) technology interference often predicted greater externalizing behavior. Although associations between child internalizing behavior and technology interference were relatively weaker, bidirectional associations were more consistent for child withdrawal behaviors. These results suggest bidirectional dynamics in which (a) parents, stressed by their child's difficult behavior, may then withdraw from parent–child interactions with technology and (b) this higher technology use during parent–child interactions may influence externalizing and withdrawal behaviors over time.

Learn more [here](#).

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## Language Experience in the Second Year of Life and Language Outcomes in Late Childhood

Quantity of talk and interaction in the home during early childhood is correlated with socioeconomic status (SES) and can be used to predict early language and cognitive outcomes. We tested the effectiveness of automated early language environment estimates for children 2 to 36 months old to predict cognitive and language skills 10 years later and examined effects for specific developmental age periods. Daylong audio recordings for 146 infants and toddlers were completed monthly for 6 months, and the total number of daily adult words and adult-child conversational turns were automatically estimated with Language Environment Analysis software. Follow-up evaluations at 9 to 14 years of age included language and cognitive testing. Language exposure for 3 age groups was assessed: 2 to 17 months, 18 to 24 months, and ≥25 months. Pearson correlations and multiple linear regression analyses were conducted. Conversational turn counts at 18 to 24 months of age accounted for 14% to 27% of the variance in IQ, verbal comprehension, and receptive and/or expressive vocabulary scores 10 years later after controlling for SES. Adult word counts between 18 and 24 months were correlated with language outcomes but were considerably weakened after controlling for SES. These data support the hypothesis that **early talk and interaction, particularly during the relatively narrow developmental window of 18 to 24 months of age, can be used to predict school-age language and cognitive outcomes**. With these findings, we underscore the need for effective early intervention programs that support parents in creating an optimal early language learning environment in the home.

Learn more [here](#).

## What else can parents do to improve their child's brain development?

Best Start's [Tips for Parents on Brain Development](#) (also available [in French](#)) provide parents with simple and useful tips on 15 topics associated with brain development. The tips can easily be shared through social media or distributed as handouts. They cover preconception, pregnancy and child development for ages 0-3 years.

You can also refer parents to Best Start's bilingual [Healthy Baby, Healthy Brain website](#), where they'll find similar information, and advice from experts, gathered in short videos.





2018

## Raising Canada: A Report on Children in Canada, Their Health and Wellbeing

The Canadian population continues to grow in all age groups, including children, but what do we know about the health and wellbeing of our children? What are the social determinants of their health? How many live in low-income households? How many are experiencing food insecurity? How many have experienced abuse, and how many are developmentally vulnerable? The purpose of this report, designed and financed by the O'Brien Institute for Public Health and developed for [Children First Canada](#), is to paint a high-level picture of the health status of children across Canada, both mental and physical, using readily available and reputable sources of data.

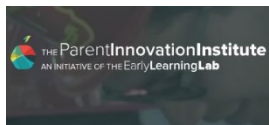
You can read the paper in its entirety [here](#).

## Early Childcare Type Predicts Children's Emotional and Behavioural Trajectories Into Middle Childhood. Data from the EDEN Mother–Child Cohort Study

The scientific literature on the impact of early childcare on children's behavioural and emotional difficulties shows contrasting results. We studied this association in France, where childcare is of high quality and children enter preschool at the age of 3. 1428 children from the EDEN (Etude des Déterminants du développement et de la santé de l'Enfant) mother–child cohort set up in France (Nancy and Poitiers) were followed up since pregnancy to the age of 8 years. Group-based trajectory modelling was used to model their trajectories of behavioural and emotional symptoms (emotional symptoms, peer relationship problems, hyperactivity/inattention, conduct problems, prosocial behaviours) ascertained by three measures (3, 5.5 and 8 years) of the Strengths and Difficulties Questionnaire. Using propensity scores and inverse probability weights (IPWs) to account for selection and confounding factors, we compared children in a childminder's care or in centre-based childcare (from birth to age 3) with those in informal childcare. Compared with children in informal childcare, those who attended centre-based childcare had a lower likelihood of having high levels of emotional symptoms, peer relationship problems and low prosocial behaviours. Those who were looked after by a childminder had a higher likelihood of following a high trajectory of conduct problems. Attendance of centre-based childcare for more than 1 year was especially protective of high levels of emotional, peer-related difficulties and low prosocial behaviours. Girls and children from a favourable socioeconomic background reaped more benefits of childcare than boys and those from a less favourable background. Altogether, these results suggest that high-quality centre-based childcare may be linked to lower levels of emotional symptoms.

Learn more [here](#).

## IV. Current Initiatives



### Co-Creating with Parents – A Case Study

The [Early Learning Lab](#) shared a new interactive case study about [the Parent Innovation Institute](#), resulting from their year-long effort to find out what can happen when parents work closely with family-serving organizations to co-create new solutions for

children. They hope that the lessons they learned from this initiative will help others in the early childhood field unlock innovation and bring better support to children faster.

Learn more [here](#), and access the case study [here](#).

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## Sudbury and Districts Public Health Indigenous Engagement Strategy

The Public Health Sudbury & Districts Indigenous Engagement Strategy is an expression of the commitment and leadership of the Board of Health. Board of Health Motion #54-16 directed the Medical Officer of Health to develop a comprehensive strategy for the organization's engagement with Indigenous Peoples and communities for the purpose of collaboratively strengthening public health programs and services for all.

The Public Health Sudbury & Districts Indigenous Engagement Strategy sets out a vision, mission, values, and strategic directions. The strategy guides the organization's efforts to further define and strengthen relationships with First Nation communities and Indigenous partners.

Learn more [here](#), and download the report [here](#).



### Interested in welcoming and supporting Indigenous families better?

Best Start can definitely help you! See for example:

- [Atuaqsijut: Following the Path Sharing Inuit Specific Ways](#), a resource for Service Providers Who Work With Parents of Inuit Children in Ontario.
- [Open Hearts, Open Minds - Services that are Inclusive of First Nations, Métis and Inuit Families](#)
- Our many resources on [Indigenous Prenatal Health](#)
- Our multiple resources on [Indigenous Child Development](#)
- Our webinar recording on [Elders Paving the Way Forward: The Centre of Family and Community Strength](#)
- Our many Indigenous Health sessions at [our upcoming 2019 Conference](#)



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## More than 90% of the World's Children Breathe Toxic Air Every Day

[BreatheLife](#) is a Climate and Clean Air Coalition initiative led by the WHO and UN Environment. This global campaign aims to mobilize cities and individuals to protect our health and our planet from the effects of air pollution.

Every day, around 93% of the world's children under the age of 15 years (1.8 billion children) breathe air that is so polluted it puts their health and development at serious risk. Tragically, many of them die: WHO estimates that in 2016, 600,000 children died from acute lower respiratory infections caused by polluted air.

A new [WHO report on Air pollution and child health: Prescribing clean air](#) examines the heavy toll of both ambient (outside) and household air pollution on the health of the world's children, particularly in low- and middle-income countries. The report is being launched on the eve of WHO's first ever Global Conference on Air Pollution and Health. It reveals that when pregnant women are exposed to polluted air, they are more likely to give birth prematurely, and have small, low birth-weight children. Air pollution also impacts neurodevelopment and cognitive ability and can trigger asthma, and childhood cancer. Children who have been exposed to high levels of air pollution may be at greater risk for chronic diseases such as cardiovascular disease later in life.

Learn more [here](#) (also available [in French](#)), download the report [here](#), and access the BreatheLife website [here](#) (also available [in French](#)).

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## Statistics Canada Wants to Hear what Data you Need

Statistics Canada wants to hear what data you need. Fill their [Centre for Gender, Diversity and Inclusion Statistics Survey](#), to tell them about your needs for data on gender, diversity, and inclusion!

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## Helpline for Indigenous Women Expands Service Throughout Ontario

A telephone helpline that offers support for Indigenous women in Northern Ontario is expanding its services to the rest of Ontario. After six years of operation, [Talk4Healing](#) has received funding from the provincial government to offer services to the entire province. The help Talk4Healing offers ranges from urgent crisis intervention to assistance navigating situations or providing a listening ear, and offers services in 13 Indigenous languages through translation. About 90 per cent of the staff working the phone lines are Indigenous and all of the staff at Talk4Healing are women. The expansion provides also new options for women to communicate through text or online chat with a support worker. The helpline can be reached at 1-855-554-4325.

Learn more [here](#), and access the website [here](#).

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## Consultation on Strengthening Canada's Approach to Substance Use Issues

The use of substances (including drugs, alcohol, and the problematic use of prescription drugs) is an ongoing public health and safety concern in Canada. While many people in Canada use substances without significant harms, these substances can have significant negative impacts on the health and well-being of Canadians and



their communities when used problematically. The [Canadian Drugs and Substances Strategy](#) (CDSS) is seeking input on [topics developed by Health Canada](#) through a consultation, asking Canadians for new and innovative ideas on how to further strengthen the federal government's health-focused approach to substance use issues through the Canadian Drugs and Substances Strategy (CDSS).

Learn more [here](#).



### Change Day Ontario

Change Day is a grassroots movement that is being adopted around the world to improve quality compassionate care. In Canada, the British Columbia, Alberta, and Saskatchewan Health Councils have all championed successful Change Days over the last two years. Change Day Ontario has been designed to empower people within the health system to make positive changes through making pledges and taking actions, big or small, to improve compassionate quality care. The campaign is about people engaging with one another through their ideas and stories; sharing them online and through social media; overcoming barriers; and ultimately, helping to improve the experience of health care for patients and providers alike.

Change Day Ontario is happening now. It isn't only a day, but is a movement that runs for a few months and culminates in a day of celebration in November, 2018. Learn how your own actions can make a world of difference. Visit [the Change Day Ontario website](#).

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### Early Education Nation: the Hi Mama ECE Library

The Early Education Nation, by Hi Mama is the online place to find and share educator resources, to help create community and improve learning outcomes for preschool children. All of the resources and materials are free and available to discuss, borrow and reuse! Consider Early Education Nation your "ECE Library" for new ideas and materials. All we ask is you contribute back to this community by voting for work that you found useful. If you can, consider contributing your work to Early Education Nation!

Visit it [here](#).

## V. Upcoming Events



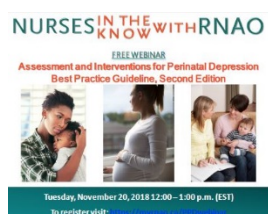
### **Best Start Resource Centre 2019 Conference: TIME TO REGISTER!**

A yearly, unique event in Ontario, our annual conference gives all service providers working on preconception & prenatal health, and early child development & education the opportunity to meet, share, reflect, network and be inspired! The [2019 conference](#) will take place **in Toronto, February 12-14, 2019**.

Our [2018 conference](#) was a huge success and [the 2019 conference](#) promises to be even better: Our keynotes will include Dr. Gary Bloch, Dr. Kathryn Hirsh-Pasek and Annette and Daniel Cutknife. Janet Fox will facilitate a full-day workshop on Water and Plant Teachings, and renowned author, Ann Douglas, will talk about Supporting Parents through the Storm. Visit [the bilingual website](#) regularly to learn more!

### **Lecture to Explore Provision of Services to Indigenous Children**

Vandna Sinha, an associate professor in the School of Social Work at McGill University, will deliver “The Impact of Child Welfare Policies on Indigenous Children’s Access to Services”, a study of services provided to First Nations children who come into contact with the child welfare system, on Tuesday, **November 13, 2018** at 2:30 p.m in the main foyer of Windsor Hall (167 Ferry Street). . Those interested in attending can do so for free but are required to RSVP by October 29 to [sswevents@uwindsor.ca](mailto:sswevents@uwindsor.ca).



### **Free RNAO Webinar: Assessment and Interventions for Perinatal Depression Best Practice Guideline, Second Edition**

Nurses and health-care professionals who provide care to pregnant and postpartum persons are encouraged to attend this session of Nurses in the Know with [RNAO](#) on **November 20, 2018** at noon to become familiar with recommendations in the revised best practice guideline: Assessment and Interventions for

Perinatal Depression. You will hear highlights of the guideline's recommendations, get an overview of the related tools and resources and have an opportunity to ask questions. Topics will include:

- Describe guideline development process, including the systematic reviews.
- Highlight key recommendations.
- Describe implementation supports, including evaluation measures to demonstrate the impact of the guideline.

For more information contact Glynis Gittens, at [ggittens@RNAO.ca](mailto:ggittens@RNAO.ca). Register at <https://myrnao.ca/PPDwebinar>



## Raise the Bar: Children's Rights In Canada

Join [Triple P](#) for two days of networking, learning and throw in some fun for good measure! The conference *Positive Parenting Matters* will take place on **November 27-29, 2018** in Toronto. It begins on Tuesday evening with Prof. Matt Saunders providing a Master Class, and the rest of the agenda is filled with keynotes, workshops, special events, and more! And you won't want to miss [Shelley Marshall](#) performing her acclaimed one woman show "[Hold Mommy's Cigarette](#)".

Learn more [here](#).

## CIC Preliminary Program now available

Taking place **December 4-6, 2018** in Ottawa, the Canadian Immunization Conference (CIC) 2018 will allow you to discuss current vaccine- and immunization-related issues and help shape the future of Canada's vaccination research, policies and programs. The scientific program will feature 4 plenary sessions, 25 symposiums and workshops, 50 oral abstracts and over 125 poster presentations! At CIC 2018, you will have the opportunity to select sessions based on the following streams:

- Informing and implementing policy
- New developments in vaccines and their use
- Optimal practice
- Vaccination in specific populations
- Vaccine acceptance and uptake

Learn more [here](#).



## CNS 2019 Thematic Conference - "Advances in Nutrition: Healthy Diets & Weight - Sorting Fact from Fiction"

The Canadian Nutrition Society (CNS) is pleased to announce that our 2019 Thematic Conference is now open for registration. This one-day conference "*Advances in Nutrition: Healthy Diets and Weight - Sorting Fact from Fiction*" will take place in Toronto, ON on **January 12, 2019**.

Learn more [here](#).



## Side-by-Side: Canadian Father Involvement Conference

The *Fatherhood Matters in the Early Years* conference, taking place from **Feb. 28 to Mar 1, 2019** in Ottawa will give an opportunity to focus on supporting and engaging fathers with relevant and effective services, programs, or resources. The goal is to help provide fathers with the knowledge and support needed around the healthy development of children. Attend to connect, inform, and mobilize around father involvement in Canada.

Learn more [here](#).

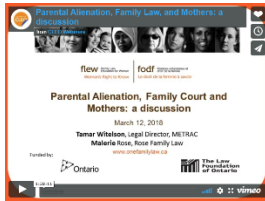
## VI. Resources

### CCSA Releases for Canada's Low Risk Alcohol Drinking Guidelines Communications Toolkit

The Canadian Centre on Substance Use and Addiction (CCSA) is pleased to share with you their newest resource: [Canada's Low Risk Alcohol Drinking Guidelines Communications Toolkit](#), developed in response to the continued popularity of [the Guidelines](#). It contains the resources to increase awareness of [the Guidelines](#) through a number of platforms and start public discussions about drinking in moderation. The materials include:

- Lower Risk Drinking tips
- Posters
- Banner ads and web buttons
- Graphics for social media platforms
- Fact sheets
- Infographic

CCSA encourages you to share the toolkit with your family, friends, staff, colleagues, clients and others in the community to help stimulate conversation about the Guidelines. If you have any questions about the toolkit, please contact Catherine Paradis ([CParadis@ccsa.ca](mailto:CParadis@ccsa.ca)) or Bryce Barker ([BBarker@ccsa.ca](mailto:BBarker@ccsa.ca)).



## Webinar Recording: Parental Alienation, Family Law, and Mothers: A Discussion

Recorded on March 12, 2018 (1 hour and 15 minutes) - In this webinar in the Family Law Education for Women (FLEW) series, METRAC's Legal Director, Tamar Witelson, and family law lawyer, Malerie Rose from Rose Family Law, discuss how the term "Parental Alienation" has come up in Ontario family courts, and some issues mothers in child custody disputes should be aware of. This webinar is presented as part of the Family Law Education for Women (FLEW) project and hosted by [CLEO](#). Please note: The video is embedded on Vimeo and is best played using Firefox, Safari or Chrome.

Access it [here](#).

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## Webinar Recording : Cultural Safety and Addressing Systemic Racism

Indigenous people experience racism in health and educational settings. This webinar from [UBC Learning Circle](#) with Harley Eagle focused on why understanding the dynamics of Indigenous specific racism is essential to ensuring cultural safety. Providing culturally safe settings for Indigenous clients, students and communities is not only about how health care providers and staff behave in such settings, it is also about the dynamics that contribute to unsafe settings. Some of these dynamics have become normalized because of long standing processes like colonization and resulting inherent systemic belief systems.

Watch the webinar recording [here](#).

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## Language Development and Literacy

The Encyclopedia on Early Childhood Development has updated the content of the Language development and literacy chapter. This topic aims to help understand the close link between learning to talk and learning to read, their importance in children's intellectual development, the learning mechanisms involved and the external factors that influence them, and signs that could indicate a learning disability.

Learn more [here](#).

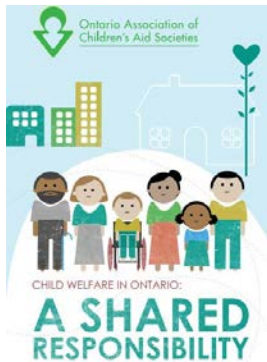
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## 4 Tips for Building Confidence in Newcomer Children

To support their settlement and growth, immigrant and refugee children need supportive relationships, a safe space, and opportunities to nurture and build their confidence and competence. Need opportunities for mastery, success, and "safe risks"! In [4 Tips for Building Confidence in Newcomer Children](#), participants will learn about how to incorporate opportunities for mastery, success, and "safe risks" in their programs, some of the ways we unintentionally stifle children's feelings of competence, and simple strategies to incorporate important learning opportunities that build confidence and support children's development. To extend your learning, you'll also find

a list of resources, facilitator guide and group discussion questions so that you can easily facilitate your own team training.

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### **A Shared Responsibility Brochure**

Every child and youth in Ontario has a right to safety and well-being. The paramount purpose of Ontario's Child, Youth and Family Services Act, 2017 (CYFSA) is to promote the best interests, protection, and well-being of children. This provincial law gives Children's Aid Societies (CASs) the exclusive responsibility to investigate concerns about the safety and well-being of children and youth under 18 and to provide child protection services. To carry out this mandate, CASs work closely in and with their communities. This brochure answers common questions about how CASs work with individuals like you to support families and keep children and youth safe and well.

[Read More](#)

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### **Webpage to Set Up or Update Child Support Online**

This webpage explains how, and allows, parents to set up or update child support online in Ontario – without having to go to court. Topics on this website include:

- How it works
- Who can use the service
- Required documents
- Start using the service
- Cost
- Consulting a lawyer

The webpage is available [in English](#) and [in French](#).

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### **Webinar Recording: Connect with Self with Kim Haxton from IndigenEYEZ**

Part 1 of the IndigenEYEZ series on Connecting to Self, Others, Communities, and Land, this webinar discussed:

- What difference do I want to make in my family, community and world at large?
- What gets in the way of me fully stepping into my essence?
- What are the 'per-spectacles' that shape my behaviours?
- Do I see the world through my colonized or my indigenous EYEZ?



The speaker, Kim Haxton, is IndigenEYEZ co-founder. She is Potawatomi from the Wasauking First Nation in Ontario. With degrees in geography and outdoor recreation, Kim has two decades of experience doing wilderness therapy and leadership development with Indigenous youth. After 20 years studying with Indigenous healers around the world, Kim has become involved in the healing of communities and individuals. Kim's extensive trauma-counselling training and work, and her hands-on work with survivors of many forms of disasters give her a unique perspective to healing with includes traditional and modern modalities.

Access the recording [here](#).

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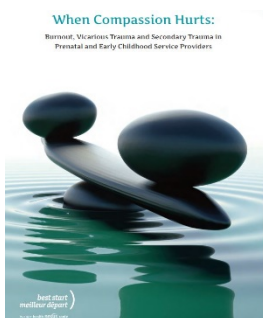
## Webinar Recording: Managing Trauma Exposure and Compassion Fatigue in the Health Care Professional

Compassion fatigue refers to the profound emotional and physical exhaustion that all of us can develop over time while working in health care environments: complex cases, large volume of work, chronicity, the wear and tear of the job, challenging patients and colleagues - all of these can contribute to developing compassion fatigue. There is now over two decades of research proving that working in high stress, trauma-exposed professions such as community mental health, law enforcement and health care carries elements of risk to the care provider: compassion fatigue, secondary trauma and burnout can take a cumulative toll on us as individuals and as teams. What can professionals do to protect themselves from the difficult stories that they work with on a regular basis, limited resources and high volume of work, while still remaining effective and compassionate?

Watch this Best Start webinar by Françoise Mathieu M.Ed., CCC. RP. to learn

- Key Factors that increase risks of compassion fatigue, burnout and secondary trauma
- Early intervention strategies
- Workplace strategies: what works?

Access the recording [here](#).



### Interested in learning more about this topic?

The Best Start manual *When Compassion Hurts - Burnout, Vicarious Trauma and Secondary Trauma in Prenatal and Early Childhood Service Providers* explores burnout, vicarious trauma and secondary trauma. Topics include: definitions, the biology of stress and trauma, signs and symptoms, risk factors, protective factors, resilience and self-care, reflective practice and taking action.

Available in [English](#) and [French](#).

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## Hi Mama Podcasts

The Preschool Podcast, brought to you by HiMama, is a platform for learning from leading professionals in early childhood education. If you work in a child care, preschool or early years setting, The Preschool Podcast will provide you with inspiring and motivational stories, as well as practical advice for managing your organization, center or classroom. The goal of the The Preschool Podcast is to provide inspiration and knowledge to the future leaders of early childhood education by speaking with experienced and insightful leaders in the world of preschool and early learning today.

See (well, listen to) for example:

- [Inquiry Based Early Learning](#)
- [Family Separation and The Impact on Young Children](#)
- [The Maker Movement Approach to Literacy for Early Learners](#)
- [Mindfulness in the Classroom](#)
- And many more!

Browse [here](#).



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## Stay connected!

- **Click4HP** is an international dialogue on health promotion. Participants exchange views on issues and ideas, provide leads to resources, and ask questions about health promotion.
- **The Maternal Newborn and Child Health Promotion (MNCHP) Network** - A province-wide electronic forum for service providers working to promote preconception, prenatal and child health.
- **Ontario Prenatal Education Network** - A space where professionals can share information and resources, ask questions and collaborate with peers on topics related to prenatal education.

- 
- **Health Promotion Today** Our blog keeps you informed of news and topics related to health promotion.
  - **The Best Start Indigenous Sharing Circle (BSASC) Network** is a distribution list designed for service providers working with Aboriginal Peoples in areas of preconception, prenatal and child health. The network is a forum to share news, ideas, questions and best practices.

En français:

## **Restez branché!**

- Le **Bulletin de santé maternelle et infantile** est un bulletin électronique mensuel à l'intention des fournisseurs de services œuvrant dans le domaine de la promotion de la santé maternelle et infantile.
- **Promotion de la santé aujourd'hui**– Notre blogue sur lequel on partage des nouvelles et réflexions liées à la promotion de la santé.

