

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
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**Submitted by
Soumis par:
Dr./ D' Isra Levy
Medical Officer of Health/Médecin chef en santé publique**

**Contact Person
Personne ressource:
Sherry Nigro, Manager / Gestionnaire
Health Promotion and Disease Prevention/ Promotion de la santé et prévention
des maladies
Ottawa Public Health/Santé publique Ottawa
613-580-2424, ext./poste 28971 *Sherry.Nigro@ottawa.ca***

Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2016-OPH-HPDP-0002

SUBJECT: HEALTHY START: PART 3 – TODDLER/ PRESCHOOL HEALTH

OBJET: BON DÉPART : PARTIE 3 – SANTÉ DES TOUT-PETITS ET DES ENFANTS D'ÂGE PRÉSCOLAIRE

REPORT RECOMMENDATIONS

That the Board of Health for the City of Ottawa Health Unit receive this report for information.

RECOMMANDATIONS DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa prenne connaissance du présent rapport à titre d'information.

EXECUTIVE SUMMARY

Research shows that a child's earliest years of life influence their success in school and well-being beyond. During toddler and preschool years, early identification and intervention for developmental and psychological issues are important so that children can get the support they need before they start school.

As a cornerstone of its programs and services, Ottawa Public Health (OPH) provides a continuum of services to families in order to help children attain and sustain optimal health and development. This means, the right care for families at the right time.

This report outlines the strides OPH has made with the integration of services for families during the toddler and preschool stage of development under the *Parenting in Ottawa* suite of services, with an emphasis on the need to continue to deepen this integration with local partners across all sectors. Through ongoing collaboration, Ottawa will be a place where families are supported by policies, programs and services that help children be physically, emotionally and socially ready for school.

This report also highlights the two Public Health Funding and Accountability Agreement indicators that relate to this target population. These are to maintain [Baby-Friendly Initiative Designation](#) and to be "advanced" in OPH's work to promote [NutriSTEP](#) screening on healthy weights. OPH has achieved these targets.

RÉSUMÉ

Des recherches ont révélé que les premières années de la vie d'un enfant influent sur sa réussite scolaire et sur son bien-être par la suite. Il est important de mettre au jour rapidement les problèmes développementaux et psychologiques chez les tout-petits et les enfants d'âge préscolaire, et d'intervenir sans délai afin de leur apporter le soutien dont ils ont besoin avant de commencer l'école.

Comme pierre angulaire de ses programmes et services, Santé publique Ottawa (SPO) offre aux familles un éventail complet de services qui aident les enfants à optimiser leur état de santé et leur développement. Il s'agit de donner aux familles les bons soins au bon moment.

Le présent rapport décrit les progrès réalisés par SPO dans l'intégration des services pour les familles ayant des tout-petits et des enfants d'âge préscolaire dans le cadre de la série de services *Être parent à Ottawa*, qui met notamment l'accent sur la nécessité de continuer à renforcer cette intégration avec les partenaires locaux dans tous les secteurs. Grâce à une collaboration permanente, Ottawa sera un endroit où les familles

bénéficieront de politiques, de programmes et de services qui aideront les enfants à être prêts, sur les plans physique, émotionnel et social, à commencer l'école.

Le rapport met également en relief les deux indicateurs du financement de la santé publique et de l'entente de responsabilisation qui se rapportent à cette population cible. Ils visent à maintenir la [désignation de l'Initiative des amis des bébés](#) et à faire avancer le travail de SPO pour la promotion de l'évaluation [NutriSTEP](#) en ce qui a trait au poids santé. SPO a atteint ces objectifs.

BACKGROUND

This report is the third in a series on early child development, and focuses on the health of toddlers and preschoolers, school readiness, and parenting capacity in Ottawa. The first report, [Healthy Start: Part 1 - Reproductive Health](#), discussed reproductive health, while the second report, [Healthy Start: Part 2 - Infant Health](#), focused on infant health and included Ottawa Public Health's (OPH) five-point plan to maximize support to parents:

1. Increasing awareness of the importance of infant mental health and attachment;
2. Supporting baby-friendly environments;
3. Expanding supports at Baby Express Drop-Ins;
4. Home visiting tailored for families with additional challenge, and;
5. Enhancing social connectedness with new families

In 2015, OPH undertook a review of its Family Health services with a view to ensure universal access to services, along with an appropriate level of resources for families with additional needs. Hereafter, all OPH family health services-website, Facebook, telephone support, drop-ins and home visiting have been rebranded as *Parenting in Ottawa* services. This ensures more cohesion internally within OPH, resulting in more fluidity for clients to go from one service to another. This report will discuss the preschool years from age one to school entry and how OPH aims to ensure families get the right service, at the right time, by the right provider.

Toddlers and Preschool is an Important Stage in Life

Recognized international leaders in the field of early childhood development and social determinants of health, such as Sir Michael Marmotⁱ, Dr. Fraser Mustardⁱⁱ, and Charles

ⁱ Chair of WHO's Commission on Social Determinants of Health, Director of the International Institute for Society and Health, Knighted by The Queen for services to Epidemiology and understanding health inequalities in 2000

Pascalⁱⁱⁱ speak to research that shows that a child's earliest years of life influence their success in school and well-being beyond. Extensive research demonstrates that nurturing and responsive relationships, particularly with primary caregivers, build healthy brain architecture, which provides a strong foundation for learning, behaviour and health. In these toddler and preschool years, early identification and intervention for developmental and psychological issues are important so that children can get the support they need before they start school.

In Ontario there is strong commitment to early years as seen across the Ministries of Health and Long-Term Care¹, Child and Youth Services², and Education³. There is evidence that this investment provides returns over the lifespan many times the size of the original investment when considering savings to social service, health and law enforcement⁴. Public health has historically been an active contributor to child health and parenting support. Currently, there are requirements by the provincial government for health units "to enable all children to attain and sustain optimal health and developmental potential"⁵ through epidemiological analysis and reporting, work with community partners on health promotion, healthy policy and the creation of supportive environments. Also required is an increase in the number of screenings for growth and development, and for eligible families, provision of home visiting and dental services. The topic areas explicitly identified in the [Ontario Public Health Standards](#) are:

- Positive parenting
- Breastfeeding up to 24 months and beyond
- Healthy family dynamics
- Healthy eating, healthy weights and physical activity
- Growth and development and
- Oral health

Families in Ottawa

In Ottawa, there are an estimated 51,000 children aged one to six years⁶ and almost 60,000 residents living in private households with children less than six years of age.

ⁱⁱ Dr. Mustard is a leader in Canada on the socio-economic determinants of human development and health, with particular emphasis on early childhood and developmental neurobiology. He is the recipient of : the Companion of the Order of Canada, the Order of Ontario, the Gairdner Foundation International Award for Medical Research, Canadian Medical Hall of Fame inductee

ⁱⁱⁱ Professor of Applied Psychology & Human Development at OISE/University of Toronto; In 2007, he was appointed by Dalton McGuinty *Special Advisor on Early Learning*.

Similar to many other urban cities, Ottawa families are diverse and as such, support for families and parents must take this into consideration when planning services and programs. For instance, in Ottawa there are families who:

- Live in rural (10%), suburban (40%), and urban locations (50%)⁷ (percent of families with children at home);
- Speak English (97%), French (39%) or neither (1.4%)⁸;
- Are single parents (13% (6,365) of families with children under five years of age⁹), blended families (12% of couples with children are stepfamilies¹⁰), or have same sex parents (0.2% (250) of couples with children aged 24 years and under¹¹);
- Have low income (15.2% of Ottawa residents with children less than six years of age - compared to 11.7% of the entire Ottawa population (based on after-tax low-income measure from 2011 National Household Survey)¹².

In addition, there are some families:

- Where the parents have university education; while others do not have a high school certificate/diploma;
- Who have large extended and supportive social networks, while others are isolated from family and friends;
- That may face barriers to receive culturally sensitive services, such as newcomers and aboriginal families;
- Where the parents are teenagers themselves¹³; and,
- Where the parents and/or the children have physical and/ or psychological disabilities

Some of these families face extraordinary challenges. Between 2009 and 2011, in Ottawa there has been a 4% increase in the number of children and youth in emergency shelters (from 1,823 to 1,900)¹⁴. The Children's Aid Society reports an increase in the reports where children and youth witnessed partner violence in the home from 1,064 reports in 2010 to 1,193 in 2012¹⁵. For families with children with special needs there continues to be waiting lists for services. Four percent of senior kindergarten (SK) students were reported by their teachers as having an identified special need and 4% were on a waitlist for assessment. In addition, teachers expressed concern that 11-12% of students needed further assessment of their developmental health¹⁶.

The Health of Toddlers and Preschoolers in Ottawa

A child's health and development is influenced by biological, social and environmental factors. An important factor in a child's wellbeing is the parent or guardian's capacity to provide a nurturing and safe environment. Early childhood experiences directly affect a child's readiness to enter school. Children who enter school ready to learn and able to meet the demands of school perform better in earlier grades and are more likely to finish high school¹⁷. Unfortunately when a child falls behind they tend to continue to lag¹⁸ which validates the need for the prevention and early identification of developmental issues, and for accessible programs and services aimed at families with toddlers and preschoolers. Currently, developmental screening is done by family physicians at the [18 Month Well Baby Visit](#) and by teachers prior to grade 1. According to the Ontario Health Insurance Plan (OHIP) billing data, 64% of children aged 17 to 24 months were screened in 2013, an increase from 60% in 2012¹⁹.

The Early Development Instrument (EDI) is a population-based measurement tool to assess developmental health at school entry for SK students, completed by their teachers^{iv}. Students' growth along the developmental continuum is measured for five domains:

1. Physical Health and Well-Being;
2. Emotional Maturity;
3. Social Competence;
4. Language and Cognitive Development; and,
5. Communication Skills and General Knowledge

In Ottawa, 25.6% of SK students are vulnerable in at least one of these domains²⁰. The latest cycle finds an increasing number of SK students vulnerable in the *Physical Health and Well-Being* and the *Social Competence* domains (Table 1). Despite this, there were improvements in the *Language and Cognitive Development* and the *Communication Skills and General Knowledge* domains (Table 1)²¹. The [Parent Resource Centre](#) reports on EDI measures for Ottawa and Ottawa's Best Start neighbourhoods, which can be found on the Parent Resource Centre website at www.parentresource.ca.

^{iv} The Early Development Instrument (EDI) was developed by the Offord Centre for Child Studies at McMaster University. The EDI is a 104-item checklist completed by Senior Kindergarten teachers for children in their class, measuring readiness for Grade One. The Parent Resource Centre promotes the EDI to Ottawa school boards, trains SK teachers on how to administer the instrument, analyzes and interprets the data.

Table 1: Sub-Domains of Early Developmental Health with Significant Changes over the Past 3 EDI Cycles in Ottawa

Domain	Direction of change in sub-domain (measuring the % vulnerable)
Physical Health and Well Being	↑ Gross and Fine Motor Skills ↑ Physical Readiness for School Day
Emotional Maturity	↑ Aggressive Behaviour ↑ Anxious and Fearful Behaviour ↑ Prosocial and Helping Behaviour
Language and Cognitive Development	↓ Interest in Literacy/Numeracy and Memory ↓ Basic Literacy
Communication Skills and General Knowledge	↓ Communication and General Knowledge

Another surveillance mechanism to examine the health of children is dental indices. Good oral health is important to a child's overall health. Based on dental screening provided by OPH dental hygienists in 2015 at 55 daycares and [Headstart Programs](#) to preschoolers, 11% had a dental need and 4% of those children screened had urgent issues such as large open cavities, oral pain and/ or dental infection. Not only is poor oral health linked with chronic diseases such as cardiovascular disease and diabetes later in life, it can also affect a child's ability to sleep and concentrate, impact nutritional intake, lead to premature loss of teeth and potentially affect self esteem. Oral health problems are more prevalent among those who experience barriers to service, such as financial, socio-cultural and geographic. These results reinforce the need to reach out to these populations to better prevent oral health issues early in childhood and ensure timely access to treatment for poor oral health.

OPH's Work to Support Healthy Growth and Development of Toddlers and Preschoolers

As outlined in the previous [Healthy Start report](#) to the Board of Health, OPH provides a range of services for parents, including parents of toddler and preschoolers. Most are available to all families, and OPH services are available at no cost to families. Services for families with toddlers and preschoolers include:

- Online resources and social media on the [Parenting in Ottawa website](#) and [Facebook](#);
- Phone support through the [Ottawa Public Health Information Line](#);
- [Parenting in Ottawa Drop-Ins](#);
- Access to dental services through targeted outreach and integration with community dental services including private practitioners and surgical interventions; and,
- [Home visiting](#)

There are two Public Health Funding and Accountability Agreement indicators that relate to this target population. These are to maintain [Baby-Friendly Initiative Designation](#) and to be “advanced” in OPH’s work to promote [NutriSTEP](#) screening on healthy weights. OPH has achieved these targets.

Universally, all parents benefit from information, education, support services with some families benefiting from more tailored approaches. The continuum of services across OPH (Supporting Document 1) is intended to provide a range of options to meet parents’ needs. Some of the highlights over the past year of OPH’s continued work to improve service include:

- Sustaining parent engagement through the [Parenting in Ottawa website](#) (43,706 users, 95,119 unique page views from March 2015 to December 2015);
- Increasing popularity of the *Parenting in Ottawa* Facebook page (13,744 page ‘likes’ from November 2014 to December 2015), and the introduction of local experts as guests;
- Expanding drop-ins to include families with children up to age six years old;
- Increasing the number of child care providers implementing Healthy Eating and Active Living (HEAL) guidelines (110 childcare centres, and 150 home child care providers have been trained on HEAL guidelines);
- Integrating planning with Best Start partners^v to ensure drop-ins are in areas of the city with higher diversities of young families. The result is an increase from 15 to 20 locations that occur weekly across the city;

^v Andrew Fleck Child Care Services; Annavale Headstart Nursery School; Barrhaven Child Care Centre; Brighter Futures for Children of Young Parents; Carlington Community Health Centre; CentrepoinTE Early Childhood Resource Centre; Centretown Community Health Centre; Champlain Local Health Integration Network; Champlain Maternal Newborn Regional Program; Charlotte Birchard Centres of Early Learning; City View Centre for Child and Family Services; Ontario Early Years Centre Ottawa South; First Words Preschool Speech and Language Program of Ottawa; Mothercraft Ottawa; Ontario Early Years Centre; Ontario Early Years Centre Ottawa Orleans; Orléans-Cumberland Community Resource Centre; Ottawa Carleton District School Board; Ottawa Catholic Childcare Corporation; Ottawa Catholic School Board; Ottawa Inuit Children’s Centre; Ottawa Public Health; Ottawa Public Library; Ottawa’s Children Treatment Centre; Parent Resource Centre; Pinecrest-Queensway Community Health Centre; Rideau-Rockcliffe Community Resource Centre; Somerset West Community Health Centre; South East

- Making it even easier to speak to a Public Health Nurse (PHN) by launching a new easy to remember phone number, 613-PARENTS (613-727-3687);
- Completing over 10,000 home visits to families, from expectant parents to families preparing for the transition to school;
- In partnership with Board of Health members, City Councillors, school boards and community partners, OPH hosted a free screening of *Inside Out*, a movie about feelings and positive mental health for over 350 parents and children;
- Contributing to the launch of Infant and Child Mental Health - Practice Change Champions initiative which is a collaboration of the local Child and Youth Initiative to enhance community capacity to promote and protect infant and early childhood mental health; and,
- Increasing visibility of health promotion messages and local services for families, in partnership with the Children's Hospital of Eastern Ontario (CHEO) through earned media and cross promotion.

DISCUSSION

OPH uses a needs-based approach to ensure the services it provides are client-centered. OPH identifies client needs by directly asking clients, through screening and assessment activities, and getting input from community partners. A review of the literature, analysis of program data sources, and consultation with partners shows that families of toddlers and preschoolers have many questions about how to care for their child, what is normal behavior and what resources are available to them. A review of the topics for phone calls and Facebook messages reveals that the most popular topics for toddler and preschool families are child nutrition, dental health, immunization and local resources. Thematically three overarching needs emerge:

- Supporting optimal growth and development for all children;
- Tailored services for families experiencing challenges; and
- Facing the challenges of transition back to work.

Supporting Optimal Growth and Development for All Children

The goal across OPH early childhood development programs is to build the confidence and capacity of parents, so they can facilitate optimal growth and development of their child. The toddler and preschool years are characterized by rapid change with each child having a different personality, and a unique developmental course, physically and emotionally. One of the most common pieces of feedback received from parents is that

they are often overwhelmed with too much information from too many sources. In order to make information more easily accessible, OPH, in collaboration with its partners, launched a new brand, *Parenting in Ottawa - where parents go to get in the know*.

Parenting in Ottawa is seen as a credible, trusted and local source that people can turn to. Supporting and building parenting capacity includes providing education and awareness of what to expect at the different ages and stages, when to worry and when not to, and where and how to find resources and supports. Through *Parenting in Ottawa*, parents can access parenting information and services in a number of ways. With just a few clicks of the mouse, parents can read helpful tips and information on the [Parenting in Ottawa website](#), and peruse comments posted by other parents; to more interactive options including engaging with a PHN on Facebook (in a private or public message) to ask questions unique to their situation, or by calling 613-PARENTS. Parents can also visit one of 20 *Parenting in Ottawa* drop-ins across Ottawa, seven days a week, 52 weeks of the year, which now provide expanded services to parents prenatally up to school entry.

Parenting in Ottawa information and services are provided in collaboration with OPH community partners. For example, the *Parenting in Ottawa* drop-ins are an integrated service that stemmed from joint service planning with a number of partners around the Best Start Planning Tables, including the Ontario Early Years Centres, Community Health and Resource Centres and First Words. Facebook discussions are also often moderated by partners, such as First Words, City of Ottawa Child Care Services branch, and CHEO Emergency Room Physicians. OPH in partnership with CHEO, collaborate on the *Parenting in Ottawa* Special Segments on CTV News, in order to expand the reach of parenting information through earned media.

Tailored Services for Families Experiencing Challenges

Many families face difficult circumstances. OPH works closely with community partners to better integrate and coordinate services, particularly for these families that are dealing with multiple, and more complex challenges. OPH has been working with community partners to raise awareness of the importance of prevention and early identification of growth and development concerns. Screenings occur at a variety of touch points, including prenatal birth care provider, at birth in the hospital, and at the physician 18 Month Well Baby Visit. In addition, families can seek screening services through a variety of community agencies and through the full range of *Parenting in Ottawa* services. For families identified with a greater need for tailored support, *Parenting in Ottawa* works to help families access services by reaching out and

engaging them in our services, or by guiding parents to seek out the resource themselves or making a referral to another community support.

OPH dental services offer resources to low income families by working with community partners such as Headstart programs, Community Health and Resource Centres and child care centres. Daily tooth brushing routines are encouraged to develop good oral health habits at an early age. As well as screening, there are follow up referrals done to ensure children access dental treatments. In 2016, OPH, in partnership with the Wabano Centre for Aboriginal Health, will open a new dental clinic to increase access for Aboriginal children living in Ottawa that will provide services in a culturally safe environment.

Healthy Babies, Healthy Children (HBHC) is a clinical program serving families up to their child's transition to school. A team, led by a PHN as service coordinator, and involving Family Visitors and a Social Worker provide home visits and system navigation to appropriate community resources for families who need more support to give their children a healthy start. The needs of the families are highly variable and range as across issues such as prematurity, autism, poor attachment, mental illness, addictions, family violence, immigrant/refugee and settlement concerns. All of these factors may impact child's short and long-term mental and physical development. HBHC works with families in partnership with, among others, all Ottawa hospitals, family shelters, food banks, [the Children's Aid Society of Ottawa](#), [First Words](#), [Crossroads Children's Centre](#), and [Centre Psychosocial](#). OPH together with these partners aims to help parents feel confident in their ability to promote their child's development, and to empower parents to seek support in a timely way.

The Challenges to Transition Back to Work

For many families, an important transitional period coincides with their child's first birthday. Typically children are just starting to walk, can only speak a few words, are still in diapers and highly dependent for all care. Many parents are returning to work and have been facing the challenge of finding and transitioning their child to a caregiver who will meet the financial, geographic, language and programming needs of the family. This can be a highly stressful period. Childcare in Ontario is undergoing a significant transformation in the way that funding is available for parents and care providers, with changes in ministerial accountabilities, and with an overhaul of the [Child Care and Early Years Act \(2015\)](#) which is replacing the Day Nurseries Act. Health units respond to and conduct inspections in licensed day nurseries, related to food safety and infection

prevention practices, and promote immunization uptake through work with child care operators.

Given the importance of child care to the health and safety outcomes of the child and family, OPH has been actively working to inform regulatory changes and partnering with the City's Community and Social Services Department and child care providers to support parents' access to resources and information. For example, *Parenting in Ottawa* Facebook has hosted municipal child care staff as guests, with very high interest from parents. As previously reported in the [Back to Basics, Report on Healthy Eating, Active Living \(HEAL\) Strategy](#), OPH has been working with municipal and private child care centres on implementation of the Healthy Eating and Active Living Guidelines. An evaluation completed in 2015 shows high parent appreciation for operators that implement the guidelines.

Caregivers themselves play a critical role in the life of toddlers and preschoolers. Research into attachment, which is defined as "the deep and lasting connection that children form with their caregiver(s)"²², supports healthy emotional development. Toddlers depend on their caregivers to be physically and emotionally available. OPH, with its partners, have been working with the local child and youth sector, which includes child care to promote awareness of the importance of early child mental health and skill building activities that enhance healthy relationships between primary caregivers (parents and child care providers) and children. Children who have healthy attachments feel secure with a caregiver, and more confident in exploring their world²³. Healthy attachments also serve to ease the transition back to work for both child and parent.

The workplace itself plays an important role in assisting with the transition for parents. Workplaces that have family friendly policies such as good medical benefits, and flexible working arrangements can help reduce the stress of the return to work. The [Infant Feeding in Ottawa 2012 to 2014 Health Status report](#) showed that despite recommendations from the World Health Organization and Health Canada that breastfeeding continue to the age of two years and beyond, 'return to work' was the primary reason why mothers' stopped breastfeeding between six and 12 months. Data shows that while 68% of mothers' breastfed at six months, only 25% of mothers were breastfeeding at 12 months²⁴. OPH advocates for workplace supports, such as dedicated appropriate space for mothers to pump and store breast milk, to help sustain breastfeeding. This in turn not only reduces the stress on families to wean prematurely, but also protects the child from health issues such as infectious disease and weight concerns.

NEXT STEPS

Ottawa is fortunate to have a strong system of resources and services for families with toddlers and preschool children. However, there are still families struggling to create healthy environments for their children and there are children who are not realizing their full potential.

OPH will continue to deepen the integration of services, under *Parenting in Ottawa*, with local partners across all sectors to minimize duplication, find efficiencies, and ensure a strong safety net for all families. OPH will achieve this through its work with its partners to strengthen system coordination and integration, working with partners to build their capacity, streamlining vehicles for communication to families (*Parenting in Ottawa* portal, etc.) to better meet the needs of local parents by ensuring they are getting the right service, at the right time, by the right provider. Through collaboration, Ottawa will be a place where families are supported by policies, programs and services that help children be physically, emotionally and socially ready for school.

RURAL IMPLICATIONS

The services from OPH are available to clients regardless of where they live. Particular efforts have been made to ensure *Parenting in Ottawa* drop-in access for rural communities. OPH is also exploring a partnership for a mobile drop-in service.

CONSULTATION

OPH has consulted with parents, partners and staff to determine the best approaches to providing integrated services for families.

LEGAL IMPLICATIONS

There are no legal impediments to receiving the information in this report.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications to receiving this report.

FINANCIAL IMPLICATIONS

There are no financial implications to receiving this report.

ACCESSIBILITY IMPACTS

There are no accessibility implications to receiving this report.

TECHNOLOGY IMPLICATIONS

There are no technology implications to receiving this report.

SUPPORTING DOCUMENTATION

Document 1 – Ottawa Public Health - Family Health Menu of Services Summary

DISPOSITION

This report is provided for information.

¹ Ministry of Health and Long-Term Care. Ontario. ON. (2013) Make No Little Plans, Ontario's Public Health Sector Strategic Plan. downloaded January 29, 2016 from

<http://www.toronto.ca/legdocs/mmis/2013/hl/bgrrd/backgroundfile-57698.pdf>

² Ministry of Child and Youth Services. (2014) Ontario. ON. Growing. Together. 2013-2018 Strategic Plan. Downloaded January 29, 2016

<http://www.children.gov.on.ca/htdocs/English/documents/about/stratplan13-18.pdf>

³ Ministry of Education. (2014) Ontario. ON. How Does Learning Happen? Ontario's Pedagogy for the Early Years. Downloaded January 29, 2016 from

<http://www.edu.gov.on.ca/childcare/HowLearningHappens.pdf>

⁴ Healthy Kids Panel. (2013). *No time to wait: healthy kids strategy*. Retrieved from

http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy_kids/healthy_kids.pdf

⁵ Ontario Ministry of Health and Long-Term Care. (2008). Ontario Public Health Standards- Child health. Retrieved from http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/childhealth.aspx

⁶ Ottawa Public Health (2015). Ottawa population projections, 2015. Toronto: Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario. Extracted: 14 May 2015.

⁷ Statistics Canada (2011). 2011 Census of Population. Ottawa, Ontario.

⁸ Statistics Canada (2011). 2011 Census of Population. Ottawa, Ontario.

⁹ Statistics Canada (2011). 2011 Census of Population. Statistics Canada Catalogue no. 98-312-XCB2011024.

¹⁰ Statistics Canada. (2012). Families and Households Highlight Tables. 2011 Census. Statistics Canada Catalogue no. 98-312-XWE2011002.

¹¹ Statistics Canada (2011). Census of Population. Statistics Canada Catalogue no. 98-312-XCB2011046.

¹² Statistics Canada (2011). National Household Survey. Ottawa: Statistics Canada.

¹³ Ottawa Public Health (2014). State of Ottawa's Health, 2014. Ottawa, Ontario.

¹⁴ The Ottawa Child and Youth Initiative. (2014). *Charting outcomes: Community actions for healthy development for children and youth in Ottawa*.

<file:///C:/Users/Colevi/Downloads/Charting%20Outcomes%20April2014.pdf>

¹⁵ Jubenville, K., Lafrenière, A., Millar, C., de Quimper, C., and Woods, K. Developmental Health at School Entry in Ottawa – Results from the 2010-12 implementation of the Early Development Instrument and Kindergarten Parent Survey in Ottawa. Program Effectiveness Data Analysis Coordinators, Parent Resource Centre, Ottawa, ON.

¹⁶ Jubenville, K., Lafrenière, A., Millar, C., de Quimper, C., and Woods, K. Developmental Health at School Entry in Ottawa – Results from the 2010-12 implementation of the Early Development Instrument and Kindergarten Parent Survey in Ottawa. Program Effectiveness Data Analysis Coordinators, Parent Resource Centre, Ottawa, ON.

¹⁷ Doherty, G. (1997). Zero to six: The basics for school readiness. R-97-8E, Applied Research Branch, Strategic Policy, Human Resources Development Canada, Ottawa, ON.

¹⁸ Canadian Pediatric Society. (2011, December 1). Position statement and practice points-Measuring in support of early childhood development. Retrieved from <http://www.cps.ca/en/documents/position/early-childhood-development>

¹⁹ Ottawa Public Health (2016). 18 month well baby visits, Ontario Health Insurance (OHIP) claims. Toronto: Ontario Ministry of Health and Long-Term Care, IntelliHEALTH Ontario. Extracted: 12 January 2016.

²⁰ Jubenville, K., Lafrenière, A., Millar, C., de Quimper, C., and Woods, K. Developmental Health at School Entry in Ottawa – Results from the 2010-12 implementation of the Early Development Instrument and Kindergarten Parent Survey in Ottawa. Program Effectiveness Data Analysis Coordinators, Parent Resource Centre, Ottawa, ON.

²¹ Jubenville, K., Lafrenière, A., Millar, C., de Quimper, C., and Woods, K. Developmental Health at School Entry in Ottawa – Results from the 2010-12 implementation of the Early Development Instrument and Kindergarten Parent Survey in Ottawa. Program Effectiveness Data Analysis Coordinators, Parent Resource Centre, Ottawa, ON.

²² Public Health Agency of Canada. (2011, January 18). Attachment- connecting to your child. Retrieved from <http://www.phac-aspc.gc.ca/hp-ps/dca-dea/cht-sse/attachment-attachement/index-eng.php>

²³ Encyclopedia on early childhood development. (2012, May). Attachment. Retrieved from <http://www.child-encyclopedia.com/attachment>

²⁴ Ottawa Public Health (2015). Infant Feeding in Ottawa 2012 to 2014. Ottawa, ON.