

Ontario's Early Childhood Development Investments and Outcomes



2002-2003 annual report

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Introduction

This report fulfils Ontario's requirement to report publicly on early childhood development initiatives. Ontario's early years programs are funded through the federal Early Childhood Development initiative, part of the September 2000 agreement by First Ministers on early childhood development.

The first section of this report outlines the programs and expenditures funded under the early childhood development initiative. Please note all expenditure figures have been rounded.

The second section is a snapshot of how Ontario's young children are doing with regard to health and development.

A Note on Ministry Names.

You will see in this report that programs were funded through two different ministries of the Ontario government, the Ministry of Health and Long-Term Care and the former Ministry of Community, Family and Children's Services. Many children's programs and services that were funded through the former Ministry of Community, Family and Children's Services are now the responsibility of the Ministry of Children and Youth Services.



Early Childhood Development Expenditures

Action Area 1

Promoting Healthy Pregnancy, Birth and Infancy

When a pregnant mother is healthy, informed and well cared for, she is far more likely to have a safe birth and a healthy baby. These programs help parents, infants and caregivers achieve healthy pregnancies and births. The goal is to help mothers access supports to improve the rate of healthy births and lower the infant mortality rate.

Aboriginal Fetal Alcohol Syndrome/Effects (FAS/FAE)

2002/03 Early Childhood Development Expenditures
\$2,100,000

The Ministry of Health and Long-Term Care funded this program.

What the Program Does

Helps aboriginal families with information and support about FAS and FAE. The 19 aboriginal program delivery organizations provide health promotion, prevention education, family support services and advocacy, pre and post-natal support groups and information for schools, child care and social service agencies. (This program is offered in combination with the Aboriginal Child Nutrition program on page 14.)

Who the Program Serves

Aboriginal children and their families living on and off reserves.

2002/03 Activities

- Served approximately 800 children and approximately 400 families living in approximately 145 communities.
- Improved programs for aboriginal women, children and families so they now draw upon the strength of aboriginal traditional teachings about pregnancy, birth and parenting.
- Many aboriginal communities now mark FAS Awareness Day on September 9th each year. These communities often provide regular community awareness displays at community events, fairs and shopping centres. Such activities are educating the public about the issues involved with FAS/FAE.
- A number of projects were integrated with diagnostic clinics in local hospitals.
- More than 60 community worker positions were created across Ontario to support families affected by FAS/FAE.

Breastfeeding Promotion

2002/03 Early Childhood Development Expenditures

\$150,000

The Ministry of Health and Long-Term Care funded this program.

What the Program Does

Educates parents, families and the general public about the benefits of breastfeeding.

Who the Program Serves

Women of childbearing age, new parents, the general public, boards of health, community partners and providers of preconception and prenatal care.

2002/03 Activities

- Produced a series of video clips, posters, pamphlets and stickers used by health professionals to educate parents, families and the general public about the benefits of breastfeeding.
- The two-year public awareness program is now complete. The supports, which were developed by the Breastfeeding Promotion initiative, continue to be used by the 37 Public Health Units.

Electronic Record for Prenatal and Postnatal Health

2002/03 Early Childhood Development Expenditures

\$135,000

The Ministry of Health and Long-Term Care funded this program.

What the Program Does

This is a two-part initiative to maintain an electronic version of the Antenatal Record. This record is used by physicians and midwives to track a woman's medical history during pregnancy. It includes a strategy for electronic transmission of records to hospitals. Using an electronic record instead of a paper record is expected to reduce costs to the health care system and improve health care for new mothers. This initiative is part of the ePhysicians project, which allows for similar confidential access and transmission of various kinds of medical records.

Who the Program Serves

Obstetricians, family physicians, midwives and nurse practitioners who complete the forms being automated through this initiative.

2002/03 Activities

- Developed an electronic Antenatal record in conjunction with the ePhysicians project.
- The ePhysicians project piloted a physician-centred form to enhance perinatal data collection using existing infrastructure and emergent technologies.

Healthy Babies Healthy Children

2002/03 Early Childhood Development Expenditures

\$6,500,000

The Ministry of Health and Long-Term Care funded this program.

What the Program Does

Delivered by Ontario's 37 Public Health Units, this is a screening and assessment program that offers home visits to all mothers soon after the birth of their child. The Early Childhood Development Funding enhanced the program to include prenatal care and care for families with children from six weeks to six years old. Healthy Babies Healthy Children nurses provide counselling and education to families to promote healthy child development.

Who the Program Serves

Pregnant women and families with children up to six years of age.

2002/03 Activities

- Approximately 14,500 pregnant women and 5,400 families with children up to six years of age were screened for risks to healthy child development.
- Public Health Units implemented the Healthy Babies Healthy Children Policy on Universal Screening and Assessment for Healthy Child Development Prenatal to School Age.
- Funding was allocated to the Ontario College of Family Physicians to lead the collaborative development of a continuing medical education (CME) program in healthy child development for doctors, nurses, nurse practitioners, dentists and midwives. The CME was developed and reported back in December of 2003.
- The program also financially supported the Infant Hearing and Screening program.

Infant Development

2002/03 Early Childhood Development Expenditures

\$5,000,000

The former Ministry of Community, Family and Children's Services funded this program.

What the Program Does

Helps children who are at risk of delays in development or are diagnosed with a developmental disability. These family-centred programs work directly with parents, caregivers and children and provide assistance to children with motor development, communications skills and social interaction.

Who the Program Serves

Families with children, under the age of six, who have a developmental disability or are at risk of a developmental delay.

2002/03 Activities

- Approximately 10,000 children were served by 49 programs across Ontario.
- This pre-existing program served families with children up to three years of age. The federal funding extended eligibility for services to children up to five years old and their families.

Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre**2002/03 Early Childhood Development Expenditures**

\$500,000

The Ministry of Health and Long-Term Care funded this program.

What the Program Does

Trains, counsels, educates and brings together health care providers and community professionals from across the province. The goal is to support health promotion initiatives that enhance the health of mothers, babies and young children. Provides customised, timely and responsive consultation in French and English for health care workers.

The Early Childhood Development funding allowed this program to expand its services in early child development. Program priorities under the ECD initiative include fetal alcohol syndrome, violence against women, poverty and reproductive health.

Who the Program Serves

Health care providers and community health professionals including staff and volunteers at Public Health Units, non-governmental organizations, Community Health Centres, Ontario Early Years Centres, hospitals, First Nations and medical professionals.

2002/03 Activities

- Provide customised, timely and responsive consultation in French and English for health care workers. Organized regional and central workshops. Program staff developed a provincial media campaign on alcohol use and pregnancy.
- In collaboration with the Ontario College of Family Physicians, staff developed a new handbook for healthy child development and distributed a manager's manual addressing the impact of socio-economic status and pregnancy.
- Produced a "how to" resource for organizations on alcohol use and pregnancy, promoted the availability of the physician training module, organized and hosted a provincial conference for 250 participants on alcohol and pregnancy and expanded its website.

Prenatal and Postnatal Nurse Practitioner Services

2002/03 Early Childhood Development Expenditures

\$750,000

This program is funded by the Ministry of Health and Long-Term Care.

What the Program Does

Helps pregnant women find quality, consistent care from early in their pregnancy through until after the birth of their child. This care includes three key components – risk assessment, treatment for medical conditions or risk reduction and education. Nurse practitioners aim to provide these services early in the pregnancy and continue with the family until after the birth of the child.

Who the Program Serves

Women who have no family physician and are pregnant, planning a pregnancy or are postpartum and have children up to six years old. The program serves clients at risk for poor prenatal and postnatal care in geographically isolated and under-served areas (i.e. places that do not have enough family physicians or obstetricians/gynaecologists). This program operates out of the following Public Health Units:

- Algoma District
- Elgin St. Thomas
- Huron County
- Porcupine
- Timiskaming
- Brant County
- Haldimand-Norfolk
- Perth District
- Sudbury & District
- Windsor-Essex County

2002/03 Activities

- Strengthened relationships between nurse practitioners and other community services and child health programs including Public Health Units, physicians and midwives.
- Nurse Practitioners saw more than 1,100 clients.

Prenatal HIV Testing

2002/03 Early Childhood Development Expenditures

\$646,000

The Ministry of Health and Long-Term Care funded this program.

What the Program Does

Increases awareness of the importance of Human Immunodeficiency Virus (HIV) testing in pregnancy as part of routine prenatal care. As well, it promotes early HIV intervention for mothers and infants. Funding supports public awareness campaigns as well as research into strategies for reaching the approximately 18 per cent of pregnant women who do not currently receive HIV testing.

Who the Program Serves

Pregnant women, women contemplating pregnancy and prenatal care providers.

2002/03 Activities

- Revised, printed and distributed promotional materials for health care providers and the public to increase awareness and promote early diagnosis of HIV in pregnant women and infants.
- Provincial prenatal HIV testing rates have increased from approximately 30 per cent to over 82 per cent since the beginning of the public awareness campaign.

Prevention of Neural Tube Defects

2002/03 Early Childhood Development Expenditures

\$135,000

The Ministry of Health and Long-Term Care funded this program.

What the Program Does

Developed and distributed educational materials and created community awareness campaigns about the importance of women taking folic acid for healthy infant development before conception to prevent neural tube defects. The program worked with the Folic Acid Alliance of Ontario to develop a public education campaign.

Who the Program Serves

Women of childbearing age and health care professionals.

2002/03 Activities

- The program involved three key initiatives: public awareness and education targeted to women of childbearing age, a grassroots community outreach initiative and an education component targeted to health care professionals.
- Developed posters, brochures, fridge magnets, transit advertising, a newsletter for health care professionals and video public service announcements for use on television or at community events.
- Created a step-by-step Community Action Guide to help people develop their own community outreach campaigns.
- This two-year program is now complete, however the resources which were developed continue to be used throughout the community.

Support for At-Risk Pregnant Women

2002/03 Early Childhood Development Expenditures

\$70,000

The Ministry of Health and Long-Term Care funded this program.

What the Program Does

Provides early intervention and support to pregnant women who are at-risk and live on the street or live in temporary housing such as shelters, hostels, transition houses or hotels. This program operates out of two Toronto sites and aims to improve healthy pregnancy outcomes, nutrition and responsive parenting in the first five years of life. Ultimately this program improves the number of healthy births and the health of children in hard to reach families with multiple risk factors.

Who the Program Serves

Pregnant women and their children, who are homeless or are at risk of becoming homeless and are highly transient.

2002/03 Activities

- The two Support for At-Risk Pregnant Women nurses served 112 clients in 2003. Because the population is highly transient, Public Health Nurses spend a great deal of time establishing trusting relationships and ensuring appropriate follow-up care.
- Fostered formal and informal links between community agencies.
- Educated the public and advocates on behalf of homeless people.
- Started developing a strong evaluation component to support future policy and determine how best to deliver the program.

Action Area 2

Improving Parenting and Family Supports

By supporting parents and children, these programs are helping to build strong families and vibrant communities. From these good beginnings, Ontario's children will grow to become happy, healthy, contributing members of society. Workshops and programs for parents and caregivers are improving the physical health and emotional well being of our children, while strengthening their language, social and cognitive skills.

Children's Mental Health

2002/03 Early Childhood Development Expenditures

\$12,200,000

The former Ministry of Community, Family and Children's Services funded this program.

What the Program Does

Enhances early identification, intervention and treatment services for children and their families. It is delivered through 60 transfer payment agencies.

Who the Program Serves

Families and children up to the age of six who have social, emotional or behavioural problems, mental or psychiatric disorders, or who are at risk of developing such disorders.

2002/03 Activities

- Increased the number of people served through this initiative from 946 in 2001/02 to over 4,600 in 2002/03. This represents an increase of almost 400 per cent in the number of children up to six years of age and their families who have used these services.

Community Health Centres

2002/03 Early Childhood Development Expenditures

\$7,250,000

The Ministry of Health and Long-Term Care funded this program.

What the Program Does

The first phase of the Community Health Centre early child development programs (Pre-Natal, Postnatal and Infant Care programs) focuses on pregnant women, children zero to three and their parents. It offers improved access to pre-natal and post-natal care, early identification of at-risk children, referrals to other service providers, increased supports for breast feeding and improved assessments regarding nutrition and child development milestones.

The second phase of the project (Integrating Services and Building Community Capacity) is helping children aged two to six and their families by:

- Identifying health risks earlier;
- Increasing supports to parents including increasing knowledge of effective parenting;
- Improving access to early child development resources;
- Strengthening and better integrating neighbourhood services;
- Increasing community capacity

Who the Program Serves

Pregnant women, parents and children up to age six. Emphasis is placed on at-risk and disadvantaged populations such as homeless women, new immigrants, low income families, people living in rural, northern and inner-city areas.

2002/03 Activities

- Served more than 14,500 people in 2002/03.
- The Early Years Phase I programs, based in 38 Community Health Centres, continued operations, serving more than 10,000 parents, children and families.
- Served more than 4000 parents, children and families through Early Years Phase II programs. These were established in 24 Community Health Centres in September 2002.
- Reviewed Community Health Centres early years activities, best practices, challenges and successes through the Association of Ontario Health Centres.

Early Years Challenge Fund

2002/03 Early Childhood Development Expenditures

\$12,300,000

The former Ministry of Community, Family and Children's Services funded this program.

What the Program Does

Operates a matching grants program that challenges businesses, volunteer and charitable groups to help communities develop new programs for parents, caregivers and young children. These programs foster cognitive, physical and emotional development in children and educate parents and caregivers. From 2001 to 2006 over 3,500 sites throughout Ontario will have operated Early Years Challenge Fund programs and services. Although the Early Years Challenge Fund is no longer accepting new applications, many of the projects already funded will continue until 2005/06. Since it began, there have been four calls for proposals resulting in over 500 funded projects.

Who the Program Serves

Children across Ontario, up to the age of six and their families and caregivers.

2002/03 Activities

- There were 255 individual projects in 2002/03, many of which operated in several sites. A full list of projects is available at www.children.gov.on.ca

Learning, Earning and Parenting (LEAP) (Ontario Works)

2002/03 Early Childhood Development Expenditures

\$4,000,000

The former Ministry of Community, Family and Children's Services funded this program.

What the Program Does

Supports young parents on social assistance by helping them to complete their education to improve their parenting skills and search for employment.

The initiative builds upon existing community resources that provide programs for young parents and their children. It promotes children's growth and development by supporting parents to become more effective caregivers and educators.

LEAP is part of the Ontario Works program. Ontario Works provides employment and financial assistance to people in temporary need.

Employment assistance includes practical help in seeking work, literacy screening and training, community participation to build skills and gain on the job experience, basic education and training, job skills training and employment placement services.

Who the Program Serves

Ontario Works participants aged 16 to 21 years of age. Participation in LEAP is a requirement for 16 and 17 year old parents and voluntary for 18 to 21 year old

parents who have not completed high school.

2002/03 Activities

- Approximately 5,800 young parents participated in the LEAP program.
- Strengthened community partnerships to develop more integrated services for families and children at the local level.
- Consulted with LEAP participants and LEAP delivery agents to improve and refine the program including building stronger ties with Ontario Early Years Centres and Public Health Units.
- Expanded the use of the supports that assist young parents in making the transition towards independence. These include, child care so parents can go to school and do homework, counselling, school clothing, and transportation costs.
- Continued development and distribution of marketing material that supports the program. Voluntary participation is encouraged through outreach and marketing.
- Started developing new initiatives to help parents continue their education.

Promote Healthy Pregnancy and Child Development

2002/03 Early Childhood Development Expenditures

\$3,285,000

The Ministry of Health and Long-Term Care funded this program.

What the Program Does

Strengthens a community's capacity to support healthy pregnancy and child development. This initiative funds Public Health Units to staff, develop, implement, and evaluate community-based projects. Local projects use a comprehensive, health promotion approach to address healthy pregnancy, child growth and development, and parenting capacity.

Who the Program Serves

People planning pregnancy, expectant parents, parents and caregivers of children up to age six, the general public, Public Health Units and community partners. The program is delivered through the 37 Public Health Units in Ontario.

2002/03 Activities

- Approximately 28 Public Health Units provided targeted media campaigns focussing on baby brain development, parent attachment and fetal alcohol spectrum disorder. Others created pamphlets or posters relating to early child development, healthy pregnancy and parenting preparation.
- Provided specialized education, by more than 30 Public Health Units, for parents on preparing for parenthood, positive parenting strategies, parenting

for fathers, growth and development, postpartum depression and developing empathy in children.

- Many Public Health Nurses are more actively screening, assessing and referring women for postpartum depression.

Early Childhood Development Public Education and Awareness

2002/03 Early Childhood Development Expenditures

\$175,000

The Ministry of Health and Long-Term Care funded this program.

What the Program Does

Strengthens existing public health programs by developing public education materials related to pregnancy and early childhood development. The focus is on developing and translating educational materials that are appropriate for a range of cultural, linguistic and literacy backgrounds. This is a population-based, health promotion and primary prevention strategy.

Who the Program Serves

Expectant parents and parents of young children, caregivers, the general public, Public Health Units and community partners.

2002/03 Activities

- Developed six television segments for local Public Health Units to use as educational tools.
- Produced promotional print materials such as pamphlets, fact sheets, magnets and posters. These addressed childhood immunization, oral health during pregnancy and milestones in early childhood development. Distributed materials through Public Health Units and Ontario Early Years Centres.
- Produced a booklet for parents called *Keeping Our Children Safe As They Grow* provides parents with developmental milestones and appropriate injury prevention messages.
- This two-year program is now complete, however the products and information continue to be used throughout the community.

Ontario Child Welfare Program

2002/03 Early Childhood Development Expenditures

\$3,200,000

The former Ministry of Community, Family and Children's Services funded this program.

What the Program Does

Funds Children's Aid Societies to protect children who are at risk of abuse or neglect. Children's Aid Societies investigate allegations or evidence that a child may be in need of protection, protects children from abuse or neglect, provides care for children removed from their families and places children for adoption.

Who the Program Serves

Children who are in need of protection and their families. Approximately 20 per cent of children in the program are under six years of age.

Action Area 3: Strengthening Early Childhood Development, Learning and Care

Recent research has proven what parents have always known: that young children need loving care, positive attention, new experiences and healthy habits like good nutrition and plenty of sleep. What is now known is that these positive experiences are a crucial part of healthy development in the first years. These programs promote development by encouraging stimulating play and interaction and preparing children for school. In doing so, children get the best start so that when they step into the world, every door is open.

Aboriginal Child Nutrition

2002/03 Early Childhood Development Expenditures

\$2,100,000

The Ministry of Health and Long-Term Care funded this program.

What the Program Does

Provides nutrition education combined with a focus on developing parenting skills through 10 service delivery organizations. This program provides interactive nutrition and healthy lifestyle education, as well as counselling on food and menu preparation to parents, youth and children. Healthy breakfasts and lunches are provided for approximately 1000 children through schools and daycares. Workshops and parent support groups are provided to promote positive parenting practices. (This program is offered in combination with the Aboriginal Fetal Alcohol Syndrome/Effects initiative on page 1.)

Who the Program Serves

Aboriginal children and families in Ontario living on and off reserve.

2002/03 Activities

- Provided interactive nutrition and healthy lifestyle education, as well as counselling on food and menu preparation to parents, youth and children.
- Provided healthy breakfasts and lunches for approximately 1000 children through schools and daycares.
- Offered workshops and parent support groups to promote positive parenting practices.
- Produced materials on menu planning, food preparation, and infant nutrition based on a variety of resources including the Canada Food Guide and Aboriginal Food Guide.
- Strengthened community resources so that many communities now have resource libraries and newsletters which are increasing awareness and knowledge about nutritional information.

- Provided workshops for approximately 2,500 on baby food preparation, child nutrition and meal preparation.
- Helped to design and care for successful community gardens.

Early Literacy Initiative

2002/03 Early Childhood Development Expenditures

\$4,900,000

The former Ministry of Community, Family and Children's Services funded this program.

What the Program Does

Strengthens, supports and promotes effective literacy and language development in children from birth to age six, particularly with children from birth to age three and their families. Early Literacy Specialists across the province give specialized early literacy training to early years professionals, provide Early Literacy Kits and pull together early years professionals in the community to foster literacy and language development in young children.

Who the Program Serves

Community-based early years programs such as Ontario Early Years Centres, child care centres, libraries and parent-child drop-in programs.

2002/03 Activities

- Provided training, workshops or conferences to more than 34,300 people; provided early literacy services to more than 12,300 parents and caregivers.
- Developed the Newborn Literacy Kit, a package of resource materials for parents of newborns which is distributed through the Healthy Babies Healthy Children program, the Ontario Early Years Centres and Early Literacy Specialists. The kits encourage parents to read to their child right from birth and helps parents foster early literacy and language development.
- Provided an Ontario Early Years Book Collection to each Ontario Early Years Centre. The collection is made up of 56 titles (45 in English and 11 in French), representing the diversity of Ontario's population. It includes multi-language books, books for children up to age six, and parent and staff resource books.

Infant Hearing Program Public Education Strategy

2002/03 Early Childhood Development Expenditures

\$600,000

The Ministry of Health and Long-Term Care funded this program.

What the Program Does

Raises awareness and educates the public about the programs and services available from the Infant Hearing Program as well as early childhood development information about hearing and hearing loss. Encourages new parents to accept the offer of newborn hearing screening through the Infant Hearing Program.

The Infant Hearing Program identifies, by four months of age, babies born deaf or hard of hearing or who are at risk of early childhood hearing loss. It provides follow up supports and communication development services to babies and their families so that these children have the best chance of developing normal language.

Who the Program Serves

New parents as well as the general public. Resource materials are for parents receiving services through the Infant Hearing Program and for health and social services professionals.

2002/03 Activities

- Provided public education materials to at least 60,000 families. More than 200 screening personnel and nurses, 50 audiologists and many others used the program. (The Infant Hearing Program screened almost 60,000 babies, assessed 1,100 babies and provided follow up services to 60 babies.)
- Published seven brochures in 13 languages on the importance of hearing and early identification of deaf/hard of hearing babies. Designed three additional brochures.
- Developed two educational videos in English, French, open or close captioned and 11 other languages for parents of babies who are deaf or hard of hearing. These provide information on oral and sign language methods of communication for infants with hearing loss.
- Updated and distributed a video by the Hearing Foundation of Canada. The newborn hearing screening video was distributed in 13 languages.
- Developed 17 television segments for *The Parent Trip*.
- Added a webpage to the Ministry of Health and Long-Term Care website to provide information about the Infant Hearing Program. Links to other useful sites are also provided. The website is at www.health.gov.on.ca

Note: Infant Hearing Program services are all in place, but some services were temporarily suspended because of Severe Acute Respiratory Syndrome (SARS).

Injury and Family Abuse Prevention

2002/03 Early Childhood Development Expenditures

\$5,500,000

The Ministry of Health and Long-Term Care funded this program.

What the Program Does

Funds local projects that prevent injury and violence and create safer environments for young children. Local Public Health Units identify and address risk factors associated with infant and childhood injuries and family abuse and develop projects to address these needs. The program is delivered through the 37 Public Health Units.

Who the Program Serves

Expectant parents, pregnant women, parents and caregivers of children up to age six, the general public, Public Health Units and community partners.

2002/03 Activities

- Staff at many of the Public Health Units chose to use the Routine Universal Comprehensive Screening Protocol (RUCS) and worked with community partners to train and support health professionals in using this protocol. RUCS attempts to increase the early identification of abused pregnant women and women with children up to the age of six.
- Many Public Health Units provided home safety devices and/or training on the use of the devices to reduce unintentional injuries in the home.
- Many Public Health Units implemented playground safety strategies to reduce injuries on the playground.
- Public Health Units also developed and distributed educational materials to help increase awareness of abuse and support clients.
- Developed the *Virtual Safety* CD-ROM for educating parents, caregivers, and the general public about injury prevention strategies.

Ontario Early Years Centres

2002/03 Early Childhood Development Expenditures

\$46,000,000

The former Ministry of Community, Family and Children's Services funded this program.

What the Program Does

Promotes children's readiness to learn and offers early years education by providing a mix of programs and services. These programs address children's cognitive, emotional, social, physical and language needs. Centres provide

parenting programs and services to support parents and caregivers in their role of promoting healthy child development.

The Centres are staffed with child development and early years professionals and volunteers who deliver programs that support parents and caregivers in finding the information, programs and services they need.

Who the Program Serves

Children up to the age of six, their parents, other family members including grandparents and siblings; caregivers and child care providers including child care centres and home care providers.

2002/03 Activities

- Opened 42 Phase 1 Centres including dozens of satellite and mobile programs that serve small and isolated communities. Programs enhance child development in five developmental domains including cognitive, language, physical, social and emotional. This is done through literacy science, nutrition and nutrition programs as well as drop-in play times.
- Almost 600,000 children and more than 433,000 parents and caregivers visited Ontario Early Years Centres.
- Developed websites for Ontario Early Years Centres to provide local programming information for families and caregivers.

Pregnant Women with Addictions

2002/03 Early Childhood Development Expenditures

\$3,300,000

The Ministry of Health and Long-Term Care funded this program.

What the Program Does

Provides addiction treatment, child care, life skills and parenting training to pregnant women across the province. The program was built on a successful model called "Breaking the Cycle."

Who the Program Serves

Pregnant women, parents with addictions and their children up to age six. The program is run out of 18 sites across the province.

2002/03 Activities

- Funded 18 new projects across the province to develop services for substance involved pregnant and parenting women and their children up to the age of six.

- Provided services for families such as improved access to treatment, child care during treatment, parenting skills, life skills, improved client access and links to health care, housing, and social services.

Services for Children with Autism—Intensive Early Intervention Program

2002/03 Early Childhood Development Expenditures

\$21,300,000

The former Ministry of Community, Family and Children's Services funded this program.

What the Program Does

Provides between 20 and 40 hours of Intensive Behavioural Intervention (IBI) services, per week, for eligible children between the ages of two and five. This initiative expands the existing Intensive Early Intervention Program for Children with Autism to increase access to IBI services for children with autism.

Who the Program Serves

Children between the ages of two and five with autism or a disorder considered to be towards the more severe end of autism spectrum disorder.

2002/03 Activities

- As of March 31, 2003, IBI services were being delivered to more than 500 children.

Hospital Sexual Assault and Domestic Violence Treatment Centres

2002/03 Early Childhood Development Expenditures

\$2,880,000

The Ministry of Health and Long-Term Care funded this program.

What the Program Does

Provides services and treatment to children who have been sexually assaulted. These services are provided through 16 hospital-based sexual assault treatment centres.

Who the Program Serves

Children up to age 16 years, particularly children under the age of six, who have been sexually abused.

2002/03 Activities

- Served approximately 500 to 600 children.
- Trained or held information sessions for almost 3000 physicians and nurses, police officers, children's aid society staff and staff from other community agencies.
- Provided staff training, a manual and video and parent education resources.
- Tested examination equipment and provided telehealth links.
- Strengthened community networks to better integrate services for victims of abuse.
- Program staff participated in a Sexual Assault and Domestic Violence paediatric conference.

Action Area 4: Strengthening Community Supports

The goal of these programs is to provide a seamless, integrated system for children and families. These programs build bridges from one sector to another to ensure that the health, education, and care of our children is our first priority. Communities need co-ordinated services for families and families need easy access to the services that are available.

Child Outcome Measurement

2002/03 Early Childhood Development Expenditures

\$300,000

The former Ministry of Community, Family and Children's Services funded this program.

What the Program Does

Measures child outcomes in Ontario, with a particular focus on children up to the age of six. Outcomes look at a child's readiness to learn as they prepare to enter grade school.

Who the Program Serves

Agency executive directors and program personnel, provincial and municipal health and social service policy planners.

2002/03 Activities

- Funded a McMaster University project to develop and analyse the Early Development Instrument.
- Supported Boards of Education in using the Early Development Instrument for over 18,000 children. The Early Development Instrument measured readiness to learn in 40,000 kindergarten children in Ontario.

Perinatal and Child Health Survey Strategies

2002/03 Early Childhood Development Expenditures

\$2,140,000

The Ministry of Health and Long-Term Care funded this program.

What the Program Does

Collects baseline measures for a broad range of outcomes and risk factors related to maternal, pregnancy and infant health. Provides funds to Public Health Units to ensure quantitative information about early childhood development is timely, complete and comprehensive.

Who the Program Serves

Health professionals, Public Health Units and the general public.

2002/03 Activities

- Through the 37 Public Health Units, the program created surveys and developed methods for data collection regarding local perinatal and child health outcomes. This was done by producing reports on available indicators and developing methods and tools for new indicators.
- Many Public Health Units collected and analysed local data that will lead to the future development of key early child development epidemiologic health status indicators.
- Many Public Health Units were developing specific modules related to early child development for the Rapid Risk Factor Surveillance System (RRFSS). Through RRFSS, members of the community are surveyed about their knowledge and attitudes about various issues, including those relating to early child development.
- This two year project ended in December 2003, but the work of the program continues to inform policy research and development.

Program Effectiveness Measurement**2002/03 Early Childhood Development Expenditures**

\$3,100,000

The former Ministry of Community, Family and Children's Services funded this program.

What the Program Does

Provides the basis for collecting and analysing data to track progress in improving programs for young children. This will facilitate future planning.

Who the Program Serves

Agency executive directors and program personnel, provincial and municipal health and social service policy planners.

2002/03 Activities

- Funding was provided to community agencies to hire Data Analysis Co-ordinators, who are located in 40 communities across Ontario. Data Analysis Co-ordinators work in about 80 per cent of targeted communities. Data Analysis Co-ordinators support the implementation of child outcome

measures such as the Early Development Instrument (EDI) and the Early Years Community Services Inventory.

- Started developing a joint evaluation framework for the Ontario Early Years Plan. The framework will support program evaluation.
- Began a planning process to implement a monitoring and evaluation strategy.

Early Childhood Development Monitoring/Evaluation Strategy

2002/03 Early Childhood Development Expenditures

\$200,000

The Ministry of Health and Long-Term Care funded this program.

What the Program Does

Serves as a framework for reporting and monitoring the results and outcomes of the Early Childhood Development projects.

Who the Program Serves

All levels of government and agencies that provide programs for early childhood development.

2002/03 Activities

- Outlined the goals, activities, target groups, short term and long term outcome objectives and logic models for all ECD initiatives.



Ontario Child Outcomes

ONTARIO CHILD OUTCOMES

Following the First Ministers' Meeting Communiqué on Early Childhood Development, Federal/Provincial/Territorial Ministers agreed in May 2002 that provinces would begin regular reporting on 11 child-related outcome indicators of health and development. The purpose is to show whether the new programs are making a difference.

The first report covered the first year of new ECD programming. The report included a section on the 11 common indicators for the year 1998/9. The present report contains data for the year 2000/01. This is the most recent year for which data is available.

Ontario Child Outcomes is divided into three sections. The first two, Physical Health and Early Development, are consistent with the first report. This report then introduces a third section with information generated provincially on the early development of children, based on results from implementing the Early Development Instrument (EDI).

The EDI is a survey of children at the kindergarten level (ages four and five) which is completed by kindergarten teachers. The measure is a summary of children's readiness to learn at the point where they enter the graded school system. It is also an indication of the state of children's development. The measure is, like birth weight and infant mortality, a population-based measure. The results reported here are based on over 40,000 Ontario children from northern and southern urban and rural communities.

In subsequent years, we hope to be able to include reports on child outcomes at a community level, in recognition that Ontario is large and diverse in both population and geographical area. In order to produce information on early child development that is valid for these smaller areas, it is necessary to use the EDI as a child development measure, since the National Longitudinal Survey of Children and Youth (NLSCY) sample used for the earlier indicators is not valid below the provincial level. We are in the process of completing the collection and provincial analysis of the EDI data in the current (2003/04) school year.

The Child Outcome Indicators

A. Physical Health

All data are for the most recently available year, 2000

<i>Indicator(s)/Measure(s)</i>	<i>Data Source</i>	<i>Availability</i>
Healthy Birth Weight	Vital Statistics 2000	Available for provinces/territories.
Infant Mortality Rate	Vital Statistics 2000	Available for provinces/territories.
Immunization (3 indicators): Invasive meningococcal disease; measles; haemophilus influenza b (Hib3) disease in children	Health Sector 2000	These are interim measures, available for 11 to 14 jurisdictions.

B. Early Development

All data in this section are from the National Longitudinal Survey of Children and Youth (NLSCY), Cycle 4, 2000/01

<i>Indicator(s)/Measure(s)</i>	<i>Data Source</i>		<i>Availability</i>
	Prior Report	This Report	
Physical Health and Motor Development	NLSCY, Cycle 3 (1998/99)	NLSCY, Cycle 4 (2000/01)	Available for provinces; availability for territories to be determined.
Emotional Health (two indicators): - Emotional Problem/Anxiety - Hyperactivity	NLSCY, Cycle 3 (1998/99)	NLSCY, Cycle 4 (2000/01)	Available for provinces; not available for territories.
Social Knowledge and Competence (two indicators): - Physical Aggression, Conduct Problem - Prosocial Behaviour	NLSCY, Cycle 3 (1998/99)	NLSCY, Cycle 4 (2000/01)	Available for provinces; not available for territories. Prosocial Behaviour indicator is not available for 2000/01.
Language Skills	NLSCY, Cycle 3 (1998/99)	NLSCY, Cycle 4 (2000/01)	Available for provinces; not available for territories.

C. Early Development Instrument (EDI) Results

Data in this section was collected in spring 2003. Kindergarten teachers in school boards across Ontario are the informants and we thank them for their time and efforts.

The EDI is designed to measure children's school readiness to learn in five developmental domains, with results analysed on a population level.

Indicators/Domains	Data Source	Availability
Physical Health and Well-being	More than 40,000 Early Development Instrument surveys were completed by teachers across Ontario in 2003.	Large representations from Ontario, British Columbia, Manitoba and PEI. Several additional areas across Canada also have participated, some as part of the federal "Understanding the Early Years" initiative.
Emotional Maturity		
Social Competence		
Cognitive		
Communication and General Knowledge		

OVERALL PROVINCIAL RESULTS

A. PHYSICAL HEALTH

Indicators in the Physical Health section are from population-based data. That is, they cover all cases in the population. Birth weight and infant mortality figures are from provincial Vital Statistics, which record all births and deaths in a province. Health Canada and the Ontario Ministry of Health and Long-Term Care provided immunization data.

We have only reported baseline data in this report. Longer-term trend data for these child health indicators can be found in the document, *Ontario's Health System Performance Report, 14 Common Indicator Areas of Health and Health System Performance*, Ministry of Health and Long Term Care, September 30, 2002, which is also available on the Ministry's website at www.health.gov.on.ca.

- Birth Weight

Infants are more likely to die in the first year of life if they weigh less than 2,500 grams (5.51 pounds) at birth. Even when they survive, they are more likely to have health problems throughout their lives. Low birth weight is often a sign of the mother's health. Women who do not smoke or use alcohol during pregnancy and receive regular prenatal care are more likely to have healthy, full-weight babies.

The most recent year for which this data is available, 2000, shows that Ontario's rate of low-weight births is better than that of most other developed countries, but it could be improved. Ontario's rate was 5.7 per cent, compared with the Canadian average of 5.6 per cent.¹ One explanation for this is that Ontario has the highest rate of multiple births and pre-term births in Canada. Both are contributing factors to a high low-birth-weight percentage.

- Infant Mortality

The number of children who survive the first year of life is a sign of how healthy a country is. It reflects both parental health and lifestyles, and other societal factors – living conditions, a healthy environment, and health care available during pregnancy.

Ontario's infant mortality rate was 5.5 per 1,000 live births, compared to the Canadian rate of 5.3.²

¹ The definition used here is the same as that used for purposes of international comparison, and includes **all** births of children weighing under 2,500 grams.

² The above figures are based on the standard international definition of Infant Mortality, which includes all live births.

- Immunization

Because there is no comprehensive, Canada-wide system for capturing information on immunization rates, three disease rates have been selected for use on an interim basis as measures reflecting immunization. They are expressed as a rate per 100,000 people. All three diseases are preventable through immunization.

It is worth noting that these diseases are now rare. For example, the total number of meningitis cases in Canada in 1999 was 10. The low frequency, coupled with the periodic nature of measles outbreaks, means that the rates can show large variations amongst provinces and between years. Often, the cases recorded for a year occurred in visitors from abroad, and so were not at all reflective of vaccination practices within the province.

- a) Meningitis

Invasive meningococcal disease (IMD), commonly referred to as meningitis, is a rare but serious bacterial disease spread by direct contact. Roughly 10 per cent of people who contract IMD will die, and those who survive may suffer serious after-effects. Its incidence is highest amongst children under the age of one and those between the ages of 15 and 19.

The rate for Ontario has declined over time, and as of 2000 was 0.1 per 100,000 people. This is below the rate for Canada as a whole at 0.3.

- b) Measles

Measles is a highly communicable viral disease that is preventable through immunization. It is more severe in infants and adults. Complications can include middle ear infection, croup, and encephalitis. The Ontario rate has dropped drastically since 1980 from 94.37 to 0.03 per 100,000 people. Periodic outbreaks can lead to significant fluctuations. Ontario's rate in 2000 was 0.6, which is lower than the rate for Canada of 1.3.

- c) HIB

Haemophilus Influenza b (invasive) was formerly the most common cause of meningitis, and a leading cause of other serious invasive infections in children. Ontario now provides HIB vaccine in its immunization program for children. The vaccine is given in four doses before the age of two, in combination with diphtheria, pertussis, tetanus and polio vaccines.

The Ontario rate per 100,000 people was 0.3 in 2000. This is below the Canadian average of 0.9, and a significant drop from 1992, when the rate stood at over 6 per 100,000 people.

B. EARLY DEVELOPMENT REPORTED BASED ON THE NATIONAL LONGITUDINAL SURVEY OF CHILDREN AND YOUTH (NLSCY)

The early development indicators agreed to by the provinces and territories are based on data from the National Longitudinal Survey of Children and Youth (NLSCY) made available by the federal government to enable the provinces to report on the child well-being indicators.

The NLSCY survey takes a sample of children and youth every two years. The sample is representative on a provincial basis, but not for any smaller area. Except for the direct assessment of children's vocabulary development, parents are the usual source of information on which the NLSCY data are based. The Ontario data is based on 4,100 Ontario children under the age of six. Children living on reserves are not included in the sample.

As noted above, Ontario has presented NLSCY data in its reports, but has decided to begin also to provide its own data based on the Early Development Instrument.³

For each of the early development indicators, we focus on the proportion that are healthy, or in the average range, as opposed to the smaller percentage considered to have a problem of some sort. We have used the total Canadian sample as the key point of comparison. However, it must be noted that because of the relatively large size of the Ontario sample, there is a tendency for the overall Canadian score to be close to the Ontario score.

This year there are two issues related to the NLSCY that must be addressed.

1. Last year's report included NLSCY figures that were calculated based on population weighting. The population figures forming the basis of these calculations were a "post-censal estimate". This estimate was used because the 2001 Census figures were not yet available. The new population data from the 2001 Census is now available. As a result, the figures used in last year's *report* were re-calculated by Statistics Canada, and in some cases differ from those reported last year.
2. The survey questions used in the NLSCY changed between data collection cycles. This means that one of the 11 indicators appearing in the last report, "Pro-social behaviour", could not be calculated this year. Instead, a new

³ The Early Development Instrument (EDI) is described further in the following section, and in an appendix.

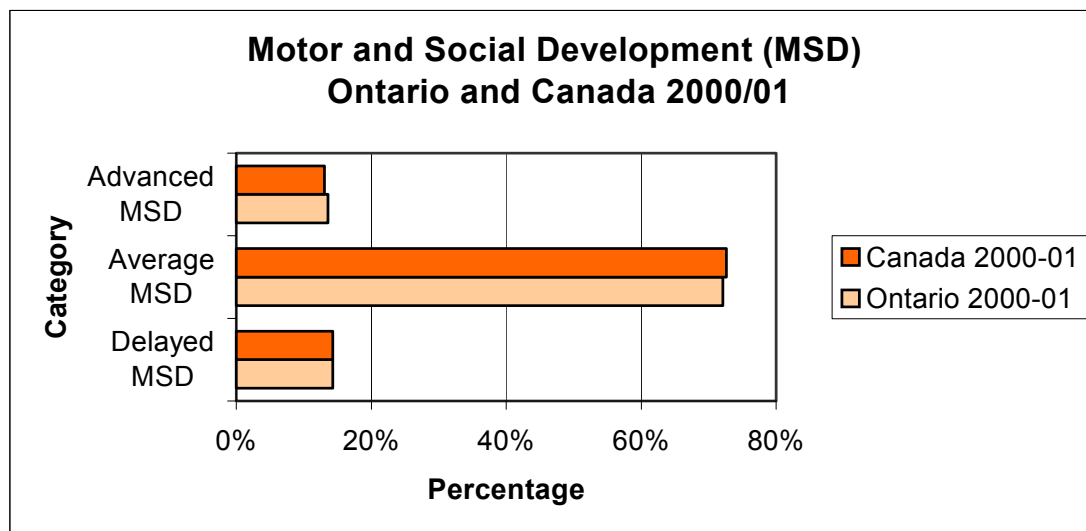
indicator, “Personal-social behaviour”, was substituted. It is not considered comparable to the previously used indicator. The federal government advises that the new measure is expected to be available in future years, ensuring comparability for years subsequent to 2000/01.

Due to these changes, Ontario has decided to use 2000/01 as its baseline year for measuring child outcomes.

- Motor and Social Development

The results for motor and social development in children are based on 15 questions about children from birth to three years of age. Motor development refers to the child’s ability to perform tasks requiring physical co-ordination such as walking, climbing stairs, running, holding a pencil, etc. Social development refers to the way a child interacts with others.

Ontario children demonstrated average motor and social development in 72.1 per cent of the cases. This is marginally lower than the Canadian average of 72.6 per cent.



- Emotional Maturity

Emotional maturity was measured in the NLSCY for children two to five years of age. The results are reported for two areas – emotional and/or anxiety problems, and hyperactivity and/or inattention. As with the other early development indicators, we report the proportion that fall in the “Normal” or “Average” range. It is important to note that these categories do **not** reflect professional diagnoses.

- i) Emotional Problems/Anxiety

It is harder for a tense or highly anxious child to learn effectively. The NLSCY used two scales to assess the extent to which behaviours indicative of emotional or anxiety problems were present in the sample of children. The scale for children aged two to three years ranges in value from zero to 12 while the scale for children aged four to 11 years ranges from zero to 16. One measure was created for children aged two to five years representing the proportion of children who exhibit high levels of emotional problems/anxiety and those who do not.

In the Ontario sample, 82.0 per cent of the children did not display high emotional problems as defined by the scale. This is comparable to the Canadian average, 82.2 per cent.

ii) Hyperactivity-Inattention

Hyperactivity and lack of attention could seriously disrupt a child in his/her learning process. For hyperactivity/inattention there are two scales: one for children aged two to three years and one for children four to 11 years old. The scales are comprised of different items intended to capture aspects of hyperactive/inattentive behaviour. The scale for children aged two to three years ranges in value from zero to 14 while the scale for children aged four to 11 years ranges from zero to sixteen. In both scales, a high score indicates behaviours associated with hyperactivity/inattention. One measure was created for children aged two to five years representing the proportion of children who exhibit high levels of hyperactivity/inattention and those who do not.

Hyperactivity and inattention were not identified as problems in 85.2 per cent of the Ontario sample, again comparable to the 84.9 per cent figure for all Canadian children.

- Social Knowledge and Competence

Social knowledge and competence refers to the way children behave in a social context and are able to communicate feelings and wants.

i) Physical Aggression/Conduct Problems

This measure is based on a scale that focuses on physical aggression, oppositional behaviour and/or conduct disorder. It distinguishes children who showed high levels of these problems from those who do not.

Physical aggression and conduct problems were not issues for 89.4 per cent of Ontario children sampled, slightly better than the rate of 87.4 per cent for all Canadian children.

ii) Personal-Social Behaviour

The Personal-Social Behaviour scale focuses on whether children exhibit age appropriate personal-social behaviours. The figure reported here is the proportion of children aged zero to three years who do display age appropriate personal-social behaviour. As with the other measures, it is based on the answers to several questions.

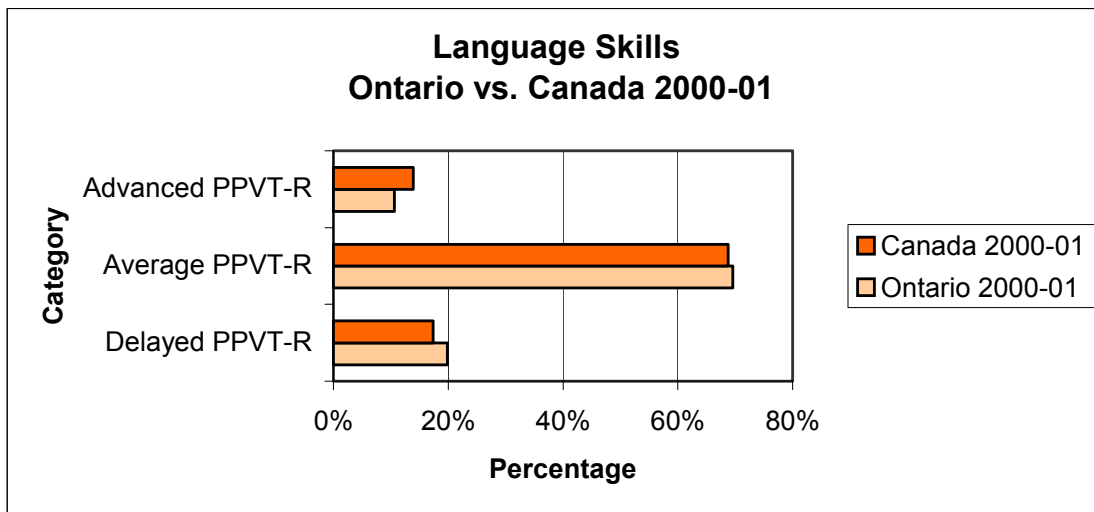
This scale replaces the formerly used “Pro-social behaviour” scale.

84.5 per cent of Ontario children showed age-appropriate personal-social behaviour compared with 84.0 per cent in the country as a whole.

- Language Skills

Language skills are measured in the NLSCY by the Peabody Picture and Vocabulary Test (PPVT-R). The PPVT-R is designed to measure receptive or hearing vocabulary in either English or French. It is administered directly to children by a trained interviewer to children aged four to five years.

Ontario’s children scored just above the Canadian average on the PPVT-R, with 69.6 per cent falling in the “Average” range (per cent for Canada). However, a slightly lower percentage scored as “Advanced,” 10.6 per cent compared to 13.9 per cent.



C. EARLY DEVELOPMENT INSTRUMENT (EDI) RESULTS

The Early Development Instrument (EDI) measures children’s development in five domains (or areas) of school readiness to assess groups of children. Therefore, EDI results can indicate how children are doing in communities or

neighbourhoods in respect to the outcomes of early development. It is not intended to be used as an individual diagnostic tool. The instrument is administered when children are in kindergarten. In most cases, the time is Senior Kindergarten (about age five), but in some cases it is implemented in Junior Kindergarten (about age four).

The instrument consists of a series of questions that are answered by kindergarten teachers who have observed the children in class for a period of several (usually five to six) months.

The questions are grouped into five developmental areas, identified in literature relevant to children's future success in school. These are:

- Physical health and well-being
- Social competence
- Emotional maturity
- Language and cognitive development
- Communication skills and general knowledge

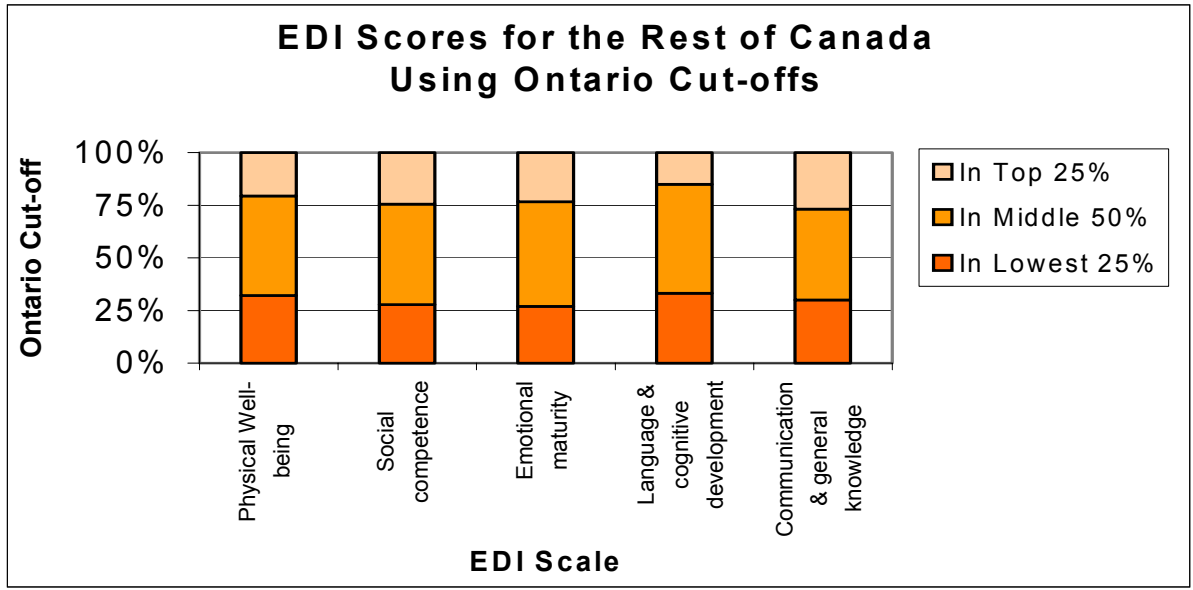
The EDI was developed at McMaster University's Offord Centre for Child Studies by Drs. Magdalena Janus and Dan Offord. It was first piloted on a limited basis in 1998. Since that time it has been used by school boards across Canada, including over 200,000 children.

EDI scores in this report indicate:

- the percentage of children in the top 25 per cent, or those who have better than average skills;
- the percentage in the middle 50 per cent, or those who have about average skills;
- the percentage in the bottom 25 per cent, or those whose skills are below average.

While the figures for all three groups are shown, from the point of view of analysis of resources and needs, it is the last group that requires the most attention.

For the purposes of comparing Ontario with the rest of Canada, the results for 2003 have been used. They include 40,779 children from outside Ontario, and 43,201 within Ontario. The scores for Ontario children were used to establish cut-off scores for the three categories. The results from outside Ontario were then compared to these standard-sized groupings. Based on these figures, Ontario children appear to be performing slightly better than their peers in other parts of Canada.



EDI Scale	Canada			Ontario		
	In Top 25%	In Middle 50%	In Lowest 25%	In Top 25%	In Middle 50%	In Lowest 25%
Physical Well-being	20.7%	47.2%	32.1%	25%	50%	25%
Social Competence	24.4%	47.5%	28.1%	25%	50%	25%
Emotional Maturity	23.2%	48.8%	27.0%	25%	50%	25%
Language and Cognitive Development	15.2%	51.6%	33.2%	25%	50%	25%
Communication and General Knowledge	26.7%	42.9%	30.4%	25%	50%	25%

Note: The Ontario sample has been used as the “norm” for purposes of comparison.

Summary Of Ontario Child Outcome Indicators

Based on the indicators used for this report, Ontario's children appear to be doing as well as or better than Canadian children in general, in most of the 11 areas measured. The differences identified appear to be minimal. The results based on the Early Development Indicator also appear encouraging.

However, Ontario's children could be doing better. Many of the initiatives of Ontario's Early Years Strategy described in this report focus on areas where improvements are desirable. It is our hope that they will collectively lead to improvements in the outcome indicators over time.

The table that follows summarises the results for all 11 indicators in Ontario and Canada as a whole:

Indicator	1998		2000	
	Ontario	Canada	Ontario	Canada
A. Physical Health (Lower scores and percentages are better)				
Low Birth Weight	5.8%	5.5%	5.7%	5.6%
Infant Mortality (per 1,000 live births)	5.4	5.3	5.5	5.3
Immunization: (per 100,000 people)				
- Meningitis	0.5	0.5	0.1	0.3
- Measles	0.03	0.5	0.6	1.3
- HIB	0.3	0.8	0.3	0.8
B. Early Development (Higher percentages are better)				
Average/Advanced Motor and Social Development	85.7%	86.1%	85.7%	85.7%
No Emotional Problems/Anxiety	86.0%	86.2%	82.0%	82.2%
No Hyperactivity-Inattention	87.9%	87.8%	85.2%	84.9%
Low Physical Aggression/Conduct Problem	86.5%	86.5%	89.4%	87.4%
Prosocial Behaviour	92.7%	89.9%	Data not available	
Personal-Social Behaviour	Data not available		84.5%	84.0%
Average/Above-Average Language Skills	85.6%	84.1%	80.2%	82.7%