# Early Development Instrument (EDI)

# Community Needs Report - Emotional Domain Planning Initiative

*Investigate the flags that arose when the EDI Results for the emotional maturity domain were presented to the community on January 11, 2008. Recommend preventative programs/services to address these flags and improve children's healthy emotional development in our community.*

Presented by:

Children's Aid Society of the District of Thunder Bay
Children's Centre Thunder Bay
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February 17, 2010

***NOTE***:

It is understood that the local Early Development Instrument (EDI) information, in this report, is based on one cycle of EDI results (2005-06); as more cycles of the EDI are completed, additional information will be available for consideration and interpretation. Information in this report also includes data from the 2006 Ontario (provincial) Senior Kindergarten Baseline Results *(which includes the EDI results for all senior kindergarten children in Ontario, collected in a 3 year cycle running from 2003/04 to 2005/06),* and other sources as quoted.

***Agency Sign-off:***

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**EXECUTIVE SUMMARY**

Every three years, senior kindergarten children in the Thunder Bay area are assessed using a tool called the Early Development Instrument (EDI). The EDI is used across Canada and in other countries and assesses community outcomes in child development with respect to health, learning and behaviour. Through a partnership with Dr. Clyde Hertzman (President, Council for Early Child Development and Director, Human Early Learning Partnership (HELP) - University of British Columbia) the results of the EDI assessments are mapped to neighbourhoods within the Thunder Bay area. This allows the community to see neighbourhoods where our children are doing well and where they are not, and take appropriate action to address areas of weakness.

On Friday, January 11, 2008, Dr. Clyde Hertzman, unveiled the results of the 2005-06 Early Development Instrument (EDI) for the Thunder Bay area, to our community. Many flags went up when the results for the emotional maturity domain were presented; we saw the widespread need in our community in terms of children's emotional development. As a result, commitment was received to form a team to begin to investigate this problem (March 2008). Team members included those from agencies that have mandates for children's mental health and child protection services in our community: Children's Aid Society for the District of Thunder Bay, Children's Centre Thunder Bay, Dilico Anishinabek Family Centre, as well as, members from Communities Together for Children.

Upon investigation into the results for the emotional maturity domain, four sub-domains were identified: pro-social and helping behaviour, hyperactivity and inattention, anxious and fearful behaviour, and aggressive behaviour.

Delving into these sub-domains identified that locally, our boys are falling behind in all of the sub-domains when compared to other male senior kindergarten children in the rest of the province. When we compared our senior kindergarten girls to those in the rest of the province, we found that they are also lagging behind in all of the above areas as well, with the exception of the *Aggressive Behaviour* sub-domain where they are fairly close to the provincial percentage. We found that girls in the Thunder Bay area are struggling almost twice as much as girls in the rest of the province in both the *Anxious and Fearful Behaviour* sub-domain and in the *Hyperactive and Inattentive Behaviour* sub-domain. Overall, regardless of gender, the largest single area of need, in the emotional maturity domain, where children

are 'not ready for school' is the *Pro-social and Helping Behaviour* sub-domain. This is true locally, as well as provincially, and is followed by the *Hyperactivity and Inattention* sub-domain.

Teachers from across our community are telling us that by age six, when children in our community are just entering senior kindergarten to begin their school education, they are already struggling. These obstacles make it difficult for our children to achieve academic excellence and place an unnecessary burden on the school system in terms of needed resources – starting in SK and continuing on. This is not to mention additional community, provincial and federal resources that may be needed to support these children throughout their lives. *As a local example from a costing perspective, the Children's Aid Society currently supports a child with developmental disabilities at a cost of approximately $926.00/day; Dilico supports a child with developmental disabilities at approximately $965/day.* According to the Early Years Study 2: Putting Science Into Action (March 2007), *"One-quarter of Canada's children between birth to age 6 are experiencing some learning or behavioural difficulty. These problems in the early years have been shown to correlate with later difficulties in school performance, social adjustment and health."* Overall, in our community, 31.5% of senior kindergarten children are vulnerable (i.e. in the bottom 10th percentile) in at least one or more of the EDI domains. The good news is, this can be changed. "The 'Low on 1 or more' group represents children for whom cost-effective, universal, preventive programs are likely to make a difference. Reporting on these children reflects the fundamental premise on which the EDI's concept has been built. Moreover, it reflects the population that we are most likely to shift without costly and intensive interventions"[1].

Scientific evidence has established that the experiences that children have, prior to age six, impact how their brain is wired and provide the foundation for establishing their **future** health, learning and behaviour. Because of this science, we can now quit overlooking the most important time in a child's brain development - the time before they reach school-age - to implement needed programs and services to address gaps in early child development. Communities that understand the science of early child development can take action today to maximize the health, knowledge and skills potential of the next generation and ensure a competitive workforce, reduced social and healthcare costs and a more prosperous economy for tomorrow.

[1] Magdalena Janus and Joanne Schroeder, *No Data, No Problem, No Action,* May 2009, Council for Early Child Development, 30 Sept. 2009 < http://www.councilecd.ca/?q=presentations>

This is where the solutions come in that we need to provide, as the future capacity of each child, family, and our community, is dependent upon how effective it is that we provide the needed social interactions, environments, and experiences, that will turn-on these pathways, and make the brain connect properly (The Science of Early Child Development – Brain Development DVD, Red River College, V3.1W). This requires a short, effective investment in prevention, from prenatal to age six. The numbers of young children who are currently at risk for early school failure, linked to emotional and behavioural difficulties, point to the importance of implementing effective programs earlier, rather than later, serving as a **prevention** strategy. Only through partnerships can we accomplish this with the existing resources that we have; we need to fill the gaps that children are falling through in our community.

**RECOMMENDATIONS**

The recommendations made in this report vary from increasing awareness of the science of early child development, to expanding existing, and implementing new, programs and services to begin to improve children's healthy emotional development in the Thunder Bay area.

The recommendations include:

- Expanding two existing programs (Second Step, Roots of Empathy) that are evidence-based to begin to address the needs identified in the emotional maturity domain
- Further supporting the implementation of the Active Parenting programs – *Active Parenting Now* and *1,2,3,4 Parents* –as a method to provide on-going support to families
- Implementing innovative programs and services that:
    - support the ever changing needs of modern families, including families that have one spouse/partner working away from home for extended periods of time, extended family members who are providing custodial care for children, and, resources and supports for Aboriginal families (culture, language), new immigrants, and families working with child welfare agencies
    - support fathers and are geared to men's interests

- are based on best practices in terms of developmentally appropriate programs and environments, multi-age programs and environments, and, culturally sensitive programs and environments

- Increasing the availability of trained personnel to provide support to increase the inclusivity in existing parent/child interactive programs
- Providing team-based services that put young children and their families at the centre
- Increasing the availability of affordable, accessible and non-registered/non-program community environments that offer parents and children access anytime during the day, evening and weekend e.g. Chapters, Toy Sense, McDonald's Playland
- Enabling child care centres, located in schools, to allow for multi-age and full-day programs for children, to eliminate the need for parents to require multiple daycares and multiple daily drop-offs/pick-ups
- Creating marketing strategies to educate and inform parents/caregivers, unlicensed child care providers, businesses, health care professionals, and political officials and lobby groups, about the science of early child development and the corresponding business case
- Working collaboratively with Early Learning/Care Professionals and Educators to better support them to improve the quality of early experiences that children are receiving by providing the latest scientific knowledge that can help make a difference in the healthy development of children, and integrating that knowledge into coordinated early child development programming and teaching strategies; and to provide a common communication tool to assist them to promote key community messages to parents and caregivers about the science of early child development and the corresponding business case
- Providing parents/caregivers with consolidated access to resources and services that inform them about the importance of quality child care in regards to: child development, the factors that constitute quality child care, and how well licensed child care providers in our community are addressing these factors
- Linking parents/caregivers, as appropriate, to parenting education information available through the Triple P Parenting program

**SUMMARY**

It is in all of our best interests morally, financially, and civically, that as a parent, a community and a nation, we need to ensure that our children are entering grade one with the foundation in place to wholly enable them to realize their full potential - *to take advantage of the educational opportunities provided by the school (reduced education costs), to grow up in a healthy manner (reduced healthcare costs), to successfully gain employment (contribute to labour-force productivity) and be a socially competent person (reduced social costs, civil society).* We need our children to be positioned to achieve academic excellence in order to graduate with the skills necessary to be an active participant in the 21st century workforce and to contribute to Canada's prosperity - as the lifestyle that we all enjoy is based on a prosperous economy. At a May 2009 conference in Sackville, NB hosted by the Council for Early Child Development, former Prime Minister, Paul Martin said that Canada "can not afford to waste the talent of even one young Canadian". The former Prime Minister and Finance Minister explained that without a comparable population, Canadians will have to ensure that they can compete based on their skills and innovation against the emerging economies of China, India and Brazil who are 'graduating more engineers than Canada has children'. A similar tone was imparted to an audience of Thunder Bay's strategic business leaders on June 15, 2009, during a speech given by Mr. Charles S. Coffey, former Executive Vice President, Government Affairs and Business Development for RBC. Mr. Coffey laid out the business case for investing in early child development and relayed that Dr. Fraser Mustard (founder and chair emeritus of the Council for Early Child Development) indicated that *"if you want an idea of what the economy will look like in say 15 or 20 years . . . if you want an economy that's vibrant, citizens who are productive and a workplace that's innovative – think about the investment you're making in very young people today".*

***"A dollar invested in early childhood yields three times as much as for school-aged children and eight times as much for adult education."*** - *Early Years Study 2*

**TABLE OF CONTENTS**

INTRODUCTION ....... 1
SCOPE ....... 1
DELIVERABLE ....... 3
BACKGROUND ....... 3
THE SCIENCE OF EARLY CHILD DEVELOPMENT ....... 3
EARLY DEVELOPMENT INSTRUMENT (EDI) ....... 7
HISTORY ....... 10
GOAL AND OBJECTIVES ....... 11
CLARIFICATION OF DEFINITIONS ....... 12
GENERAL DEFINITION/DESCRIPTION OF SOCIAL AND EMOTIONAL DEVELOPMENT ....... 12
EDI DEFINITIONS/DESCRIPTIONS FOR THE SOCIAL COMPETENCE AND EMOTIONAL MATURITY DOMAINS ....... 13
DEFINITION OF EVIDENCE-BASED PRACTICES ....... 14
MODEL FOR APPLYING EVIDENCE TO INFORM PRACTICE DECISIONS ....... 14
FINDINGS ....... 15
2005-06 EDI EMOTIONAL MATURITY DOMAIN ....... 15
EXISTING PROGRAM REVIEW ....... 17
CRITERIA ....... 17
RESULTS ....... 18
GAPS & BARRIERS ....... 20
GAPS ....... 20
BARRIERS ....... 22
OPPORTUNITY ....... 23
RECOMMENDATIONS ....... 25
SUMMARY ....... 33
APPENDICIES ....... 35
APPENDIX A: EDI EMOTIONAL DOMAIN PLANNING INITIATIVE - TEAM REPRESENTATIVES ....... 37
ROLE OF TEAM REPRESENTATIVES ....... 37
APPENDIX B: THREE-YEAR EDI COMMUNITY PROCESS ....... 38
APPENDIX C: EDI – EMOTIONAL MATURITY DOMAIN/SUB-DOMAIN DETAILS ....... 41
APPENDIX D: SENSITIVE PERIODS IN EARLY BRAIN DEVELOPMENT ....... 44

APPENDIX E: PERCENTAGE OF VULNERABLE CHILDREN, BY NEIGHBOURHOOD FOR THE EMOTIONAL MATURITY DOMAIN ........ 45
APPENDIX F: EMOTIONAL MATURITY SUB-DOMAIN COMPARISON THUNDER BAY 2005-06 EDI COHORT AND 2006 ONTARIO SK BASELINE ........ 47
APPENDIX G: THUNDER BAY COHORT - EMOTIONAL SUB-DOMAIN AND MULTIPLE CHALLENGE INDEX BREAKDOWN BY GENDER (2005-06 EDI) ........ 49
APPENDIX H: PROGRAMS REVIEWED AND EVALUATED ........ 52
PROGRAM EVALUATION SPREADSHEET ........ 52
BRIEF OVERVIEW OF EACH RATED PROGRAM ........ 60
ROOTS OF EMPATHY ........ 60
SECOND STEP ........ 65
BEYOND LOVE ........ 69
WITH WARMTH AND WONDER ........ 71
TRIPLE P PARENTING ........ 73
RIGHT FROM THE START ........ 75
ACTIVE PARENTING ........ 78
OTHER PROGRAMS INITIALLY CONSIDERED ........ 82
HANDLE WITH CARE ........ 82
123 MAGIC ........ 82
THUNDER BAY HEAD START ........ 82
REACHING IN – REACHING OUT ........ 83
APPENDIX I: COMMUNITY GAPS AND BARRIERS IN PROGRAMS AND SERVICES (PREVIOUSLY IDENTIFIED) ........ 85

**INTRODUCTION**

Every three years senior kindergarten children in the Thunder Bay area are assessed by their teacher using a tool called the Early Development Instrument (EDI). On January 11, 2008, Dr. Clyde Hertzman presented the results of the 2005-06 (school year) EDI for the Thunder Bay area. Flags went up when the results for the emotional domain were revealed - we saw the widespread need in terms of children's emotional development here in our community. To address this, a community team was formed to produce a *Community Needs* report to improve children's healthy emotional development in our community. The team is facilitated by Communities Together for Children (via the Ontario Early Years Centre mandate) to implement the EDI in the community every three years *(the EDI enables the community to monitor populations of children over time).* Team members consist of agencies with mandates for children's emotional health: Children's Aid Society of the District of Thunder Bay, Children's Centre Thunder Bay and Dilico Anishinabek Family Centre (Appendix A).

This *Community Needs* report will provide the foundation and input for the next step in the *Three-Year EDI Community Process* model – Step #3: *Issue Call for Proposals* – that is currently being worked through (Appendix B). This model enables funders to directly match dollars to what the community has identified as its needs, based on science and data. It provides a mechanism to support multiple agencies that have programs focused in the age range prenatal up to and including six years of age by addressing gaps in the system based on a prevention strategy. It indirectly supports intervention-based programs by attempting to reduce the strain on those systems due to the implementation of preventative measures. *Note: Agencies recognize the benefits of preventative programs; however, little to no funding exists to implement them. This gap begins to be addressed by this project and is very dependent on the ability to implement an effective Champion of Children Council (Appendix B).*

**SCOPE**

The scope of this project is aligned with the geographical area supported by the Ontario Early Years Centre (OEYC), which is part of Communities Together for Children (CTC). This includes Upsala, the city of Thunder Bay, and its surrounding rural areas that are not included in the scope of the Brass Bell OEYC

or Kenora – Rainy River OEYC *(note: Atikokan is included under the geographical area supported by the Kenora – Rainy River OEYC).* The scope is further defined by those programs that:

1. are focused on the age range prenatal to (and including) six years of age - as these are the early experiences that are measured by the EDI and will continue to be measured in future cycles of the EDI (the EDI is implemented every three years);

2. are prevention-based – as these types of programs are focused on preventing children from entering the intervention-based programs and reflects the population that we are most likely to shift without costly and intensive interventions;

3. include components that address the areas measured by the EDI emotional sub-domains (refer to Appendix C) - this ensures that the recommendations encompass the areas measured by the EDI in future implementation cycles, so the effectiveness of these programs/services can be monitored over time;

4. are currently being offered in our community - to promote collaboration, sharing of existing resources and community capacity building (***note***: *If existing programs were shown to not meet the identified needs, the project scope would have been modified to include other programs*);

5. are based on best practices - such as those described by the Early Years Study 2: Putting Science Into Action report (March 2007) - which identifies the criticality of the early years, in terms of child development, and its life-long impact on children's health, learning and behaviour;

6. are universally applicable to all individuals and families in our community – i.e. applicable to everyone, not targeted.

***TO WORK PROGRAMS MUST BE UNIVERSAL - Vulnerable children are found in all SES groups but populations are not evenly distributed between groups. The largest numbers of children overall are found in the middle groupings. The lowest SES group has a greater percentage, but a smaller number, of vulnerable children. Conversely, children in the middle SES groups are less likely to be vulnerable, but because of the size of the group, this is where the most vulnerable children are found. Restricting programs to vulnerable children in the low SES group therefore misses the majority of children experiencing difficulties. – Early Years Study 2***

**Note: SES - Socioeconomic** Status

***Note**: Not included in the scope is a review of existing services; many services are in the process of being changed due to the implementation of the provincial Best Start program.*

**DELIVERABLE**

A *Community Needs* report will be produced that identifies a list of recommendations to improve children's healthy emotional development, as per the scope of this project. This report is an integral part of the cycle that is being followed to mobilize our community to begin a collaborative venture to promote the healthy development of our young children. It provides the foundation and is the input for the next step in the *Three-Year EDI Community Process* model (Appendix B) that is currently being worked through i.e. *Step #3 - Issue Call for Proposals.*

**BACKGROUND**

The following provides background information on the research/science of early child development and reviews the direct link as to how children's early experiences shape how their brain is wired, which in-turn impacts their future health, learning and behaviour e.g. how they think, deal with emotions, and interact in social environments. It identifies the tool that is used to measure children's early experiences across Canada and in other countries – the Early Development Instrument.

**The Science of Early Child Development**

***Experiences that children have determine which brain connections will be strengthened and which will be pruned; connections that have been activated most frequently are preserved.***
***– Neuroscience for Kids – Brain Plasticity (http://faculty.washington.edu/chudler/plast.html, February 2009)***

Leading-edge research and science tells us that the early years, pre-natal to age six, are crucial during child development, for it is the time when the brain is being "wired" at an incredible rate. It identifies sensitive periods, during these years, when the brain is being 'wired' for the first time and is more malleable and able to be shaped, and, it explains how everyday experiences that children have (positive or negative), as well as their social environment, impact how their brain is wired. These early years present a period of

*opportunity* to establish a sturdy neural foundation for later development. *Note: The following information is gathered from sources including the Early Years Study 2: Putting Science Into Action (March 2007), The Science of Early Child Development DVD produced by Red River College (V3.1W) and other sources as noted.*

Fact #1: Experiences that children have, wire their brain

Brain research shows that children develop at a phenomenal rate from infancy to age six. When babies are born, they will have billions and billions of brain cells (neurons). In addition to genetic factors (biology), these neurons get connected (synapses formed) through experiences. For infants, experiences include things such as the quality of nurturing relationships and sensory stimulation during infancy and in early childhood (or lack thereof). For toddlers (18 months – 2.5 years), experiences include opportunities to explore and to question; for preschoolers (2.5 – 5 years), experiences include things such as taking turns, interacting with peers, learning to understand their environment and being competent within it, and figuring things out by applying problem-based learning techniques. The more repeated the experiences (positive or negative), the stronger the connections; weak/irrelevant connections get pruned away (starting at approximately two years of age). These networks/connections that are formed, by the experiences, are crucial; they form the foundation that determines a child's cognitive (thinking/reasoning abilities), emotional and social behaviours, and, they impact a child's future health, learning and behaviour. Examples of long-term health issues associated to experiences in early child development include: coronary heart disease, non-insulin dependent diabetes, obesity, aging and memory loss, mental health – depression, and substance addictions (Council for Early Child Development, Putting Science Into Action for Children, *CECD – EYS2 – Overview – May 1 2007.ppt*).

***Whether an individual's early experiences are good or bad, the experiences will alter the connections being formed in the brain***
***- National Scientific Council on the Developing Child - Perspectives (http://faculty.washington.edu/chudler/plast.html, February 2009)***

Fact #2: The most effective time to influence connections that the brain is making, is when it is making them for the first time i.e. in the early years

Brain plasticity is greatest during pregnancy and in the early childhood period because basic neural pathways are constructed for the first time. Everyday experiences that children receive during these sensitive periods of development (Appendix D), modify the brain's circuits in fundamental ways causing the neural pathways to become highly stable and therefore difficult to change. So, we want to ensure that children are receiving the experiences they need, during these early years – or help with carefully timed, intensive interventions, during these sensitive periods when the brain is more able to be shaped. That is why the early years are a period of heightened opportunities and increased risks, for all of society. ***Note***: All the competencies that are subject to sensitive periods in early life, if missed, are much harder to pick up on later, require more resources, and the results achieved may not be optimal (Early Years Study 2).

As a local example and a costing perspective, the Children's Aid Society currently supports a child with developmental disabilities at a cost of approximately $926.00/day ($338,000/year); Dilico supports a child with developmental disabilities at a cost of approximately $965/day ($352,000/year).

***Recent findings in developmental neuroscience are revealing just why and how these early experiences promote the development of a child's core capacities. This research also tells us why it can be so difficult to alter a child's developmental trajectory; for once formed, the neural connections that underpin a child's competencies can be difficult to modify.***

***[…] In other words, the child's capacity to learn when she enters school is strongly influenced by the neural wiring that takes place in the early years of life [prior to school]. The connections that are formed between neurons and between neural networks affect a child's ability to attend to a lesson; the speed at which she can process and retain information; the ability to recognize patterns; to absorb new information; to understand what others are thinking or feeling; or simply, to grasp and conform to the norms of classroom behavior.***
*– Early Years Study 2*

Fact #3: Experienced-based learning is heavily dependent on the social environment of the child

We all have the biological components that make up our brain – a cerebral cortex, a cerebellum, a brainstem, etc., but how these components actually work together and become competent, in utero and in the first few years of life, are dependent on the social environment around the child. Everyday experiences that children have are key in sculpting the connections that are made in their brain; these experiences develop a child's understanding about how social interactions occur. For babies, it is about nurturing relationships with caring adults; it is about the sensory input that a child receives. This includes things such as the appropriate response to crying, breastfeeding, reading to the child, and the silly ways we coo and interact with babies. For toddlers, they need opportunities to have success, support, and encouragement in exploring new things to build self-esteem, confidence and independence - not constantly receive negative messages or continually be scolded for touching things. Preschool-aged children need to be able to solve problems. For example, how are we going to get our trucks to the other side? I know, let's build a bridge! *This simple type of problem-based learning, develops problem solving skills, which is a key factor in developing knowledge workers (Strategies for Developing a Broadly Based Regional Knowledge Economy in Northwestern Ontario, Sept. 2006, Dr. Livio Di Matteo).* They need opportunities to develop their social skills as they start to learn to play/interact with their peers and to build empathy e.g. oh Johnny's crying, he's sad, what can we do to make him feel better? All of these experiences connect the child's brain and are created in direct response to the child's world – their social environment – how nurturing, indifferent or hostile it is (The Science of Early Child Development, Red River College DVD, V3.1W). As an example, studies are producing information showing the relationship between how chaotic early environments are, and the ability of children to concentrate. If children grow up in an environment where there are all sorts of things coming at them, due to instability or violence, their brains adapt so that they are always 'on-guard', so when it comes to settling down and concentrating on a task at hand, such as attending to a school lesson, it is very difficult for them to do that, because their brain is telling them to 'watch-out, watch-out', not to ignore the rest of the world and focus on the task at hand (Dr. Clyde Hertzman DVD, Bringing the Community Together for the Children, January 2008). Children need social interactions/environments that facilitate their healthy development and enable them to develop into intellectually and socially competent people.

As stated on the *National Scientific Council on the Developing Child* website, "the early period of development is one of both opportunity and vulnerability. During this time, the brain is very receptive and very malleable, and has the capacity to shape itself dramatically. This is the time when a child's brain architecture responds to experiences with the environment. When those experiences are healthy, brain architecture develops in a way that anticipates living in a healthy environment, and subsequently the child is able to meet successfully the expected challenges in life. However, if the early environment is in some way impoverished or adverse, the brain will come to expect that this is the world it will need to deal with in the future. Then it will adapt itself to that impoverished situation, which will make it less adaptive when it encounters a richer or more complex environment later. "Toxic stress" (stress caused by negative experience that is prolonged and uncontrollable) is an example of adverse early experience. Other negative experiences can include poor nutrition, lack of cognitive input, or lack of nurturing and stable social relationships. Such adverse early experiences can cause long-lasting and dysfunctional alterations in brain architecture, resulting in a brain that is not suited for operating in a healthy, complex environment."

**Early Development Instrument (EDI)**

The EDI measures these early experiences that children have prior to entering grade one. The results show us neighbourhoods in our community where children are doing well and those where they are not. In doing so, it provides an unbiased platform for community partners to come together and effectively plan programs to improve the lives of children and families, benefitting of our community.

The Early Development Instrument (EDI) is a 104 item teacher checklist designed to provide an assessment for children's readiness to learn at school in five broad domains: physical health and well-being; social knowledge

***Early development distinguishes children's "readiness for school learning" from skill performance. It can be a meaningful approach to describe a suite of cognitive and social skills, knowledge and dispositions, and personal experiences that children bring when they enter Grade 1. A measure of readiness for school learning can be a reasonable proxy for measuring early brain development. Kindergarten is a universal institution attended by the majority of children, which makes it a practical time to take a measure of development.***

***The 1999 Early Years Study identified the shortage of information, particularly at the community level, about early child development outcomes. The limitations of existing school readiness assessments raised the need for a viable, affordable measure of early outcomes*** [ . . . the EDI]. – *Early Years Study 2*

and competence; emotional health/maturity; language and cognitive development; and general knowledge and communication skills. It was created by The Offord Centre for Child Studies at McMaster University and released for use in 2000. The EDI has been has been adapted for use in seven countries and projects are ongoing in others. It is used across Canada and assesses community outcomes in child development with respect to health, learning and behaviour.

As stated above, the EDI measures school readiness to learn, based on the quality of children's early experiences. It is important to note that these early experiences, which are the basis for how children develop, distinguish children's 'readiness for school learning' from skill performance (Early Years Study 2). As documented on the Offord Centre for Child Studies website (http://www.offordcentre.com/readiness), school readiness to learn refers to the child's ability to meet the task demands at school and benefit from the educational activities provided by the school. To determine this, the EDI assesses things such as a child's ability to use language, to participate in social interactions, to control or self-regulate their emotions, to help others, to understand simple time concepts (today, summer, bedtime), to tell a story or take part in imaginative play. It also looks at the child's level of aggression, anxiety, hyperactivity, and inattention, as well as their overall physical health and well-being by looking at things such as their general level of energy, whether they come to school hungry, late or too tired/sick to do school work, whether they can go to the washroom by themselves, and looks at their gross and fine motor skills such as their proficiency at holding a pen, crayons, or a brush, and, their ability to climb stairs.

> ***All children are born ready to learn,***
> ***BUT not all children arrive at school ready to learn...***
>
> ***1 in 20 children enter kindergarten without the skills they need to learn.***
>
> ***Children who start school not ready to learn are at a disadvantage, and often never catch up. The degree to which a child is ready to learn at school predicts how well they will do at school.***
>
> ***– Offord Centre for Child Studies Website , (http://www.offordcentre.com/readiness/index.html), September 2009***

The EDI reports on populations of children in different neighbourhoods or communities - and as such, provides a yard-stick for a community to see how well they are preparing their children, in terms of their future health, learning and behaviour. It provides a mechanism for communities to review gaps in early child development and implement needed

programs and services. Because the EDI is implemented every three years, on a new set of senior kindergarten students, it enables communities to monitor populations of children over time and determine the effectiveness of programs and services offered in the community. The EDI predicts how children will do in elementary school and can be used as a tool to engage school boards and communities to work together to plan effective preventative programs.

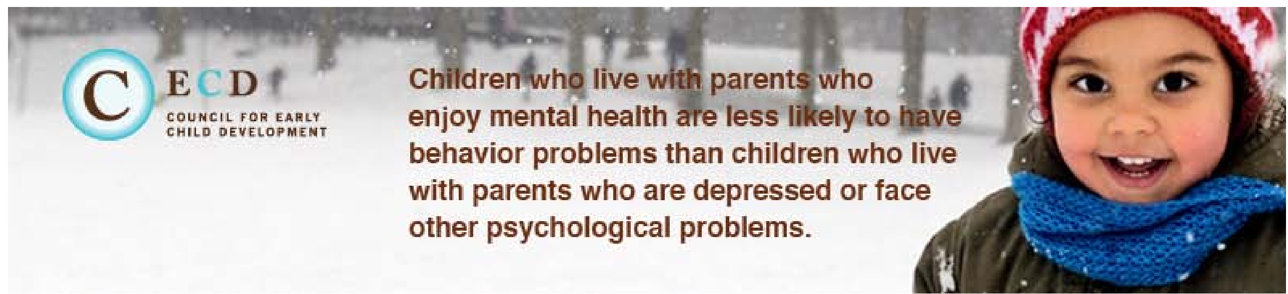
Through partnerships with the local school boards, McMaster University and Communities Together for Children, senior kindergarten children in the Thunder Bay area are assessed every three years using the Early Development Instrument. The results are compiled by McMaster University and sent back to our agency. Through a partnership established in 2004 with the University of British Columbia – Human Early Learning Partnership (HELP), the EDI results are mapped based on neighbourhoods in our community. Dr. Clyde Hertzman, who is the Director of the Human Early Learning Partnership and the President of the Council for Early Child Development, presents the results to our community. *(Note: Although the EDI assessments are based on individual children, the results are displayed at a neighbourhood/population level; the EDI is not a diagnostic tool for an individual child, it is a population level instrument).* In Thunder Bay, we have had three rounds of implementing the EDI. The first was during the 2003-04 school year where only junior kindergarten children were assessed (based on direction given by local school boards). During the second round of EDI (2005-06), just senior kindergarten children were assessed - as that is all that the provincial government is now funding (due to SK being standardized across the province/nation). The 2005-06 EDI results will be used as the baseline for future cycles of the EDI (i.e. for comparison purposes). The last round of EDI assessments took place in March 2009. The results are expected in late fall 2009/early winter 2010.

**History**

On Friday, January 11, 2008, Dr. Clyde Hertzman unveiled the results of the 2005-06 EDI for the Thunder Bay area, to our community. Many flags went up when the results for the emotional domain were presented; we saw the widespread need in our community in terms of children's emotional development (Appendix E).

**The newly released, *Reaching for the Top report (March 2008) created by the Advisor on Healthy Children & Youth – Dr. K. Kellie Leitch* states that an estimated "70% of childhood cases of mental health problems can be solved through early diagnosis and intervention." However, it points out that "only one in five Canadian children who need mental health services currently receive them." . . . "Children and youth with mental distress and mental disorders are often identified and referred into the system too late - their problems getting worse with time."**

As a result, an initial meeting was hosted by Communities Together for Children on March 27, 2008 with the agencies that have mandates for children's mental health and child protection services – Dilico Anishinabek Family Centre, Children's Centre Thunder Bay, and Children's Aid Society for the District of Thunder Bay (CAS); CAS was unable to attend the initial meeting. During this meeting, commitment was obtained to form a team consisting of these core agencies to start to address the need of improving children's healthy emotional development. The agency representatives at this initial meeting were to identify who the actual team members from their agency would be (Appendix A) by April 3, 2008. It was decided that community consultations with other agencies would be conducted, as needed, as the team moved forward in the process.



**GOAL & OBJECTIVES**

***Goal:*** Improve children's healthy emotional development in our community, so that:

- when they enter grade one, they are well-prepared to take advantage of the educational activities and are positioned to achieve academic excellence, and
- they have a solid foundation to base their life-long health, learning and behaviour on.

This will position them to: achieve a post-secondary education; successfully gain employment and fully participate in a competitive, global economy; contribute to society in a productive manner; and, achieve a healthier life-style. This generation is then successfully positioned to reinvest in the next generation by raising healthy children, thereby delivering on-going returns and realizing the full-cycle return on investment.

***We embrace universal education as a means for providing every child with the opportunity to maximize their developmental potential, yet have failed to act convincingly on the huge body of scientific evidence showing that a child's cognitive, communicative, social and emotional capacities when he or she enters school are largely set in the years 0-6.***
***- Early Years Study 2***

To work towards this goal, the following three objectives have been completed by the team.

Objective #1 Identify and evaluate existing preventative programs, for parents with/or children aged pre-natal to age 6 years, aimed at improving children's healthy emotional development

- *Develop criteria to evaluate programs against*
  Priority will be given to programs that address the sub-domain areas identified in the emotional maturity domain of the EDI and are evidence-based.
- *Review and rate existing programs that are aimed at improving children's emotional development*
  **Note**: It is understood that the programs rated may not be a fully comprehensive list; however, the team identified the programs to be evaluated to the best of their ability, taking into account the above criteria and scope of the project.

Objective #2 Identify Needed Services

Objective #3 Identify gaps and barriers that impact children's healthy emotional development

**CLARIFICATION OF DEFINITIONS**

The following definitions/descriptions are provided to ensure a common understanding of the focus of this project i.e. so that at the end of the day, the recommendations that are made address the areas that are measured as part of the EDI Emotional Maturity domain.

**General Definition/Description of Social and Emotional Development**

Most professionals understand that there is a direct link and interconnectedness between social and emotional development. For the purposes of this project, it is critical that the terms are clearly defined if we wish to ensure that the programs implemented to improve children's healthy emotional development encompass the emotional traits measured by the EDI.

Theoretical background suggests that social and emotional competence is connected, but the constructs represent distinct but overlapping developmental areas and behavioural processes.

Social Competence: An array of behaviours that permit one to develop and engage in positive interactions with peers, siblings and other adults. (Raver, Zigler 1997)

Emotional Competence: The ability to effectively regulate emotions to accomplish one's goals. (Campos, Mumme, Kermonia and Compos 1994). 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. (National Scientific Council on the Developing Child (2005))

**EDI Definitions/Descriptions for the Social Competence and Emotional Maturity Domains**

EDI - Social Competence

The following are the four sub-domains for the Social Competence domain included on the EDI.

1. *Overall social competence* - Overall social skills, self confidence, ability to get along with various children
2. *Responsibility and respect* - Respect for others and for property, shown by self-control, following rules, taking care of materials and accepting responsibility for actions
3. *Approaches to learning* - Work habits and problem solving ability, ability to adjust to class routines
4. *Readiness to explore new things* - Curiosity and eagerness to explore new toys, books, and games

EDI - Emotional Maturity

The following are the four sub-domains for the Emotional Maturity domain included on the EDI.

1. *Prosocial and helping behaviour* - Basic empathy and willingness to help others who may need assistance or encouragement
2. *Hyperactivity and inattention* - Restlessness and distractibility, inability to concentrate
3. *Anxious and fearful behaviour* - Anxiety, excessive crying, sadness, and fearfulness, lack of comfort with school
4. *Aggressive behaviour* - Physical and non-physical aggression and disobedience

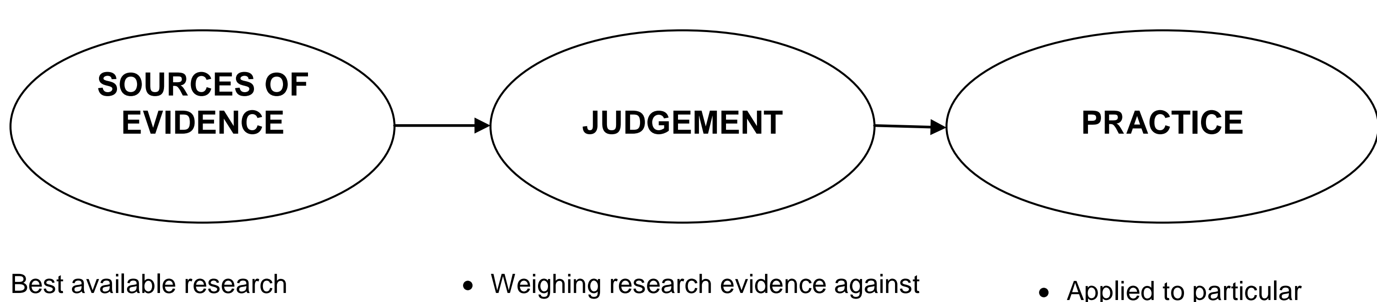
***The criteria used to review and rate programs against, will be based on the Emotional Maturity domain, as described above by the EDI.***

**Definition of Evidence-based Practices**

For the purposes of this report, evidence-based practice is defined as "a decision making process that integrates the best available research evidence with family and professional wisdom and values" (Buysse & Wesley 2006); in other words, a balance of scientific proof and professional and family experience and values. This definition empowers those directly connected to children and families to tap into various sources of knowledge and experiences to make informed decisions within a community level.

With evidence-based practice, the experience of the profession is also viewed, along with research findings and practice guidelines. To make decisions that are tailored to the needs and priorities of individual children and families in the Thunder Bay area, the research findings are not viewed in isolation, but integrated with wisdom, experience and values. The following model graphically represents this.

**Model For Applying Evidence To Inform Practice Decisions ***




- Best available research evidence
- Wisdom, professional knowledge, experience
- Core values and beliefs

- Weighing research evidence against other sources of evidence
- Resolving dilemmas created by conflicting evidence
- Considers the local context and characteristics, needs and priorities of children/families

- Applied to particular situation, community

Figure 1

** This model is adapted from one presented by FPG Child Development Institute at University of North Carolina at Chapel Hill (Buysse, Wesley, Winton, Synder;, FPG Snapshot, September 2006, Article #33)*

**FINDINGS**

The following explains the findings when the team further reviewed the data from the 2005-06 EDI emotional maturity domain. Shown are the results of the team's evaluation of existing, local programs, in terms of the degree to which they met the criteria that the team established, based on this domain.

**2005-06 EDI Emotional Maturity Domain**

During the initial meeting of the EDI – Emotional Domain Planning (EDP) team, the team reviewed the results for the EDI - emotional maturity domain. Vulnerable children are those that fall within the bottom $10^{th}$ percentile. In our community, thirteen of the eighteen neighbourhoods have children with moderately high to high vulnerability. There are no neighbourhoods that are in the low vulnerability range and only one neighbourhood with moderately low vulnerability (Appendix E). What this shows us, is that senior kindergarten teachers from across our community are telling us that by age six, children throughout the community are struggling with their emotional development; the need is widespread and universal, not just concentrated in the low income areas.

Further investigation into the emotional domain resulted in the review of the four sub-domains shown in the chart below (refer to Appendix C for detailed listing of these sub-domains and the corresponding EDI questions that are included in each of them). The chart identifies the percentage of senior kindergarten children deemed *'not ready for school'* for the Thunder Bay 2005-06 EDI cohort. Although all sub-domains need to be addressed, clearly, the sub-domains with the largest percentage of children (Pro-social and Helping Behaviour, and, Hyperactivity and Inattention) represent the areas that require the most attention. This data is consistent with what we see provincially as well (Appendix F).

| **EDI Emotional Maturity Sub-domains** | **Percentage of Children *Not Ready for School*** |
|---|---|
| | **Thunder Bay Cohort** |
| 1. Pro-social and Helping Behaviour | 33.3% |
| 2. Hyperactive and Inattentive Behaviour | 17.4% |
| 3. Aggressive Behaviour | 8.1% |
| 4. Anxious and Fearful Behaviour | 3.3% |

This data was further investigated by gender. The next chart shows the percentage of children (in the Thunder Bay area cohort) deemed *"not ready for school"* by gender. ***Note**: Refer to Appendix G for the percentage of children in the 'middle' and 'ready for school' categories.*

| | Emotional Sub-domains | % of Children Deemed *'Not Ready for School'* | |
|---|---|---|---|
| | | **% of Females** | **% of Males** |
| 1. | Pro-social and Helping Behaviour | 26.2% | 40.0% |
| 2. | Hyperactivity and Inattention | 10.4% | 23.9% |
| 3. | Anxious and Fearful Behaviour | 4.1% | 2.5% |
| 4. | Aggressive Behaviour | 3.6% | 12.4% |

Locally, senior kindergarten boys struggle almost two-fold, and in some cases more, than that of girls in all four of the above sub-domains - with the exception of the *Anxious and Fearful Behaviour* sub-domain. This is consistent with what was found provincially as well (Appendix F). When comparing our boys to other male senior kindergarten children in the rest of the province, we found that they are falling behind in all of the above areas.

When we compared our senior kindergarten girls to those in the rest of the province, we found that they are lagging behind in all of the above areas as well, with the exception of the *Aggressive Behaviour* sub-domain where they are fairly close to the provincial percentage (Thunder Bay 3.6%, Province 3.9%). We found that girls in the Thunder Bay area are struggling almost twice as much as girls in the rest of the province in both the *Anxious and Fearful Behaviour* sub-domain (Thunder Bay 4.1%, Ontario 1.9%) and in the *Hyperactive and Inattentive Behaviour* sub-domain (Thunder Bay 10.4%, Ontario 6.6%).

Overall, regardless of gender, the largest single area of need, in the emotional maturity domain, where children are 'not ready for school' is the *Pro-social and Helping Behavior* sub-domain. This is true locally as well as provincially. This is followed by the *Hyperactivity and Inattention* sub-domain.

These findings provide input to establish the criteria used to rate the programs (refer to *Program Review*).

**Existing Program Review**

The following identifies the criteria used to review existing preventative programs and the results of the review.

Criteria

The following is the criteria used to review local existing programs in terms of their ability to improve children's healthy emotional development. This criteria was developed based on the sub-domains included in the EDI emotional maturity domain. *Note: The criteria shown below is not presented in any particular order of importance*. When reviewing each program, consideration was given as to the degree that the team felt the program met the criteria:

1. Addresses the areas encompassed within the EDI emotional maturity domain and sub-domains: Pro-social and helping behaviour, hyperactivity and inattention, anxious and fearful behaviour, aggressive behaviour
2. Supports children prenatal to six years of age in a comprehensive manner (i.e. a variety of emotional aspects)
3. Directly supports the broader spectrum of people that interact with these children – Parents/Primary Caregivers, Caregivers, qualified Early Childhood Educators, JK Teachers, SK Teachers
4. Involves social skills curricula targeted to the children
5. Is evidence-based and has a proven process of evaluation
6. Provides for sustainability over the life of the program – e.g. uses a train-the-trainer approach, has a national/international program infrastructure, etc.
7. Does not duplicate an existing program
8. Is not currently funded by the Government

***Note***: *Refer to Appendix H for a detailed list of the criteria and associated weighted ratings.*

Results

The following are the results of the programs that were reviewed to determine whether they would assist the community in improving children's healthy emotional development. As part of the evaluations, presenter's who were well versed in each of the programs were brought in to present information about the program to the team. A question and answer period followed to ensure the team's questions were answered and relevant information was collected. The team then reviewed the information collected against the criteria to determine the degree to which they felt the program met the criteria. A weighting factor, that was assigned to each criteria to indicate its importance/priority, was used to calculate an overall score for each program and identify the degree to which each program met the weighted criteria. Refer to Appendix H for details about each of the evaluations and a brief summary of each program included in the review.

The following shows the programs that were reviewed and their overall rating i.e. those with the highest overall rating best met the criteria. Note: All of the programs below are extremely valuable and are multi-faceted. The ratings used in this project only reflect one aspect of a program i.e. its ability to meet the criteria as defined in this project to improve children's healthy emotional development. These ratings in no way devalue the programs as each are extremely valuable in meeting many different and important needs.

| | **Program Name** | **Overall Rating*** |
|---|---|---|
| 1 | Second Step | 2557 |
| 2 | Active Parenting Now/1,2,3,4 Parents | 2364 |
| 3 | Triple P Parenting | 2267 |
| 4 | Roots of Empathy | 1623 |
| 5 | With Warmth and Wonder | 1254 |
| 6 | Beyond Love | 822 |
| 7 | Right from the Start | 767 |

** rounded*

The top four programs above are included in the recommendations. There are two subsets of programs in these top four programs - two deal mainly with children and two deal mainly with parents; both types of programs are needed to improve children's healthy emotional development. As part of the review, programs that included both a parent and child component, received higher scores (Second Step).

Triple P Parenting and Active Parenting deal more directly with parents and provide them with effective parenting strategies. Active Parenting scored higher than Triple P Parenting in areas such as: not being funded by the Government; addressing child factors (temperament, gender, cognitive ability) as a contributing mental health factor; for supporting children aged 13-18 months in a comprehensive manner, via the parent; for having a teacher component to implement strategies in the classroom; and for having a train-the-trainer component. Triple P's strengths are that all components of it are evidenced-based, it is a comprehensive program that can be used to meet diverse needs of families, and, due to funding provided by the Ministry of Children and Youth Services (MCYS), enables the community to use a common and consistent approach when conversing with families.

Second Step and Roots of Empathy (ROE) are focused on the child. In our ratings, Second Step scored higher in areas such as having parent components (e.g. having an evening to introduce parents to the program, take-home letters to keep parents informed as to what is being taught and to provide at-home strategies); being applicable for younger aged children i.e. starting with children aged approximately 2.5 years old (up to 14 years old); and utilizing a train-the-trainer approach. ***Note**: At the time of the evaluation, the Seeds of Empathy program, a prelude to ROE (for children aged 3 years to 5 years), is still in its pilot stage with programs running in British Columbia and Alberta.*

*With Warmth and Wonder*, *Beyond Love, and, Right from the Start* are not part of the recommendations due to their lower score. These programs are more focused on the very important aspect of building healthy attachments, and as such do not adequately address the emotional maturity sub-domain criteria.

***Note**: Another module of the Active Parenting series called Cooperative Parenting and Divorce was not included in our review but may be worth future consideration as a tool to improve children's healthy emotional development, for a subset of children whose parents are either in the process of divorce or are*

*divorced in order to '**prevent divorce abuse'** —a specific type of emotional abuse that divorcing parents cause when, in their anger and bitterness, they lose sight of their child's needs - http://www.activeparenting.com/xXpd.htm).*

**Gaps and Barriers**

The following identifies the known gaps and barriers that are impeding children's healthy emotional development in our community. These have been identified by team members based on their knowledge and experience working in their respective fields:

Gaps

1. Community's (parents/caregivers, service providers, education, health, business, various levels of government, first nation governance, high school students, etc.) awareness and understanding of:

   a. the fundamental importance of the early years in terms of child development (based on leading-edge research/science), the impact of experiences and the child's social environment in terms of how their brain develops, and the business case for investing in early child development;

   b. prevention-based programs/services available for parents with children aged prenatal to six years of age (types of programs/services, location, time offered), i.e. develop awareness of what exists in the community.

2. Inability of parents/caregivers to easily obtain resources or services that identify:

   a. the importance of quality child care in regards to child development

   b. the factors that constitute quality child care, and

c. a method of informing parents/caregivers as to how well licensed child care providers in our community are meeting these quality child care factors.

3. Lack of available, accessible, affordable quality child care for all children and families in our community. This includes children with special needs and those with social/emotional behavioural issues who require specific and consistent interventions. This also includes families from all socio-economic groups (including those that do not qualify for subsidized child care).

4. Lack of appropriate information, resources and programs for fathers. This includes a wide spectrum from general child development and parenting information and resources, to the availability of interactive parent-child programs - where the activities are geared to those that father's would enjoy and those that they would feel comfortable participating in.

5. Need for intergenerational or kinship support network programs - for people such as grandparents, uncles and aunts who are stepping in to look after children aged newborn to six years; this is based on trends towards extended family involvement in raising children.

6. Lack of parent/child interactive programs that offer developmentally appropriate programming and environments that are conducive to either multi-age groupings of children (conception - age 6 years) or age-specific i.e. age/developmental stage specific programs, with corresponding and timely parent information.

7. Lack of innovative programs/services that are responsive to, and engage, the diversity of families in our community (e.g. shift workers, Aboriginal culture).

8. Lack of resources and supports to provide inclusive parent-child interactive programs e.g. a parent requiring additional support to attend a drop-in program with their child who may have an exceptionality.

9. Lack of programs in kindergarten (JK/SK) and grade one aimed at improving children's healthy, emotional development.

Barriers

1. Program/service fragmentation complicates and impedes parent's/caregiver's ability to access needed programs and services.

2. Programs and services need to be available during the day as well as on evenings and weekends to accommodate the diverse realities of our community members.

3. Inability of parent/child interactive programs to successfully support inclusive services to accommodate diverse families such as those with special needs, families working with the child welfare agencies, new immigrants, etc..

4. Program/service location:

    a. Transportation continues to be an obstacle for people to access programs and services. Consideration needs to be given to things such as: available parking, location of programs/services in relation to main bus routes/terminals, travel time (especially via bus), winter temperatures, and a single-parent having more than two young children to transport. For example, consideration should be given to a scenario that includes a single-parent, with three children under the age of 6, using a stroller, in the winter, to access programs/services. What would facilitate this person being able to access programs and services? The City of Thunder Bay Transportation department should be consulted/included when planning locations of programs and services.

    b. Strategically locate programs/services to facilitate families use of time e.g. being able to also get groceries, do some banking, stop by a pharmacy, etc.. What would make their lives easier?

c. Locate programs/services in relevance to diverse populations so they are responsive to local community needs and can be developed to meet those needs i.e. consider neighbourhood and community characteristics. Give consideration to various population groups such as low, middle and high income population groups as well as culturally diverse population groups. Place programs where people will feel comfortable. For example, schools may be viewed as a long-arm of authority by some population groups and may present as a barrier for attending programs (e.g. impact of residential schools on our Aboriginal people), whereas, for other population groups, programs located in their neighbourhood school may be very inviting. To impose a one-size fits all or cookie-cutter approach may be detrimental; utilize research and best practices to assist with program/service placement.

**OPPORTUNITY**

During a speech to Thunder Bay's strategic business leaders on June 15, 2009, Charles S. Coffey, former Executive Vice President, Government Affairs and Business Development for RBC and current Director, Council for Early Child Development presented the business case that clearly demonstrated that investing in children is good business. He stated that *"early child development (ECD) is the first and most critical phase of education and human growth. ECD is not regarded as a health issue but it is. It's not regarded as an economic issue but it is. And it's not regarded as an urgent issue but it is."*

Three simple facts remain:

1. Scientific evidence has established that the experiences that children have, prior to age six, impact how their brain is wired and provide the foundation for establishing their future health, learning and behaviour.

2. This means that we are overlooking the most important time in a child's brain development - the time before they reach school age. Most importantly, we are overlooking the opportunity to maximize the social competence, health, knowledge and skills potential of the next generation.

3. These critical early years (prenatal to age 6) are the investment period that provides the greatest returns to society.

According to the Early Years Study 2, *"It costs less to get it right in the first place than it does to take remedial action later. The returns on investment in the early child development period exceed investment in any other period of human development."* It makes absolute sense that by investing in children today, our community can ensure a competitive workforce, reduced social and healthcare costs and a more prosperous economy for tomorrow. Communities that understand the science of early child development can take action today to help their citizens, businesses and economies become more prosperous and competitive for tomorrow.

Sometimes, it is a long stretch to connect-the-dots linking early child development to a community's and nation's prosperity – which establishes the standard of living that we all enjoy in a civil, healthy society. This takes strong, bold leadership at a community, provincial and national level. Do we have what it takes to make this investment? Thunder Bay's strategic business leaders think so. Over thirty-one people signed up to be on the task force to create the Champion of Children Council during the *Business Leaders for Children Luncheon* on June 15, 2009. This council is an integral component to filling the gaps that children are falling through in our community (refer to Step 3 - *Issue Call for Proposals* in *Appendix B: Three-Year EDI Community Process*).

**RECOMMENDATIONS**

The following recommendations are made to assist our community to fill gaps and improve children's healthy emotional development. The recommendations are not presented in order of priority. ***Note****: All recommendations are made with the expectation that the implementation of programs/services to address them, take into consideration the on-going need to address the gaps and barriers identified in this report and others identified in community forums in the past (Appendix I).*

1. Expand the *Second Step* Program

1.1. Further roll-out the Second Step program to early learning programs to serve as a preventative program for pre-school aged children (approximate ages 3 – 5 years).

Currently the Thunder Bay District Social Services Administration Board (TBDSSAB) and Children's Centre Thunder Bay are implementing the Second Step program into licensed child care centres, on a request by request basis (refer to ***Note*** below). Other early learning programs include, but are not limited to, those run by the Best Start Hubs (these may include regular drop-in programs, Caregiver Stay and Play programs, and the running of specific programs for a specified number of weeks that people must register for), Norwest Community Health Centre, Indian Friendship Centre, Aboriginal Head Start, etc..

***Note****: The Thunder Bay District Social Services Administration Board has a partnership with Children's Centre Thunder Bay to support and enhance mental health services in licensed child care settings. Children's Centre Thunder Bay has included offering, as part of their services to child care centres, a staff person to deliver the Second Step program to child care centres that request it i.e. the program is not an on-going, funded program and is only offered in licensed child care settings - not offered to the general public as a prevention-based program.*

1.2. Further roll-out the Second Step program to include kindergarten (JK/SK) and grade one classes (approximate ages 4 – 6 years) to support school readiness skills by improving

children's healthy emotional development. This program includes a teacher component for implementation in the classroom.

2. Expand the *Roots of Empathy* (ROE) program to serve as a preventative program for school-aged children - kindergarten (JK/SK) and grade one classes - approximate ages 4 – 6 years.

   2.1. Work with Our Kids Count and the school boards (Lakehead District School Board, Thunder Bay Catholic District School Board, Conseil scolaire de district catholique des Aurores boréales, Upsala District School Area Board and the Thunder Bay Christian School) to expand the Roots of Empathy program into as many kindergarten (JK/SK) and grade one classes as possible. ***Note**: An obstacle faced in implementing the ROE program are the costs of training Facilitators (versus a train-the-trainer approach) and the availability of Mom's to participate - who have a child between the ages of two-four months.*

***Note**: In terms of the education system, the goal is for every JK, SK and grade one class, in the community, to have either the Second Step program or Roots of Empathy program implemented in it; this requires coordination of these programs, and sharing of resources, at a community wide-level.*

3. Further support the implementation of the Active Parenting programs – *Active Parenting Now* and *1,2,3,4 Parents* as a method to provide on-going support to families in our community.

4. Enhance and create innovative programs/services that will support the ever changing needs of the definition of modern families. Consideration of resources and supports for:

   - situations including single-parent led families, families that have one spouse/partner working away from home for extended periods of time, extended family members who are providing custodial care for children (aunts, uncles, grandparents), parents who have been laid-off and now find themselves at home looking after their children, shift workers, busy families who may have restricted time available (time poverty), etc.;

   - Aboriginal families (culture, language), new immigrants; and

- families working with child welfare agencies.

5. Implement programs for fathers that are naturally geared towards men's interests and learning styles.

6. Provide on-going information, best practices, resources and support to early learning providers in the area of developmentally appropriate programs and environments, multi-age programs and environments, and culturally sensitive programming and environments.

7. Increase the availability of trained personnel to provide support and assistance in order to increase the inclusivity in existing parent/child interactive programs e.g. special needs children.

8. Support team-based services that put young children and their families at the centre. A constant contact person (e.g. Service Coordinator) to connect parents/caregivers to needed programs and services and help them navigate resources in the community.

9. Increase the availability of affordable, accessible and non-registered/non-program community environments that offer parents and children access anytime during the day, evening and weekend. Examples include McDonald's Playland, Toy Sense (that has a large train for children to play on and a train set for children to play with) and Chapters (who has just opened up a new *Indigo Kids* area that provides books, toys, and socialization opportunities for adults and children). ***Note**: Management at Chapters have indicated that prior to the renovations, the children's area had become a parent drop-in of sorts; as a result of the renovations, this is expected to continue/increase.* Availability of these types of environments enable parents to socialize and decompress by 'getting out of the house' and having a change of scenery - without needing to work around specific program dates/times, register for a program or go to a more 'structured' environment, and they allow children to socialize, ride on toys, read books, and learn through play. *Note: Very few of these types of environments (including those that also support gross motor development) are available. Given*

*the five to six months of winter that we experience, more of these types of alternatives would be beneficial.*

10. Ensure that child care centres, located in the schools, allow for multi-age and full-day programs for children i.e. not just *before and after school* programs for school-aged children. This enables parents who have children both school-age and younger to be dropped off and picked up together at the same child care centre. This:

    - avoids having to separate children, which can be a big stressor to families and to children; being able to at least be dropped off and picked up together and to be able to spend some time together before going off to their designated rooms reduces the stress for children and by extension, for parents as well;

    - avoids having to have children enrolled in multiple child care centres with multiple drop-offs and pickups, and coordinating these with work hours, and in some cases, transportation (city bus schedules, etc); and

    - reduces the need for young school-age children to have to ride the bus *(if parents want their children at the same child care centre that offers full-day child care, which is not currently provided at the school)* especially in cases where the bus ride is very long; one parent's kindergarten child had to ride the bus for 1 hour and 10 minutes to travel less than three kilometers from school to the child care centre.

11. Create a marketing strategy that will educate and inform parents (those on maternity/paternity leave, stay at home parents, employed parents), caregivers, and unlicensed child care providers about:

    11.1. Prevention-based programs/services available for families with children, prenatal to six years of age e.g. the types of programs/services, locations, times offered, i.e. develop awareness of what resources exist in the community

11.2. The fundamental importance of the early years (prior to age 6) in terms of child development (based on leading-edge research/science), the impact of experiences and the child's social environment in terms of how their brain develops, and the business case for investing in early child development

11.3. What they can do to assist in a child's early development so that they get the best start in life

11.4. What constitutes quality child care for children from birth to age six

12. Provide parents/caregivers with consolidated access to resources and services that inform them about:

12.1. The importance of quality child care in regards to child development

12.2. The factors that constitute quality child care

12.3. How well licensed child care providers in our community are meeting these quality child care factors

***Note****: Currently, there is some licensing information such as the 'Terms and Conditions on Current Licence' and whether there are any 'Areas of Non Compliance' available on the Ministry of Children and Youth Services website - http://www.ontario.ca/ONT/portal51/licensedchildcare; however, this information is limited in terms of the factors that constitute quality. It is difficult for a parent to know that this website exists, and once on the website, it is difficult to identify which child care centres have any 'infractions' as you have to query each centre individually and know which fields on the webpage identify any possible 'infractions' i.e. the information is not easily known about, is difficult to locate and is not user-friendly for parents.*

13. Create a marketing strategy to inform business about the importance of investing in early child development in terms of the return on investment, and in regards to the link to economic and social prosperity. Key messages for the business community must focus on the tangible and realistic business case of the science of early child development. They must deliver direct and meaningful calls to action that:

    - Educate business leaders about the science of early child development
    - Encourage business leaders to make the correlation between early child development and economic success
    - Encourage and motivate business leaders to become advocates and champions for early child development issues in the Thunder Bay area

    *Business is a powerful sector, with the capacity to influence government policy and public opinion. History has proven time and time again that shifts or changes in public policy don't usually take off until the business community rallies behind them (Early Years Study 2).*

    13.1. Offer training and information sessions to businesses about how the early years affect their bottom line; link the importance of investing in early child development with a focus on economic and social prosperity; present information on the benefits of family-friendly policies.

    13.2. Create a communication strategy to better inform business about the importance of investing in early child development in terms of the return on investment, and in regards to, the link to economic and social prosperity.

14. Create and provide resources about the science of early child development and the supporting business case to better support Early Learning/Care Professionals and Educators to improve the quality of early experiences that children are receiving.

14.1. Provide the latest scientific knowledge that can help make a difference in the healthy development of children and integrate that knowledge into coordinated early child development programming and teaching strategies.

14.2. Provide a common communication tool with key messages that can be used by early learning providers to inform parents and caregivers about how children's early experiences (both positive and negative) impact how their brain is wired, which in-turn impacts their life-long health, learning and behaviour. Provide information about the business case for investing in early child development as well.

15. Create a marketing strategy to inform and engage the health sector to improve children's healthy emotional development by focusing on preventative-based measures. These should include, but are not limited to, effectively informing parents of the importance of the early years in terms of how their child's brain develops and the impact on their child's life-long health, learning and behaviour, and by connecting families to relevant community programs.

15.1. Create a communication package and resources for the health care profession to utilize to communicate to parents about how early experiences that their children have, shape how their child's brain develops, and how this network of brain connections provides the foundation, and has a direct impact on their child's life-long health, learning and behaviour.

15.2. Create a communication strategy and tool to better inform the health care profession about the programs and services available in the community to refer their clients to. Ensure that medical professionals can easily link families to needed community programs and services.

16. Create a marketing strategy to inform and engage Political Officials and Lobby Groups to improve children's healthy emotional development by focusing on preventative-based measures. These should include, but are not limited to, effectively informing them of the importance of the early years in terms of how experiences shape how a child's brain develops and how these experiences impact a child's life-long health, learning and behaviour.

16.1. Key messages for Political Officials and Lobby Groups must focus on creating understanding of the science of early child development as well as raising awareness of the needs and challenges of early child development in the Thunder Bay area. They must deliver direct and meaningful calls to action that:

- Educate Political Officials and Lobby Groups about the community impacts of the science of early child development
- Encourage meaningful engagement and interest from political officials to address identified gaps and needs
- Provide talking points for politicians and lobby groups for appropriate forums

*17.* Link parents/caregivers, as appropriate, to parent education information available through the Triple P Parenting program, as this program serves as a preventative program with a parent focus (influences children ages 18 months – 12 years). The basic Triple P program is funded by the Ministry of Children and Youth Services and has been implemented by agencies in the community. ***Note**: This basic program represents only a small part of the large potential offered by the full Triple P program.* Because the program is currently receiving Ministry funding, it is not seen as a non-funded gap that needs to be addressed by this project. However, connecting parent/caregivers to this program, as needed, should be part of programs/services implemented via this process.

***Note**: A targeted Triple P program has been supported by Ministry funding. However the program was for a specific parent/caregiver group who have had contact with the Child Welfare system. In addition, some funds for training were made available to other community agencies. Although staff have been trained in Triple P, the on-going resources needed to continue running the program are minimal, and at this point, are not renewable.*

**SUMMARY**

This report has identified the local community need for action to improve children's healthy emotional development, based on data. It has relayed the scientific evidence about how children's brains are wired by experiences, how this wiring sets the foundation for the rest of their lives i.e. it impacts their future health (healthcare costs), learning (education, labour-force productivity) and behaviour (social interactions, civil society). In doing so, it has taken us through the business case for investing in the early years of child development.

According to the *Report By the Advisor on Healthy Children and Youth (2007)* "Canada is among the most prosperous nations in the world. We boast a universally accessible health care system, and a large number of generous social programs – many of which were conceived to help children and youth stay healthy. Yet, Canada's standing when it comes to the health and wellness of children and youth is remarkably poor. Among 29 OECD [Organization for Economic Cooperation and Development] nations, Canada ranks 21st in child well-being, including mental health." As part of the 95 recommendations made in this report, it identified five key recommendations that merit particular emphasis and attention – the third of these being *"Improving mental health services for Canadian children and youth"*. As stated in this report and supported by the science documented in the Early Years Study 2: Putting Science Into Action report*, "The time to ACT is NOW! Many life-long diseases begin in childhood."*

# APPENDICES

**APPENDIX A: EDI EMOTIONAL DOMAIN PLANNING INITIATIVE - TEAM REPRESENTATIVES**

The following team members are from four agencies that represent the core team. Communities Together for Children has the mandate to implement the Early Development Instrument. The three other agencies are those that have mandates for children's mental health or child protection. *Other agencies will be involved and consulted on an on-going, as-needed basis throughout the process*:

1. Children's Aid Society for the District of Thunder Bay *(Child Protection)*
    - Rob Richardson, Executive Director
2. Children's Centre Thunder Bay *(Children's Mental Health)*
    - Tammi Marsh, Social Worker, Early Intervention Program
3. Communities Together for Children (CTC)
    - Louise Piercey, Executive Director
    - Maria Cole, Special Needs Resource Coordinator
    - Karen Malench, Data Analysis Coordinator
4. Dilico Anishinabek Family Centre *(Children's Mental Health and Child Protection)*
    - Darcia Borg, Community Case Manager (Infant Mental Health)
    - Carmela Magbanua, Child Welfare Trainer (Child Protection)

**Role of Team Representatives**

It is the role of the team representatives to represent their agency for, and provide their expertise to, this initiative. It is expected that team members communicate information about this initiative to the appropriate management at their agencies to ensure the on-going commitment, buy-in, and knowledge/approval of the path of this initiative (as it unfolds) is maintained. Three of the four agencies that comprise this team are those that are mandated for children's mental health and child protection. The representatives from these three organizations are considered experts in the field in regards to the focus of this initiative and will be relied upon as such. The fourth agency, Communities Together for Children is mandated to implement the Early Development Instrument and will contribute to and facilitate the process.

**APPENDIX B: THREE-YEAR EDI COMMUNITY PROCESS**

The following is the draft copy of the Three-Year EDI Community Process. It has been developed by Communities Together for Children (in 2007) and is based on a three-year cycle; it is an evolving process that is currently being worked through. The process contains six steps and begins with item #c in Step *1: Host Community Reporting Event.* When the new Early Development Instrument (EDI) results are received, they are reported to the community (as occurred on January 11, 2008 at the “Bringing the Community Together for the Children” event). ***Note**: The revenue generated (via registration fees) for this event is reinvested back into the community to fill gaps as part of the funded proposals resulting from Step 5.* Based on these results, an *Area of Focus* is selected to address areas of weakness identified by the EDI and supported by other data (Step 2 - refer to figure 3 for an enlargement of this step). A Community Needs Report is produced for the Area of Focus and used by the Champion of Children Council to issue a Call for Proposals (Step 3). The submitted proposals are then prioritized by a Community Network and the Council (Step 4) and used to issue a Call for Sponsorships (Step 5). The funded proposals are implemented (Step 6) and then reported on at the next “Bringing the Community Together for the Children” event.

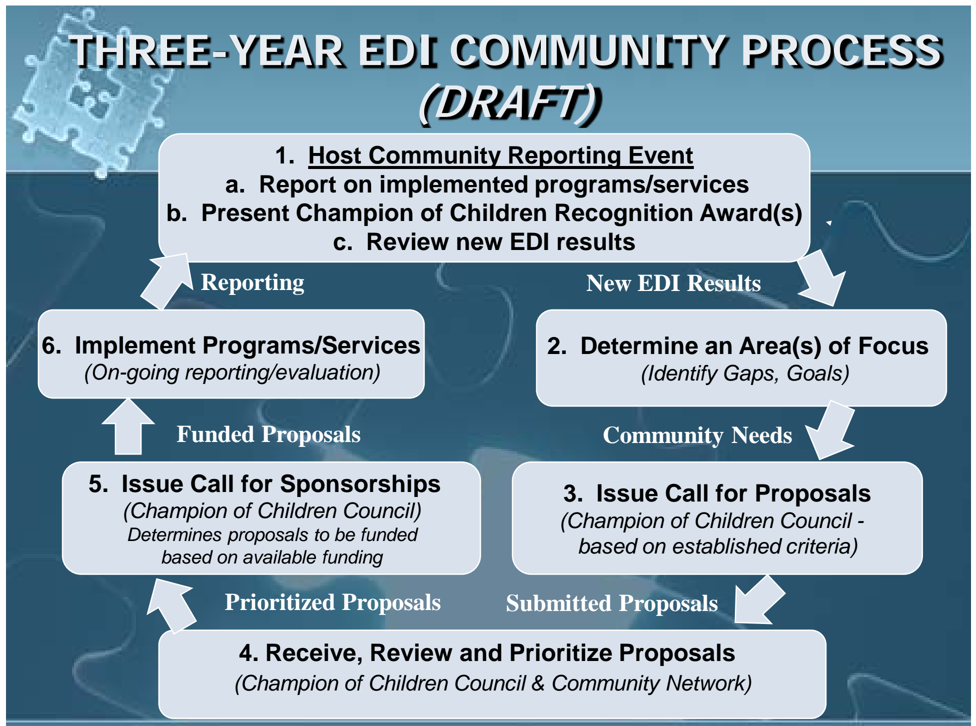



Figure 2

This model enables the community to directly match dollars ($) to identified community gaps/needs, based on data. It provides a mechanism for funders to support multiple agencies directly and indirectly i.e. those agencies that have programs focused in the age range, pre-natal up to and including six years of age, and those agencies who deal with intervention-based programs and will benefit by reduced strain on the system due to the effectiveness of prevention-based programs. The model is based on:

- the science of early child development as documented in the *Early Years Study 2: Putting Science Into Action* report (which details how children's early experiences impact how their brain is wired, which in-turn determines their future life-long health, learning and behaviour; it also clearly articulates the business case of this type of preventative approach);
- the EDI data, that measures children's early experiences and provides an on-going mechanism to monitor how children in our community are doing; and,
- what the community experts/organizations have offered as solutions to address the identified needs.

**Three-Year EDI Community Process: Step 2 - Determine an Area of Focus**

Once an *Area of Focus* is selected, based on weaknesses identified by the EDI results and other sources of data, agencies that have mandates for the selected area will be contacted to form a team. This team will identify gaps that exist in the community as well as the goals needed to fill the gaps, as related to the area of focus. To accomplish this, a scan of related programs/services that are in-use in the community will be undertaken to compile an inventory of what is available to children and families; when available, input as to best practices will be included. This process will uncover gaps and goals, and will form the basis of the Community Needs report that will be delivered as input to Step 3: *Issue Call for Proposals.*

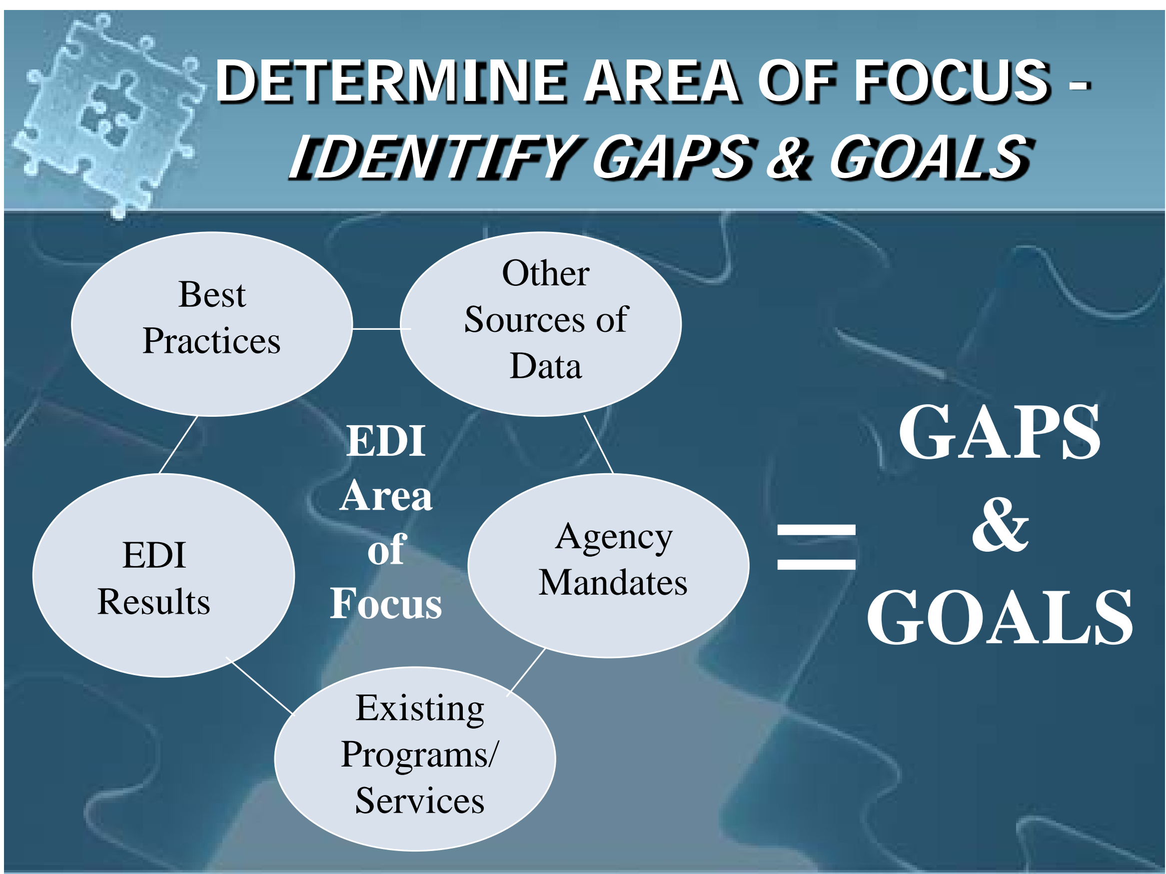



Figure 3

## APPENDIX C: EDI – EMOTIONAL MATURITY DOMAIN/SUB-DOMAIN DETAILS

The EDI measures children's readiness to learn at school, based on five broad domains: physical health and well-being; social competence; emotional maturity; language and cognitive development; and general knowledge and communication skills. Each of these five domains contains sub-domains, varying in number. The information provided below focuses on the emotional maturity domain.

The emotional maturity domain, within the EDI, encompasses four sub-domains identified below. Also shown below is a description of the sub-domain as well as the questions from the EDI that are included in the sub-domain. *Note: Each question on the EDI is included in only one sub-domain.* The number in brackets following the EDI question is the cross-reference to the actual question on the EDI e.g. (QC28) refers to question #28 in section C.

**Sub-domains:**

1. Pro-social and helping behaviour (Em1)

Description: Basic empathy and willingness to help others who may need assistance or encouragement

EDI Questions: Would you say this child: (often/very true, sometimes/somewhat true, never/not true, don't know)

- Will try to help someone who has been hurt (QC28)
- Volunteers to help clear up a mess someone else has made (QC29)
- If there is a quarrel or dispute will try to stop it (QC30)
- Offers to help other children who have difficulty with a task (QC31)
- Comforts a child who is crying or upset (QC32)
- Spontaneously helps to pick up objects which another child has dropped (QC33)
- Will invite bystanders to join in a game (QC34)
- Helps other children who are feeling sick (QC35)

2. Hyperactivity and inattention (Em2)

Description: Restlessness and distractibility, inability to concentrate

EDI Questions: Would you say this child: (often/very true, sometimes/somewhat true, never/not true, don't know)

- Can't sit still, is restless (QC42)
- Is distractible, has trouble sticking to any activity (QC43)
- Fidgets (QC44)
- Is impulsive, acts without thinking (QC47)
- Has difficulty awaiting turn in games or groups (QC48)
- Cannot settle to anything for more than a few moments (QC49)
- Is inattentive (QC50)

3. Anxious and fearful behaviour (Em3)

Description: Anxiety, excessive crying, sadness, and fearfulness, lack of comfort with school

EDI Questions: Would you say this child: (often/very true, sometimes/ somewhat true, never/not true, don't know)

- Is upset when left by parent/guardian (QC36)
- Seems to be unhappy, sad or depressed (QC51)
- Appears fearful or anxious (QC52)
- Appears worried (QC53)
- Cries a lot (QC54)
- Is nervous, high-strung, or tense (QC55)
- Is incapable of making decisions (QC56)
- Is shy (QC57)

4. Aggressive behaviour (Em4)

Description: Physical and non-physical aggression and disobedience

EDI Questions: Would you say this child: (often/ very true, sometimes/somewhat true, never/not true, don't know)

- Gets into physical fights (QC37)
- Bullies or is mean to others (QC38)
- Kicks, bites, hits other children or adults (QC39)
- Takes things that do not belong to him/her (QC40)
- Laughs at other children's discomfort (QC41)
- Is disobedient (QC45)
- Has temper tantrums (QC46)

**APPENDIX D: SENSITIVE PERIODS IN EARLY BRAIN DEVELOPMENT**

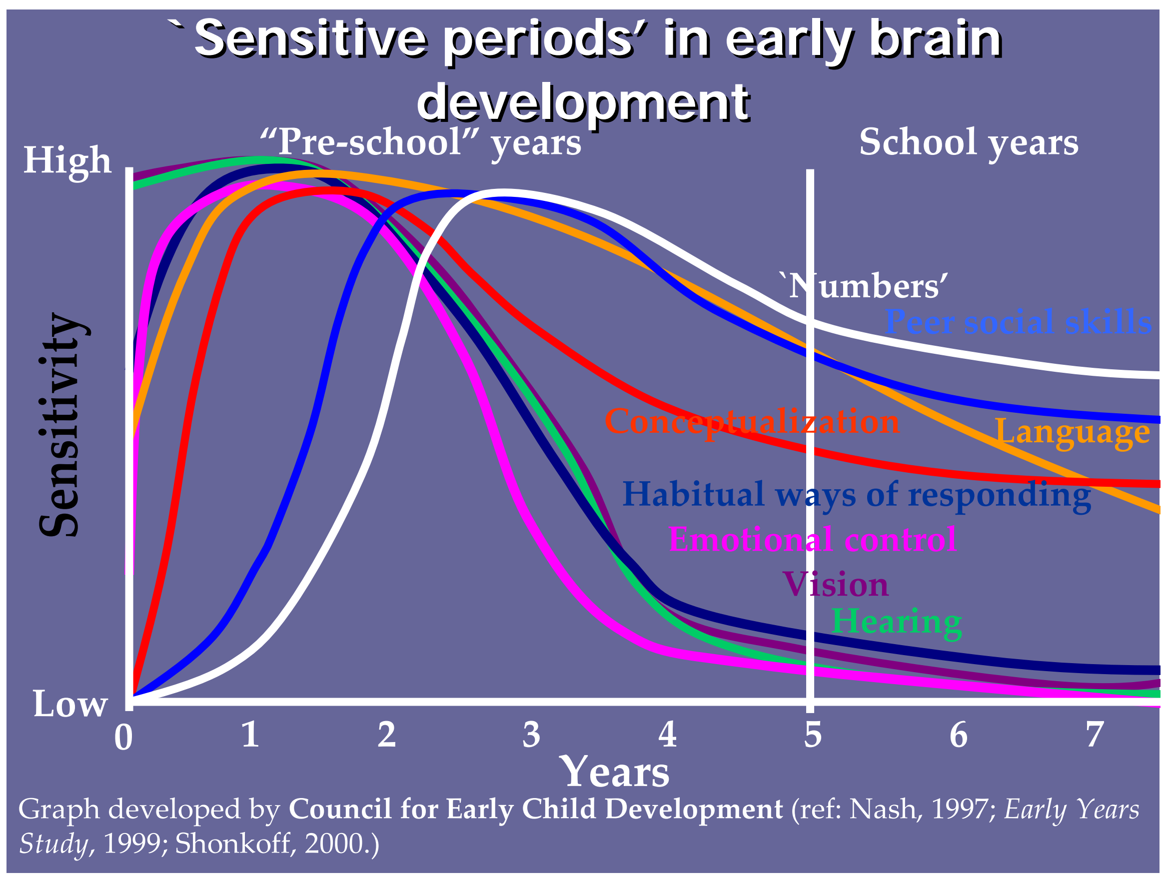



Figure 4

During a child's development there are a series of time periods in which a child can best learn or refine a particular ability, such as speech. After this time period is over, it becomes much more difficult and requires many more resources for the child to learn the same thing. According to the Council for Early Child Development, trajectories for children with developmental vulnerabilities can be changed, but the major effort has to be made in the early years when neural systems are most plastic and compromises or constrictions are most readily overcome. Later interventions are more difficult and less effective. This is why the early years are a period of heightened opportunities and increased risks (Council for Early Child Development – Putting Science Into Action for Children, *CECD – EYS2 – Overview – May 1 2007.ppt*).

## APPENDIX E: PERCENTAGE OF VULNERABLE CHILDREN, BY NEIGHBOURHOOD FOR THE EMOTIONAL MATURITY DOMAIN

### – ONTARIO CUT-OFF APPLIED *(2006 Ontario SK Baseline Results*)*

The vulnerable children are those that fall within the bottom 10th percentile. Shown on the map, on the following page, is the percentage of vulnerable children in each neighbourhood (when the provincial cut-off is applied), for the EDI ***emotional maturity*** domain. As you will note, the percentage of vulnerable children in the neighbourhoods range from 6% in McKellar (301-302) to 25.4% in Northwood (502). What is disturbing, is that thirteen of the eighteen neighbourhoods in our community have children with moderately high (brown colour) to high (red) vulnerability. There are no neighbourhoods that are in the low vulnerability range (dark green) and only one neighbourhood with moderately low vulnerability (light green) at 6%.

**Note*: The **2006 Ontario SK Baseline Results** includes the EDI results for all senior kindergarten children in Ontario, collected in a 3 year cycle running from 2003/04 to 2005/06.*

# Thunder Bay - Atikokan

2005 - 2006 EDI Results

## Emotional Maturity

**CARTOGRAM**

Sizes of circles are proportional to the number of children surveyed on the EDI. These circles are then shaded according to their values.

| Area | Children |
|---|---|
| 401-404 | 49 |
| 402 | 61 |
| 101 | 52 |
| 403 | 57 |
| 201 | 35 |
| 102-104 | 75 |
| 2041 | 33 |
| 202 | 35 |
| Rural | 145 |
| 203-204 | 59 |
| 301-302 | 71 |
| 502 | 59 |
| 303 | 59 |
| 501,503-504 | 81 |
| 304 | 54 |
| 701-703 | 70 |
| 602-603 | 87 |
| 601,604 | 57 |

**Percent Vulnerable - Ontario Cutoff**

| Percent | Area |
|---|---|
| 6.0 | McKellar 301-302 |
| 8.0 | Current River 102-104 |
| 8.5 | McKellar 303 |
| 8.6 | Red River 201 |
| 8.8 | McIntyre 403 |
| 10.4 | McIntyre 401-404 |
| 11.1 | Northwood 501,503-504 |
| 11.4 | Neebing 701-703 |
| 11.6 | Westfort 602-603 |
| 12.3 | Westfort 601,604 |
| 13.0 | McKellar 304 |
| 13.1 | Rural |
| 13.8 | Red River 203-204 |
| 14.0 | Current River 101 |
| 21.2 | Red River 2041 |
| 21.3 | McIntyre 402 |
| 22.9 | Red River 202 |
| 25.4 | Northwood 502 |

Notes:

Source: EDI 2006, Human Early Learning Partnership.

The total sample size is 1139 students. Boundaries are based on combinations of polling stations. All data provided by Communities Together for Children/OEYC. Mapping and data processing by the Human Early Learning Partnership.

*Note that 1 neighbourhood, 2041, violates the minimum size requirement of 35 students and should be interpreted with caution.

EH - HELP - April 2007

Figure 5

## APPENDIX F: EMOTIONAL MATURITY SUB-DOMAIN COMPARISON

## THUNDER BAY 2005-06 EDI COHORT AND 2006 ONTARIO SK BASELINE

The following chart shows a comparison of the percentage of senior kindergarten children deemed *'not ready for school'* for the Thunder Bay 2005-06 EDI cohort and for the Ontario baseline *(2006 Ontario SK Baseline Results),* which includes provincial data collected in a 3 year cycle running from 2003/04 to 2005/06. This is determined using a standardized cut-off score for each sub-domain. Children with scores below the cut-off are deemed not ready for school. As you will note, the order of needs in terms of emotional development for children in Thunder Bay is consistent with those in the rest of the province. According to the Offord Centre for Child Studies - McMaster University, the subscales with the largest percentage of children (Pro-social and Helping Behaviour, and, Hyperactivity and Inattention) represent the areas that require the most attention.

| **EDI Emotional Maturity Sub-domains** | **Percentage of Children *Not Ready for School*** | |
|---|---|---|
| | **Thunder Bay Cohort** | **Ontario (provincial) Baseline** |
| 1. Pro-social and Helping Behaviour | 33.3% | 31.3% |
| 2. Hyperactive and Inattentive Behaviour | 17.4% | 12.4% |
| 3. Aggressive Behaviour | 8.1% | 7.5% |
| 4. Anxious and Fearful Behaviour | 3.3% | 2.1% |

The following page shows a comparison of the above data by gender.

<u>Comparison of Thunder Bay 2005-06 EDI and Ontario 2006 SK Baseline - ***By Gender***</u>

The following chart further breaks down the data on the previous page by gender.

Males struggle almost two-fold, and in some cases more, than that of females within each of the cohorts shown below, with the exception of the *Anxious and Fearful Behaviour* sub-domain. Here, we also notice that when comparing the two cohorts, females in the Thunder Bay community actually struggle twice that of females in the rest of the province in this sub-domain as well as in the Hyperactive and Inattentive Behaviour sub-domain.

Overall, the pro-social and helping behavior sub-domain continues to be by far the largest single area of need where children of both genders are struggling and are 'not ready for school'; again, followed by the hyperactive and inattentive sub-domain.

| EDI Emotional Maturity Sub-domains | Percentage of Children *Not Ready for School* | |
|---|---|---|
| | Thunder Bay Cohort | Ontario (provincial) Cohort |
| **1. Pro-social and Helping Behaviour** | **33.3%** | **31.3%** |
| a. Female | 26.2% | 22.9% |
| b. Male | 40.0% | 39.7% |
| **2. Hyperactive and Inattentive Behaviour** | **17.4%** | **12.4%** |
| a. Female | 10.4% | 6.6% |
| b. Male | 23.9% | 18.1% |
| **3. Aggressive Behaviour** | **8.1%** | **7.5%** |
| a. Female | 3.6% | 3.9% |
| b. Male | 12.4% | 11.1% |
| **4. Anxious and Fearful Behaviour** | **3.3%** | **2.1%** |
| a. Female | 4.1% | 1.9% |
| b. Male | 2.5% | 2.2% |

**APPENDIX G: THUNDER BAY COHORT - EMOTIONAL SUB-DOMAIN AND MULTIPLE CHALLENGE INDEX BREAKDOWN BY GENDER (2005-06 EDI)**

**Crosstabs**

The following is a breakdown by gender of each of the four sub-domains encompassed in the EDI Emotional Maturity Domain. The last table shows the multiple challenge index by gender.

1. **egender * prosocial and helping behaviour Crosstabulation**

| | | | prosocial and helping behaviour | | | |
|---|---|---|---|---|---|---|
| | | | not ready for school | middle | ready for school | Total |
| egender | F | Count | 146 | 196 | 215 | 557 |
| | | % within egender | 26.2% | 35.2% | 38.6% | 100.0% |
| | M | Count | 236 | 221 | 133 | 590 |
| | | % within egender | 40.0% | 37.5% | 22.5% | 100.0% |
| Total | | Count | 382 | 417 | 348 | 1147 |
| | | % within egender | 33.3% | 36.4% | 30.3% | 100.0% |

2. **egender * anxious and fearful behaviour Crosstabulation**

| | | | anxious and fearful behaviour | | | |
|---|---|---|---|---|---|---|
| | | | not ready for school | middle | ready for school | Total |
| egender | F | Count | 23 | 74 | 461 | 558 |
| | | % within egender | 4.1% | 13.3% | 82.6% | 100.0% |
| | M | Count | 15 | 64 | 519 | 598 |
| | | % within egender | 2.5% | 10.7% | 86.8% | 100.0% |
| Total | | Count | 38 | 138 | 980 | 1156 |
| | | % within egender | 3.3% | 11.9% | 84.8% | 100.0% |

### 3. egender * aggressive behaviour Crosstabulation

| | | | aggressive behaviour | | | Total |
|---|---|---|---|---|---|---|
| | | | not ready for school | middle | ready for school | |
| egender | F | Count | 20 | 33 | 505 | 558 |
| | | % within egender | 3.6% | 5.9% | 90.5% | 100.0% |
| | M | Count | 74 | 71 | 453 | 598 |
| | | % within egender | 12.4% | 11.9% | 75.8% | 100.0% |
| Total | | Count | 94 | 104 | 958 | 1156 |
| | | % within egender | 8.1% | 9.0% | 82.9% | 100.0% |

### 4. egender * hyperactive and inattentive behaviour Crosstabulation

| | | | hyperactive and inattentive behaviour | | | Total |
|---|---|---|---|---|---|---|
| | | | not ready for school | middle | ready for school | |
| egender | F | Count | 58 | 80 | 420 | 558 |
| | | % within egender | 10.4% | 14.3% | 75.3% | 100.0% |
| | M | Count | 143 | 117 | 338 | 598 |
| | | % within egender | 23.9% | 19.6% | 56.5% | 100.0% |
| Total | | Count | 201 | 197 | 758 | 1156 |
| | | % within egender | 17.4% | 17.0% | 65.6% | 100.0% |

**5. egender * multiple challenge index Crosstabulation**

| | | | multiple challenge index | | |
|---|---|---|---|---|---|
| | | | no | yes | Total |
| egender | F | Count | 540 | 18 | 558 |
| | | % within egender | 96.8% | 3.2% | 100.0% |
| | M | Count | 554 | 44 | 598 |
| | | % within egender | 92.6% | 7.4% | 100.0% |
| Total | | Count | 1094 | 62 | 1156 |
| | | % within egender | 94.6% | 5.4% | 100.0% |

*The Multiple Challenge Index is an indicator of a child experiencing challenges in at least three EDI domains. The MCI is scored based on challenges in 9 or more sub-domains, and is expressed as "existence of multiple challenges" or "no multiple challenges".*

**APPENDIX H: PROGRAMS REVIEWED AND EVALUATED**

Included in this appendix, are the Program Evaluation Spreadsheet, a brief summary of each of the rated programs, and a listing of other programs that were initially considered and then removed from the list of programs to be evaluated.

***Note**: The programs that were selected for review were those that the team members were able to identify to the best of their ability; it is possible that other prevention-based programs were missed.*

**Program Evaluation Spreadsheet**

The following spreadsheet shows the results of each program that was evaluated against the established criteria.

# Communities Together For Children

## PROGRAM EVALUATION SPREADSHEET

## Ratings of Programs for Early Development Instrument (EDI) - Emotional Domain Planning Initiative

***Note:* (1)** *Ratings from 0-10 where zero is low - doesn't meet criteria and 10 is high - fully meets criteria; (2) Weighting from 1-15 where 1 indicates lowest importance - and 15 indicates highest importance - usually based on weightings from 1-10, added in weightings from 11-15 to distinguish the difference between programs that offer BOTH a parent and child focus.*

***Assumptions:*** *Programs that are offer BOTH a parent component and a child direct component are the most effective.*

| | | | Existing Community Programs Being Rated | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Beyond Love (Tammi Marsh) | | Roots (Allison Simeoni) | | Second Step (Gina Ruberto) | | Triple P Parenting | | Active Parenting | | Right From the Start (Tammi Marsh) | | With Warmth and Wonder (Maria Cole) | |
| No. | Criteria | Weighting (0-15) | Rating (0-10) | Total Weighted Rating | Rating (0-10) | Total Weighted Rating | Rating (0-10) | Total Weighted Rating | Rating (0-10) | Total Weighted Rating | Rating (0-10) | Total Weighted Rating | Rating (0-10) | Total Weighted Rating | Rating (0-10) | Total Weighted Rating |
| 1 | Is not currently funded by Ministry i.e. is not a program that is part of Ministry mandates/funding | 8 | 10 | 80.0 | 10 | 80.0 | **9** | 72.0 | 0 | 0.0 | 10 | 80.0 | 10 | 80.0 | 10 | 80.0 |
| | | ***Sub-total:*** | ***80.0*** | | ***80.0*** | | ***72.0*** | | ***0.0*** | | ***80.0*** | | ***80.0*** | | ***80.0*** | |
| *2* | *Addresses areas within the spectrum of skills identified in the EDI emotional maturity domain/sub-domains:* | | | | | | | | | | | | | | | |
| 2.1.A | CHILD DIRECT: Pro-social and helping behaviour - *Basic empathy and willingness to help others who may need assistance or encouragement* | 10 | 0 | 0.0 | 10 | 100.0 | 10 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2.1.B | CHILD INDIRECT VIA PARENT: Pro-social and helping behaviour - Basic empathy and willingness to help others who may need assistance or encouragement | 10 | 0 | 0.0 | 1 | 10.0 | 6 | 60.0 | 10 | 100.0 | 10 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 2.1.C | CHILD DIRECT & INDIRECT VIA PARENT (i.e. program offers both components e.g. interactive programs) | 15 | 0.0 | 0.0 | 5.5 | 82.5 | 8.0 | 120.0 | 5.0 | 75.0 | 5.0 | 75.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 2.2.A | CHILD DIRECT: Hyperactivity and inattention - *Restlessness and distractibility, inability to concentrate* | 9 | 0 | 0.0 | 10 | 90.0 | 10 | 90.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 2.2.B | CHILD INDIRECT VIA PARENT: Hyperactivity and inattention - Restlessness and distractibility, inability to concentrate | 9 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 10 | 90.0 | 10 | 90.0 | 0 | 0.0 | 0 | 0.0 |
| 2.2.C | CHILD DIRECT & INDIRECT VIA PARENT (i.e. program offers both components e.g. interactive programs) | 14 | 0.0 | 0.0 | 5.0 | 70.0 | 5.0 | 70.0 | 5.0 | 70.0 | 5.0 | 70.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 2.3.A | CHILD DIRECT: Anxious and fearful behaviour - *Anxiety, excessive crying, sadness, and fearfulness* | 9 | 0 | 0.0 | 10 | 90.0 | 10 | 90.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 2.3.B | CHILD INDIRECT VIA PARENT: Anxious and fearful behaviour - *Anxiety, excessive crying, sadness, and fearfulness* | 9 | 0 | 0.0 | 0 | 0.0 | 7 | 63.0 | 10 | 90.0 | 10 | 90.0 | 0 | 0.0 | 0 | 0.0 |
| 2.3.C | CHILD DIRECT & INDIRECT VIA PARENT (i.e. program offers both components e.g. | 14 | 0.0 | 0.0 | 5.0 | 70.0 | 8.5 | 119.0 | 5.0 | 70.0 | 5.0 | 70.0 | 0.0 | 0.0 | 0.0 | 0.0 |

| | interactive programs) | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2.4.A | CHILD DIRECT: Aggressive behaviour - *Physical and non-physical aggression and disobedience* | 9 | 0 | 0.0 | 10 | 90.0 | 10 | 90.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 2.4.B | CHILD INDIRECT VIA PARENT: Aggressive behaviour - Physical and non-physical aggression and disobedience | 9 | 0 | 0.0 | 0 | 0.0 | 2 | 18.0 | 10 | 90.0 | 10 | 90.0 | 0 | 0.0 | 0 | 0.0 |
| 2.4.C | CHILD DIRECT & INDIRECT VIA PARENT (i.e. program offers both components e.g. interactive programs) | 14 | 0.0 | 0.0 | 5.0 | 70.0 | 6.0 | 84.0 | 5.0 | 70.0 | 5.0 | 70.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 2.5 | Addresses ***CHILD FACTORS*** (such as temperament, gender, cognitive ability) as a contributing mental health risk factor | 4 | 2 | 8.0 | 2 | 8.0 | 2 | 8.0 | 9 | 36.0 | 9 | 36.0 | 2 | 8.0 | 0 | 0.0 |
| 2.6 | Addresses ***PARENTING FACTORS*** (such as lack of responsive attachment; harsh punishment) as a contributing mental health risk factor | 8 | 10 | 80.0 | 0 | 0.0 | 0 | 0.0 | 10 | 80.0 | 8 | 64.0 | 10 | 80.0 | 10 | 80.0 |
| 2.7 | Addresses ***FAMILY FACTORS*** (such as socio-economic status, parental mental health, marital relationship) as a contributing mental health risk factor | 6 | 4 | 24.0 | 0 | 0.0 | 0 | 0.0 | 4 | 24.0 | 4 | 24.0 | 4 | 24.0 | 4 | 24.0 |
| | | ***Sub-total:*** | ***112.0*** | | ***680.5*** | | ***912.0*** | | ***795.0*** | | ***779.0*** | | ***112.0*** | | ***104.0*** | |
| *3* | *Supports children prenatal to six yars of age in a* ***comprehensive*** *manner (i.e. a variety of emotional aspects):* | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3.1.A | Prenatal: CHILD DIRECT | 10 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 3.1.B | Prenatal: CHILD INDIRECT VIA PARENT | 10 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 2 | 20.0 | 0 | 0.0 | 0 | 0.0 | 6 | 60.0 |
| 3.1.C | Prenatal: CHILD DIRECT & INDIRECT VIA PARENT (i.e. program offers both components e.g. interactive programs) | 15 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.0 | 15.0 | 0.0 | 0.0 | 0.0 | 0.0 | 3.0 | 45.0 |
| 3.2.A | Birth - 12 Months: CHILD DIRECT | 10 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 3.2.B | Birth - 12 Months: CHILD INDIRECT VIA PARENT | 10 | 7 | 70.0 | 0 | 0.0 | 0 | 0.0 | 5 | 50.0 | 0 | 0.0 | 5 | 50.0 | 6 | 60.0 |
| 3.2.C | Birth - 12 Months: CHILD DIRECT & INDIRECT VIA PARENT (i.e. program offers both components e.g. interactive programs) | 15 | 3.5 | 52.5 | 0.0 | 0.0 | 0.0 | 0.0 | 2.5 | 37.5 | 0.0 | 0.0 | 2.5 | 37.5 | 3.0 | 45.0 |
| 3.3.A | 13 Months - 18 Months: CHILD DIRECT | 10 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 3.3.B | 13 Months - 18 Months: CHILD INDIRECT VIA PARENT | 10 | 7 | 70.0 | 0 | 0.0 | 0 | 0.0 | 5 | 50.0 | 10 | 100.0 | 6 | 60.0 | 6 | 60.0 |
| 3.3.C | 13 Months - 18 Months: CHILD DIRECT & INDIRECT VIA PARENT (i.e. program offers both components e.g. interactive programs) | 15.0 | 3.5 | 52.5 | 0.0 | 0.0 | 0.0 | 0.0 | 2.5 | 37.5 | 5.0 | 75.0 | 3.0 | 45.0 | 3.0 | 45.0 |
| 3.4.A | 19 Months - 24 Months: CHILD DIRECT | 10 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 3.4.B | 19 Months - 24 Months: CHILD INDIRECT VIA PARENT | 10 | 7 | 70.0 | 0 | 0.0 | 0 | 0.0 | 10 | 100.0 | 10 | 100.0 | 5 | 50.0 | 6 | 60.0 |
| 3.4.C | 19 Months - 24 Months: CHILD DIRECT & INDIRECT VIA | 15 | 3.5 | 52.5 | 0.0 | 0.0 | 0.0 | 0.0 | 5.0 | 75.0 | 5.0 | 75.0 | 2.5 | 37.5 | 3.0 | 45.0 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | PARENT (i.e. program offers both components e.g. interactive programs) | | | | | | | | | | | | | | | |
| 3.5.A | 25 Months - 36 Months: CHILD DIRECT | 10 | 0 | 0.0 | 0 | 0.0 | 5 | 50.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 3.5.B | 25 Months - 36 Months: CHILD INDIRECT VIA PARENT | 10 | 5 | 50.0 | 0 | 0.0 | 5 | 50.0 | 10 | 100.0 | 10 | 100.0 | 0 | 0.0 | 6 | 60.0 |
| 3.5.C | 25 Months - 36 Months: CHILD DIRECT & INDIRECT VIA PARENT (i.e. program offers both components e.g. interactive programs) | 15 | 2.5 | 37.5 | 0.0 | 0.0 | 5.0 | 75.0 | 5.0 | 75.0 | 5.0 | 75.0 | 0.0 | 0.0 | 3.0 | 45.0 |
| 3.6.A | 3 years old: CHILD DIRECT | 10 | 0 | 0.0 | 5 | 50.0 | 10 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 3.6.B | 3 years old: CHILD INDIRECT VIA PARENT | 10 | 0 | 0.0 | 1 | 10.0 | 5 | 50.0 | 10 | 100.0 | 10 | 100.0 | 0 | 0.0 | 6 | 60.0 |
| 3.6.C | 3 years old: CHILD DIRECT & INDIRECT VIA PARENT (i.e. program offers both components e.g. interactive programs) | 15 | 0.0 | 0.0 | 3.0 | 45.0 | 7.5 | 112.5 | 5.0 | 75.0 | 5.0 | 75.0 | 0.0 | 0.0 | 3.0 | 45.0 |
| 3.7.A | 4 years old (JK): CHILD DIRECT | 10 | 0 | 0.0 | 10 | 100.0 | 10 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 3.7.B | 4 years old (JK): CHILD INDIRECT VIA PARENT | 10 | 0 | 0.0 | 1 | 10.0 | 5 | 50.0 | 10 | 100.0 | 10 | 100.0 | 0 | 0.0 | 4 | 40.0 |
| 3.7.C | 4 years old (JK): CHILD DIRECT & INDIRECT VIA PARENT (i.e. program offers both components e.g. interactive programs) | 15 | 0.0 | 0.0 | 5.5 | 82.5 | 7.5 | 112.5 | 5.0 | 75.0 | 5.0 | 75.0 | 0.0 | 0.0 | 2.0 | 30.0 |
| 3.8.A | 5 years old (SK): CHILD DIRECT | 10 | 0 | 0.0 | 10 | 100.0 | 10 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3.8.B | 5 years old (SK): CHILD INDIRECT VIA PARENT | 10 | 0 | 0.0 | 1 | 10.0 | 5 | 50.0 | 10 | 100.0 | 10 | 100.0 | 0 | 0.0 | 2 | 20.0 |
| 3.8.C | 5 years old (SK): CHILD DIRECT & INDIRECT VIA PARENT (i.e. program offers both components e.g. interactive programs) | 15 | 0.0 | 0.0 | 5.5 | 82.5 | 7.5 | 112.5 | 5.0 | 75.0 | 5.0 | 75.0 | 0.0 | 0.0 | 1.0 | 15.0 |
|  |  | ***Sub-total:*** | ***455.0*** |  | ***490.0*** |  | ***962.5*** |  | ***1085.0*** |  | ***1050.0*** |  | ***280.0*** |  | ***735.0*** |  |
| *4* | *Directly supports the broader spectrum of people that interact with these children - parents, caregivers, educators and professionals* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.1 | Parents/Primary Caregivers | 10 | 10 | 100.0 | 1.0 | 10.0 | 7 | 70.0 | 10 | 100.0 | 10 | 100.0 | 10 | 100.0 | 10 | 100.0 |
| 4.2 | Caregivers | 4 | 0 | 0.0 | 0.0 | 0.0 | 7 | 28.0 | 10 | 40.0 | 10 | 40.0 | 0 | 0.0 | 10 | 40.0 |
| 4.3 | Qualified Early Childhood Educators (Licensed Child Care staff, Resource Teachers and OEYC drop-in program staff) | 5 | 0 | 0.0 | 0.0 | 0.0 | 10 | 50.0 | 5 | 25.0 | 0 | 0.0 | 0 | 0.0 | 10 | 50.0 |
| 4.4 | JK Teachers | 5 | 0 | 0.0 | 10.0 | 50.0 | 10 | 50.0 | 0 | 0.0 | 10 | 50.0 | 0 | 0.0 | 0 | 0.0 |
| 4.5 | SK Teachers | 5 | 0 | 0.0 | 10.0 | 50.0 | 10 | 50.0 | 0 | 0.0 | 10 | 50.0 | 0 | 0.0 | 0 | 0.0 |
|  |  | ***Sub-total:*** | ***100.0*** |  | ***110.0*** |  | ***248.0*** |  | ***165.0*** |  | ***240.0*** |  | ***100.0*** |  | ***190.0*** |  |
| 5 | Involves social skills curricula targeted to the children | 4 | 0 | 0.0 | 10 | 40.0 | 10 | 40.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
|  |  | ***Sub-total:*** | ***0.0*** |  | ***40.0*** |  | ***40.0*** |  | ***0.0*** |  | ***0.0*** |  | ***0.0*** |  | ***0.0*** |  |
| 6 | Is an evidence-based program that has a proven process of evaluation | 10 | 0 | 0.0 | 10 | 100.0 | 10 | 100.0 | 10 | 100.0 | 2 | 20.0 | 10 | 100.0 | 0 | 0.0 |
|  |  | ***Sub-total:*** | ***0.0*** |  | ***100.0*** |  | ***100.0*** |  | ***100.0*** |  | ***20.0*** |  | ***100.0*** |  | ***0.0*** |  |

| 7 | Provides for sustainability over the life of the program/service | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7.1 | Uses a Train-the-Trainer Approach | 10 | 3 | 30 | 0 | 0 | 10 | 100 | 0 | 0 | 10 | 100 | 0 | 0 | 10 | 100 |
| 7.2 | Program Infrastructure - national/international program | 5 | 0 | 0.0 | 10 | 50.0 | 10 | 50.0 | 10 | 50.0 | 10 | 50.0 | 10 | 50.0 | 0 | 0.0 |
| | | ***Sub-total:*** | ***30.0*** | | ***50.0*** | | ***150.0*** | | ***50.0*** | | ***150.0*** | | ***50.0*** | | ***100.0*** | |
| 8 | Does not duplicate an existing program *(this refers to the program itself, not the implementation of it i.e. expanding programs to more locations)* | 9 | 5 | 45.0 | 8 | 72.0 | 8 | 72.0 | 8 | 72.0 | 5 | 45.0 | 5 | 45.0 | 5 | 45.0 |
| | | ***Sub-total:*** | ***45.0*** | | ***72.0*** | | ***72.0*** | | ***72.0*** | | ***45.0*** | | ***45.0*** | | ***45.0*** | |
| | | ***Total:*** | ***822.0*** | | ***1622.5*** | | ***2556.5*** | | ***2267.0*** | | ***2364.0*** | | ***767.0*** | | ***1254.0*** | |

**Brief Overview of Each Rated Program**

The following provides a short summary of each of the evaluated programs. Note: The amount of information presented for each program is dependent on what was supplied by the presenter (during the original presentation and in subsequent follow-up phone calls). All costs are approximations and do not fully represent the cost to implement the programs; detailed and up-to-date costing would need to be completed prior to any implementation.

1. Roots of Empathy *(presentation by Allison Simeoni – June 11, 2008)*

   ***Target Group***: Child focused – ages junior kindergarten (3 years, 9 months) to grade 8

   ***Evidenced-based***: Yes

   ***Overview***

   Roots of Empathy (ROE) is an evidence-based classroom program that has shown dramatic effect in reducing levels of aggression and violence among school children while raising social and emotional competence and increasing empathy. The program reaches school children from Kindergarten to Grade 8, in English and French, rural, urban, remote and Aboriginal communities (both on and off reserve) and is being piloted internationally in Australia, New Zealand and the United States.

   The mission of ROE is to build caring, peaceful, and civil societies through the development of empathy in children and adults. The focus of ROE in the long term is to build capacity of the next generation for responsible citizenship and responsive parenting. In the short term, ROE focuses on raising levels of empathy, resulting in more respectful and caring relationships and reduced levels of bullying and aggression. Research results from national and international evaluations of ROE indicate significant reductions in aggression and increases in pro-social behaviour.

***Program Requirements***

In order for this program to be successful the following components are required:

a. Local Champion/Lead Agency
b. School Boards/Schools/Teachers
c. Key Point Person (Coordinator)
d. Steering Committee (Coalition)
e. Mentor
f. Instructors
g. Family and Baby

a. Local Champion / Lead Agency - Our Kids Count is presently the local champion and lead agency for this program. The key role has been to raise community awareness and interest in ROE and its benefits to children. The local ROE Coalition is responsible for the program through the administrative support of Our Kids Count.

b. School Boards/Schools/Teachers – All three Boards are involved with this program and support ROE. Last year, the program was offered to 23 classrooms reflecting all Boards.

c. Key Point Person (Coordinator) – The KPP can be an employee of the Lead Agency, but could also be an employee of a local community agency, government department, school board, or school involved with the ROE program. The position is part-time. The KPP coordinates the Steering Committee and plays a key role in implementing and administering the ROE program in the community. The KPP is responsible for:

- Collaborating with the Provincial Coordinator to fundraise money for Instructor Trainings
- Helping recruit Instructors from the community (distribute Instructor applications and send on to the Provincial/Local Office for approval).
- Coordinating and organizing activities such as Instructor trainings, Professional Development (PD) workshops, and Principal/Teacher orientation meetings.
- Overseeing the distribution of ROE Instructor learning materials.
- Assigning ROE programs to schools.

- Matching ROE Instructors to classrooms.
- Collecting program implementation information and statistics.

d. Steering Committee (Coalition) – This committee is responsible for:

- Setting goals for implementing ROE in the community
- Identifying schools where the ROE program will be implemented and seeking support of principals and teachers
- Identifying program characteristics
- Identifying community professionals to become ROE Instructors
- Establishing Instructor Training and Program Start-up schedules
- Raising funds

e. Mentor - Mentorship is provided to Roots of Empathy instructors in their first and subsequent years of program delivery, by providing program support and professional development. This helps to ensure a consistent approach to program implementation, according to ROE philosophy, and is a key component in maintaining the integrity and quality of the program.

f. ROE Instructor - To deliver the Roots of Empathy program in the school system, Instructors from the community are identified, screened and trained. Instructors are certified after meeting the milestones at the end of a successful year of instruction.

In the past, Roots of Empathy has drawn its Instructors mainly from the following areas of expertise: *(**Note**: Teachers may not deliver the ROE program in their own classroom)*

- School Guidance Counsellors
- Youth and Family Workers
- Speech/Language Specialists
- Recently Retired Teachers
- Domestic Violence Workers
- Early Childhood Educators
- Social Workers
- Education Assistants
- Recreation Counsellors
- School & Public Health Nurses
- Principals
- Child Welfare Workers
- Police & Firefighters
- Family Support Workers
- School Psychologists

A Roots of Empathy instructor visits the classroom twenty-seven times over the school year.

g. Family and Baby – The ROE Family is at the very heart of the ROE program. ROE babies are between two and four months old at the beginning of the program and about one year old at its conclusion. This is a period of incredible growth of the infant for classroom children to observe. There are nine visits during the school year and each is about 30 minutes long.

***Current Community Implementation***

Our Kids Count is currently the local champion and sponsoring agency for the ROE program in Thunder Bay. The Thunder Bay ROE Coalition is comprised of thirteen community members who meet monthly to set goals and direction for the implementation and development of this program. At this time, funding received to support this program through a two year funding grant from The Ontario Trillium Foundation will end in September 2009. Work on the sustainability plan is underway and a number of avenues are being pursued to ensure the program is continued in Thunder Bay. This fall begins our eighth year of this program in Thunder Bay.

There is one part-time Coordinator (28 hrs/week) and approximately 31 trained instructors. Challenges faced by this program include the costs to train instructors (shown below), instructor retention, program supervision costs and the availability of a parent who wishes to participate in the program - with a baby no younger than 2 months old and no older than 4 months - at the start of the program. Currently, at the end of each school year, interested schools submit an application to the ROE Coordinator to request the program be run in their school for the next school year; they identify the grade(s) that they would like to run the program in. In September, the ROE Coordinator matches the school requests for the program with the availability of parents with a baby in the 2-4 month age range, and the availability of trained instructors.

***General Costs***

*ROE Part-time Coordinator Costs* - The ROE Coordinator works 28 hours per week and this has been budgeted for approximately $29,000. Other costs include office space, administrative expenses, telephone/fax access, program expenses, and mileage. This has been estimated at approximately $11,000 per school year.

*ROE Instructor Costs* - Training costs are $2,300 per person (two-day training) with a minimum of ten trainees needed to bring in a trainer otherwise travel costs for trainees are required (training takes place in different communities and would depend on funding). Training costs include a kit and resources that belong to the ROE parent company and are copyright protected. As of September 1, 2009, there are twenty-two active instructors in the Thunder Bay area; nine instructors are on leave and would require refresher training to implement a program. These instructors include one for a rural school and one for a French language program. It is hoped that instructors would make a two year commitment and the majority of them are sponsored by community organizations; others are volunteers from the community. The local ROE Coalition secures funding to cover the costs of the training and the Sponsoring Organizations of the Instructors agree to include the time required to execute the program in the regular roles and responsibilities of the Instructor's position. There is no train-the-trainer approach and all training must be done by the ROE National Office.

*Mentor Costs* - The Mentor is directly responsible to the ROE National Office and works independently through a yearly contract with the national office.

*Parent and Baby Costs* – There is no cost to having the parent and child participate in the program; involvement is voluntary. As some parents do not have access to a vehicle, or may be required to travel a long distance to visit a rural school, the local ROE Coalition will cover the cost of mileage and bus/taxi passes upon request.

*School Board Costs* – At this point, there is no cost to the School Boards to have the program offered in their schools. However, there is an in-kind contribution of the teacher's time,

classroom space and the use of the instructional materials centre for program materials i.e. photocopies, pictures, laminating etc.

2. Second Step Program *(presentation by Gina Ruberto – June 11, 2008)*

***Target Group:*** Child focussed (ages 2.5 – 14 years) with optional parent component; currently offered to licensed Child Care Centres only

***Evidenced-based:*** Yes

***Overview***

The award-winning Second Step violence prevention program integrates academics with social and emotional learning. Children from preschool through Grade 8 learn and practice vital social skills, such as empathy, emotion management, problem solving, and cooperation. These essential life skills help students in the classroom, on the playground, and at home.

The Second Step program is research-based has been shown to reduce discipline referrals, improve school climate by building feelings of inclusiveness and respect, and increase the sense of confidence and responsibility in students.

The curriculum teaches competence in empathy, social problem solving, and impulse control skills to prevent psychosocial problems and reduce specific problem behaviours such as aggression.

The program includes teacher-friendly lessons, training for educators, and parent-education tools.

***Program Requirements***

This program requires those implementing the program to be trained in using the Second Step program.

***Current Community Implementation***

Children's Centre Thunder Bay receives funding from the Thunder Bay District Social Services Administration Board (TBDSSAB) to support and enhance mental health services in licensed (non home-based) child care settings. Children's Centre Thunder Bay has included offering, as part of their services to child care centres, the Second Step program to those child care centres that request it i.e. the program is not an on-going, funded program and is only offered in licensed child care settings - not to the general public - as a prevention-based program. Implementation of this Second Step program requires that the Early Childhood Educators working in the child care centres observe the program and model and reinforce concepts, that have been learned, with the children through-out the day.

***General Costs***

Three different types of training are available in the Second Step program, along with three types of supporting resource kits as follows:

<u>Types of Training</u>

a. Two day Train-the-trainer Course ($525 US)

b. One-day Staff Training Course ($199 US)

c. One-day Family Guide Facilitator Training ($199 US)

<u>Resource Kits</u>

a. Pre-kindergarten kit $289 US (does 25 lessons – *as per website*)

b. Second Step Family Guide kit $369 US

c. Pre-kindergarten kit and Family Guide kit $619 US (save $39 when you order the *Second Step* Family Guide Kit and *Second Step* Pre/K Kit).

An overview of the types of training and resource kits follow.

<u>Overview - Training</u>

a. Two day Train-the-trainer Course ($525 US)

- Learn how to teach the curriculum effectively and to train others to teach and implement it, including ways to strengthen social-skills teaching techniques. Participants receive a comprehensive trainer's manual and two staff training DVDs.
- Trainee travel expenses
- If Committee for Children comes to train people locally then $4,975 US for up to 25 people (26-40 people is an extra $100/person), plus travel expenses (airfare, lodging) for trainer and shipping costs for kits used in training (which are then returned to parent company)
- Resource Kit to be purchased after training in order to run program – refer to Pre-kindergarten resource kit on the following page
- Training handouts can be photocopied when trainers are training new people; trainers are trained to present the One-day Staff Training Course (see below)

**b. One-day Staff Training Course ($199 US)**

- Learn to teach the curriculum to students and strengthen social-skills teaching techniques. This training is also helpful to teachers who are new to a school where the program is being implemented.
- Can be taught by locally trained train-the-trainers
- If Committee for Children comes to train people locally then $1,800 US for up to 25 people (26-40 people is an extra $100/person), plus travel expenses (airfare,

lodging) for trainer and shipping costs for kits used in training (which are then returned to parent company)

- Trainee travel expenses if attending training at Committee for Children site
- Resource Kits to be purchased after training in order to run program – refer to Pre-kindergarten resource kit below

c. **One-day Family Guide Facilitator Training ($199 US)**

- Discover how to lead lively and informative sessions with parents and caregivers of Second Step students. Facilitators gain skills in training and supporting parents to practice and reinforce Second Step skills at home.
- Taught by Committee for Children (no train-the-trainer component)
- Trainee travel costs
- Second Step Family Guide kit to be purchased after training in order to run program – refer to Resource Kits below

Currently there is one person in Thunder Bay delivering the Second Step program to licensed child care centres that request it i.e. on a request-by-request basis.

<u>Overview - Resource Kits:</u>

a. **Pre-kindergarten kit $289 US** (does 25 lessons – *as per website*)

Children in preschool and kindergarten have already begun to see different ways of getting by in the world. Some people (or cartoon characters) hit or yell to try to get their way. Others step back, calm down, and ask for what they want.

The *Second Step* program is a tremendously effective violence prevention curriculum that encourages children to take the nonviolent route in life. This engaging curriculum captures and keeps students' attention with its hands-on lessons in identifying feelings, solving problems, and getting along with others. In fun, interactive sessions packed with

activities, even the youngest children learn how to calm themselves down and understand the effect their actions have on others. Teachers love the easy-to-use, research-based lessons, and everyone is happier when schools are filled with students who know how to get along with one another.

b. **Second Step Family Guide kit $369 US**

Imagine: parents and children speaking the same social and emotional language, working through problems together, cutting back on aggressive outbursts, and simply getting along better. Parents and caregivers have the best chance to support their children's *Second Step* violence prevention skills when they learn the skills too. The *Second Step* Family Guide is a dynamic and popular six-week workshop series that introduces parents and caregivers to those skills, including empathy, problem solving, and anger management. Soon, dealing with emotions, resolving conflicts, and solving problems at home will become second nature to entire families!

c. **Pre-kindergarten kit and Family Guide kit $619 US**

Save $39 when you order the *Second Step* Family Guide kit and *Second Step* Pre/K kit.

**3.** Beyond Love *(presentation by Tammi Marsh – June 11, 2008)*

***Target Group:*** Parent focussed with no interactive child component; ages birth to 2 years.

***Evidenced-based:*** No. However, the principles and strategies used in the program are based on research about attachment, maternal reflectiveness and their impact on parenting behaviour.

***Overview***

The *Beyond Love* program recognizes the importance of the special attachment between a parent and child. This is an eight session program that helps parents or primary caregivers make the most of their child's first, and most important, relationship. Sessions are as follows:

Week 1 – Attachment: much more than just a special bond

Week 2 – Personality and temperament: their impacts on the parent/child relationship

Week 3 – Stress and environment: their impacts on the parent/child relationship

Week 4 – Infant/child mental and emotional development

Week 5 – Mental states: what's going on in your baby's mind

Week 6 – Reading cues: thinking about children's mental states

Week 7 – Responding to mental states instead of behaviour

Week 8 – Wrap up, review and evaluation

a. Facilitator Training Requirements/Costs:

- Train-the-trainer approach - however, limited trainer resources to utilize as trainers must be Social Workers – and they already have a full case-load.

b. Parent/Caregiver Requirements/Costs:

This program requires:

- Two rooms – one for parents, one for on-site child care
- Child care staff
- Snack or meal per participant
- Transportation per participant
- Access to TV/VCR
- Flipchart
- One Facilitator

***Current Community Implementation***

Children's Centre Thunder Bay conducts this program once or twice a year.

**4.** <u>With Warmth and Wonder</u> *(presentation by Maria Cole - June 18, 2008)*

***Target Group:*** Parent focussed - building parent child relationships; ages birth to 5 years

***Evidenced-based:*** No; *the material is researched-based but the program is not evidenced-based i.e. program itself has not been tested/proven.*

***Overview***

Thunder Bay's Mental Health Subcommittee (of the Healthy Early Years Committee) created a process to disseminate information about building healthy attachments in a manner that was understandable and accessible to parents and caregivers. Through community consultation it was indicated that a train-the-trainer model of delivering information to parents would be most effective. This program focuses on supporting attachment, and would be delivered to caregivers in the context of already existing programs and community sites. Information is made available for parents in the form of videos and written materials provided through an informal, facilitator-led one-time session at existing drop-in or community sites where child-care is available. A Facilitator's Kit was developed by the Mental Health Sub-Committee that included the following:

- Attachment information for professionals obtained from the "First Connections" Package distributed by Health Canada
- A facilitator's guide
- Videos entitled, *A Simple Gift: Comforting your Baby*, developed by the Infant Mental Health Promotion program at The Hospital for Sick Children in Toronto and *The First Years Last Forever: I am your Child* , created by the Reiner Foundation and distributed by the Canadian Institute of Child Health
- Promotional material including a list of local early intervention programs, 0-6 services, and posters advertising where and when early screenings were taking place

- Parent loot bag consisting of a story book, song activities, a fridge magnet with tips on responsive care-giving, a listing of community agencies, and attachment information for parents
- Evaluation forms to assess the effectiveness of the learning session and materials

***General Costs***

a. Facilitator Training Requirements/Costs:

- Train-the-trainer approach

b. Parent/Caregiver Training Requirements/Costs:

This program requires:

- Facilitator's Kit (available in the Communities Together for Children resource library); photocopy necessary information; obtain booklets
- Parent Loot Bags – one per participant
- Two rooms – one for parents, one for on-site child care
- Child care staff
- Snack or meal per participant
- Transportation per participant
- Access to TV/VCR
- Flipchart
- One Facilitator

***Current Community Implementation***

No known community implementations at this time.

**5.** <u>Triple P Parenting</u> *(presentation by Sheri Dafoe – June 23, 2008)*

***Target Group***: Parent/Caregiver focused for 18 months to 12 years

***Evidenced-based:*** Yes

***Overview***

*Triple P* stands for *Positive Parenting Program*. It is evidenced-based and a form of behavioural family intervention that relies on social learning principles. There are different levels and types of training – some of these intervention-based and some more general education-based and preventative in nature.

*Triple P* has the strongest empirical support of any intervention with children, particularly those with conduct problems.

***Program Aims***

- Enhance knowledge, skills, confidence, self-sufficiency and resourcefulness of parents
- Promote nurturing, safe, engaging, non-violent, and low conflict environments for children
- Promote children's social, emotional, language, intellectual, and behavioural competencies through positive parenting practices

***Program Requirements***

This program requires that people have a background in human services such as Early Childhood Educators, Teachers, Nurses, Social Workers, etc.

***Current Community Implementation***

Initially, the Ministry of Community and Youth Services (MCYS) funded facilitators to provide one component of this multi-phased program to be made available to families working with the Children's Aid Society and Dilico. To date, approximately 95 people have received the *Triple P* training in the Thunder Bay area; twenty additional training sessions are currently planned for 2009 (i.e. includes people who are already trained and are continuing on with other training modules). The Local Service System Management Team (LSSMT), who are those organizations that receive funding from MCYS, are coordinating the community roll-out. Organizations that are not funded by MCYS and that do still provide parenting programs have not yet been included in the training; however, a recommendation was brought forward to include Family Resource Programs (FRPs) who manage hubs in the city in the next round of training in order to present a consistent approach to the community with regards to parenting information. Challenges faced by this program include the expensiveness of the training modules and supporting materials i.e. the information is copyright protected and must be purchased for distribution e.g. parent tip sheets.

***General Costs***

- No train-the-trainer component; training is done by the *Triple P* parent organization; local training costs based on 20 trainees attending i.e. you pay for 20 participants; otherwise, travel costs incurred for individuals to travel to other available training locations.
- There are many levels of training available in the full *Triple P* program including (18 months – 12 years): Level 2 Selected Seminar (1 day training, 1 day accreditation), Level 3 Primary (2 days training, 1 day accreditation), Level IV Standard (3 training days, 1 accreditation day), Level IV Group (3 training days, 1 accreditation day), Level V Enhanced Triple P (2 training days, 1 accreditation day), Level V Pathways (2 training days, 1 accreditation day), Stepping Stone (special needs) (3 training days, 1 accreditation day); all of the preceding training levels are available for the "Teens" series

as well i.e. the teen modules contain information specific to the teenage developmental level.

- Costs per level are as follows:
  - Training is charged per module with a maximum of 20 trainees/module (i.e. you pay for 20 participants regardless of how many people take the training; therefore organizations attempt to max out the 20 spots); this works out to approximately $500/person/day
- Materials (videos, pamphlets, tip sheets for parents, etc) are copyright protected and must be purchased.
- The Triple P Advisory Committee coordinates the Triple P training that is made available to community organizations funded by the Ministry of Children and Youth Services (MCYS); if there are additional training spots available (i.e. the maximum of 20 participants has not been reached) these are offered to other non-ministry funded organizations in the community at the approximate cost of $500/person/day.

**6.** Right From the Start *(presentation by Tammi Marsh – June 23, 2008)*

(Hamilton Health Sciences & McMaster University)

***Target Group***: Parent focussed with no interactive child component; ages birth to 2 years.

***Evidenced-based:*** Yes

***Overview***

*Right From The Start* was developed by Dr. Alison Niccols and her colleagues. It was originally designed for parents of infants with developmental delays as an intervention-based program. It was later adapted to be used in more of a preventative manner to provide a broader, population-based approach, so that any parent may find it helpful, including high-risk parents.

This course is based on attachment theory and uses these theoretical principles as a framework for improving parent-child relations.

***Program Requirements & General Costs***

a. Parent/Caregiver Training Requirements/Costs:

- Room for parents to meet, with child care provided in another room on-site
- Snack or meal
- Transportation for participants if needed
- Access to TV/VCR
- Flip Chart
- Two Facilitators

b. Facilitator Training Requirements/Costs:

*__Note__: The RFTS organization does not organize training events, but respond to requests to do so. The following information is taken from their website (www.rfts.ca/rfts/sessionhosting.html).*

i. Requirements

**Format -** Facilitator training requires 2 consecutive days. We usually start at 9:00 a.m. and finish at 4:30 p.m., with a 15-minute morning break at 10:30, lunch from 12:00 to 1:00, and an 15-minute afternoon break at 2:30 p.m.. Organizers usually provide lunch and refreshments/snacks for participants. There should be no more than 50 participants. Training will be cancelled if there are fewer than 15 registrants. Participants must attend both training days. There will be 2 trainers present each day.

**Course Prerequisites -** Facilitator training participants must have an Early Childhood Education diploma or equivalent college degree or Bachelor's level education in psychology, child development, nursing, or a related area, as well as relevant experience working with parents and young children. Please include this information in your advertising for the training session.

ii. General Costs for Facilitator Training

- **Room** - the room set up should be like a *Right From The Start* course, i.e., tables with 4-6 chairs at each table. This is very important for the active components of the training.
- **Equipment** - We will bring our own laptop computer, LCD projector, and speakers, but will require:
  - a stand (or desk/table) for the LCD projector and speakers
  - a podium for notes and the laptop computer
  - a microphone (a standing one is ok, even better would be one or two hand-held or earpiece mikes)
  - some electrical outlets, and an extension cord if the stand and podium are far from the outlets
  - a screen
  - a flipchart with paper and markers
  - a TV/VCR and overhead projector in case of any technical difficulties
  - bottled water for both of the trainers
- **Materials** - One *Right From The Start* manual ($50) and one videotape (or DVD) ($45) are required for each participant (no exceptions).
- **Handouts** - We will email handouts ahead of time, so that you can copy them for the participants.

- **Advertising/Promotion** – You will be provided with a sample brochure to advertise your RFTS Facilitator Training Workshop.
- **Other** - Please provide name tags for participants. We will provide an evaluation form for participants (and share the results with you, if you would like). Please provide us with a list of registrants and their addresses one week prior to the event, so that we can provide a certificate of attendance for each participant.

***Current Community Implementation***

No known current offerings of this program.

**7.** Active Parenting Now & 1,2,3,4 Parents *(presentation by Diana Prairie – Tuesday, December 16, 2008)*

***Target Group**:* *Active Parenting Now* - for parents with children aged 5 – 12 years
*1,2,3,4 Parents* - for parents with children aged 1 – 4 years

***Evidenced-based:*** *Active Parenting Now* is evidenced-based; *1,2,3,4 Parents* is not i.e. *The material is researched-based but the program is not evidenced-based i.e. program itself has not been tested/proven.*

***Overview***

***Note**: The following information was taken from promotional materials about the program.*

Millions of parents have achieved success with *Active Parenting*. *Active Parenting Today* is the internationally-acclaimed video and discussion program by parenting expert Michael H. Popkin, Ph.D. Using this program, you will provide parents with the skills that will help them develop cooperation, responsibility and self-esteem in their children. They'll also learn positive discipline techniques so they can avoid those all-too-familiar power struggles. *Active Parenting Today* has

become the program of choice for thousands of schools, social service and mental health organizations, churches, synagogues, hospitals, corporations, government organizations and more.

It's easy to lead a group using our video and group discussion format! The Leader's Guide, included in the program kit, gives you step-by-step instructions on when to show the video vignettes and when to stop for discussion. Questions for group discussion are included in the Leader's Guide. Parents follow along using their Parent's Guides which offer examples and activities so parents can practice their new skills at home. We offer optional one-day Leader Training Workshops for those who want in-depth training on leading a group. *Video vignettes will get great reactions from parents! Active Parenting Today* uses entertaining video to help parents realize that everyone faces similar problems when it comes to parenting. Presented with humor and empathy, each scene that presents a problem also offers a solution. Make a positive impact on families in just six sessions. We recommend holding six 2-hour sessions with a group of 10 to 20 parents, but the program is flexible. Leaders can choose the format that works best for their group.

- Who should attend? - Family life and parent educators, school counselors, social services personnel, religious leaders, human resources professionals, social workers, therapists and counselors in private practice, Hospital/health care professionals, teachers and school administrators, anyone interested in helping parents and families.

a. Facilitator Training Requirements/Costs:

  - There are two types of facilitator training sessions:

    i. Leader Training workshops – At a **one-day** Leader Training Workshop (LTW), we'll show you how to use our popular video-based programs to make your classes entertaining and filled with practical parenting skills that parents can start using immediately.

By participating in group discussion led by a certified parent education trainer, you will discover how to address the specific needs of your group. Plus, you'll learn presentation techniques that will help you become a more effective facilitator. You'll also get a coupon for 20% off all *Active Parenting* products, including program kits, parent's guides, and more!

These workshops will show you how to:

- Implement a program in a variety of settings
- Stimulate positive changes in yourself and course participants
- Enhance communication skills for top-notch effectiveness
- Provide meaningful encouragement to parents
- Improve group discussions
- Get more parents to sign up for the group
- Receive CEUs (continuing education units) or contact hours (for people with licenses requiring this)

ii. Training of Trainers – Train more leaders for your community.

*Active Parenting's* annual Training of Trainers workshops are a mixture of fun and learning. **Three days** of vigorous training will help you expand your professional skills while learning to train new family educators for your organization and community.

The Training of Trainers will show you how to:

- Train leaders in the program
- Conduct Active Parenting Leader Training Workshops
- Improve presentation skills
- Gain a deeper knowledge of the programs
- Find ways to make the programs fit the audience
- Exchange ideas with other professionals
- Receive 2.0 CEUs (continuing education units) or 20 contact hours

b. Parent/Caregiver Training Requirements/Costs:

This program requires:

- Room for parents to meet, with child care provided in another room on-site
- Snack or meal
- Transportation for participants if needed
- Access to TV/DVD Player
- PowerPoint (laptop and screen) or overhead
- Flip Chart/whiteboard
- Facilitator
- Kit sold separately (one-time purchase: Active Parenting Now: $399 US; 1,2,3,4 Parents: $199 US)
- Parent workbooks (available for ordering)

***Current Community Implementation***

Programs offered by the Catholic Family Development Centre as needed; unknown whether other agencies in the community offer these programs as well.

**Other Programs Initially Considered**

The following are other programs that were initially considered and then removed from the list of programs to be rated for the reasons identified.

1. <u>Handle with Care</u> *(presentation not required; see below)*

   Denyse Johnson from Children's Centre Thunder Bay received training in this program – *train-the-trainer* approach. Denyse indicated that the feedback received from Early Childhood Educators in her agency, as well as those in the community, identified that this program was far too basic to fill any need here. She felt that local service providers are far more skilled and sophisticated in their roles and would not find this program useful.

2. <u>123 Magic</u> *(presentation by Gabriel Donio – June 18, 2009)*
   (Thomas W. Phelan Ph.D )

   This program addresses the difficult task of child discipline with humor, keen insight and proven experience. This time-tested program provides easy to follow steps for disciplining children aged 2-12 without yelling, arguing or spanking. This tool is also useful for teachers on how to maintain control in the classroom.

   The team felt that the 123 Magic was more of a strategy or technique to use to effectively discipline children, versus a program.

3. <u>Thunder Bay Aboriginal Head Start</u> *(No presentation required; see below)*

   The Executive Director for the Thunder Bay Aboriginal Head Start Program indicated that their programming is not consistent and it changes from group to group to meet the needs of parents and children using the program. She stated that when behaviours of concern are evident, that this is usually dealt with on a one on one basis using behavioural management techniques and encouraging positive parenting. This program has a Family Support Program that practices and

encourages positive parenting, community kitchens and community garden. There were no specific programs mentioned at this time.

**4.** Reaching In – Reaching Out Parenting

***Target group:*** Early Childhood Educators who work with children 0-6

***Evidence-based:*** Yes

***Overview***

Resilience helps us handle stress, overcome childhood disadvantage, bounce back from trauma and reach out to others and opportunities. Resilience contributes to healthy child development and is associated with better health and greater success in school, jobs and relationships. Researchers have found that we can become more resilient by learning skills that help us change how we think about stress and adversity.

*Reaching IN…Reaching OUT* (RIRO) is an evidence-based skills training program designed to *help adults help young children* develop a resilient approach to handling life's inevitable stresses and challenges. RIRO helps adults and children "reach in" to respond more resiliently about challenges they face and "reach out" to others and opportunities. RIRO's skills training program was piloted and evaluated with more than 500 Early Childhood Educators and child-serving professionals working with children from zero to six.

Research shows that children as young as two years begin to copy how adults in their lives think about and handle daily stress, change and challenge. Once adults begin to use the resiliency thinking skills in their own lives, they become role models for young children by demonstrating resilience in everyday situations. They can also introduce selected skills through child-friendly activities with children 3-1/2 years and older.

***RIRO "Train-the-Trainer" Program***

This five-day "intensive" program is the first stage of preparation for experienced trainers to deliver the *RIRO Resiliency Skills Training Program* in their own organizations and ready networks. Trainers will participate in an "advanced" version of RIRO's two-part skills training program and work with a comprehensive set of materials that will equip them to market and provide RIRO training through a variety of piloted delivery models.

Participants will be supported in their future training activities through ongoing consultation with RIRO.

***RIRO Skills Training Program***

RIRO's training program is a fully-researched developmental adaptation of the world renown *Penn Resilience Program*, a resiliency promotion and depression prevention program based on 30 years of research designed for children eight years and older.

RIRO's 12-hour skills training program is divided into two parts.

- Part 1 – Adult Resiliency Skills
- Part 2 – Child Applications

This program was not included in the review as it was in the process of being implemented in the region (November 2008) and was funded by The Ontario Trillium Foundation.

## APPENDIX I: COMMUNITY GAPS AND BARRIERS IN PROGRAMS AND SERVICES (PREVIOUSLY IDENTIFIED)

*(Information gathered from a number of community consultations in the past few years, provided by Karen McDaid, former Executive Director, Communities Together for Children)*

**Gaps in Programs & Services**

1. Crisis counseling to assist families in dealing with the struggles of day to day living
2. Health care services provided by physicians/nurse practitioners/midwives
3. Programs and services not available at appropriate times e.g. evenings and weekends
4. Child care availability during treatment
5. Central point of access for Service Delivery
6. Public awareness of services
7. Special needs awareness
8. Promotion of parenting resources, parenting programs
9. Programs for fathers
10. Transportation to allow children/families/caregivers to access the services that exist in the community
11. Limited culturally appropriate services and/or prevention strategies
12. Outreach for “hard to reach” families or parents
13. Coordination of pre and post-natal resources, information and services
14. Coordinated services
15. Connecting children with seniors
16. Services for grandparents as caregivers
17. Step parenting services

18. Special services for parents with developmental disabilities and mental health, addiction issues
19. Leadership training for parent facilitators and volunteer coordination
20. Lack of or late access to prenatal/health/midwifery care
21. Lack of Social Workers/Family Counselors
22. Respite Drop-In programs - availability of child care for parents to attend appointments (i.e. counseling)
23. Services available at untraditional times (evenings and weekends)
24. Services available in a variety of locations, allowing for easy access for everyone

**Barriers to Programs & Services**

1. Access to crisis counseling to assist families in dealing with the struggles of day to day living
2. Food security issues for families, nutrition awareness
3. Wheelchair accessibility
4. Public awareness of services/lack of information on services/programs; inadequate promotions
5. Lack of child care for students
6. Lack of special needs awareness and professional development
7. Accessibility of teen parenting programs and for those at risk for poor pregnancy outcome
8. Money and time required for training of workers/home visitors regarding child development, attachment issues, early literacy
9. Money and time for ongoing professional development for service providers
10. Better access to information on programs and activities available in our community
11. Changing mandates
12. Competition among agencies

13. Lack of communication between partners
14. Lack of available short term child care for parents treatments, appointments
15. No working protocols
16. Roles are not defined
17. Planning in isolation
18. Lack of culturally competent providers
19. Lack of culturally competent resources
20. Lack of coordination
21. Too many little projects with little money
22. No clear overall vision for Thunder Bay
23. Transportation to allow children/families to access services that exist in community
24. Inadequate life/social/literacy skills
25. Isolation/depression
26. High family mobility
27. Affordability of programs
28. Hours of operation of programs
29. Stigma attached to programs i.e. super moms, welfare families, teen parents, just moms not dads etc.
30. Lack of translation when needed quickly
31. Lack of marketing
32. Pre-conception information needs to go to all who are sexually active
33. Service coordination for families accessing a number of different agencies
34. Integration of parents with developmental disabilities and mental health, addiction issues into global programs