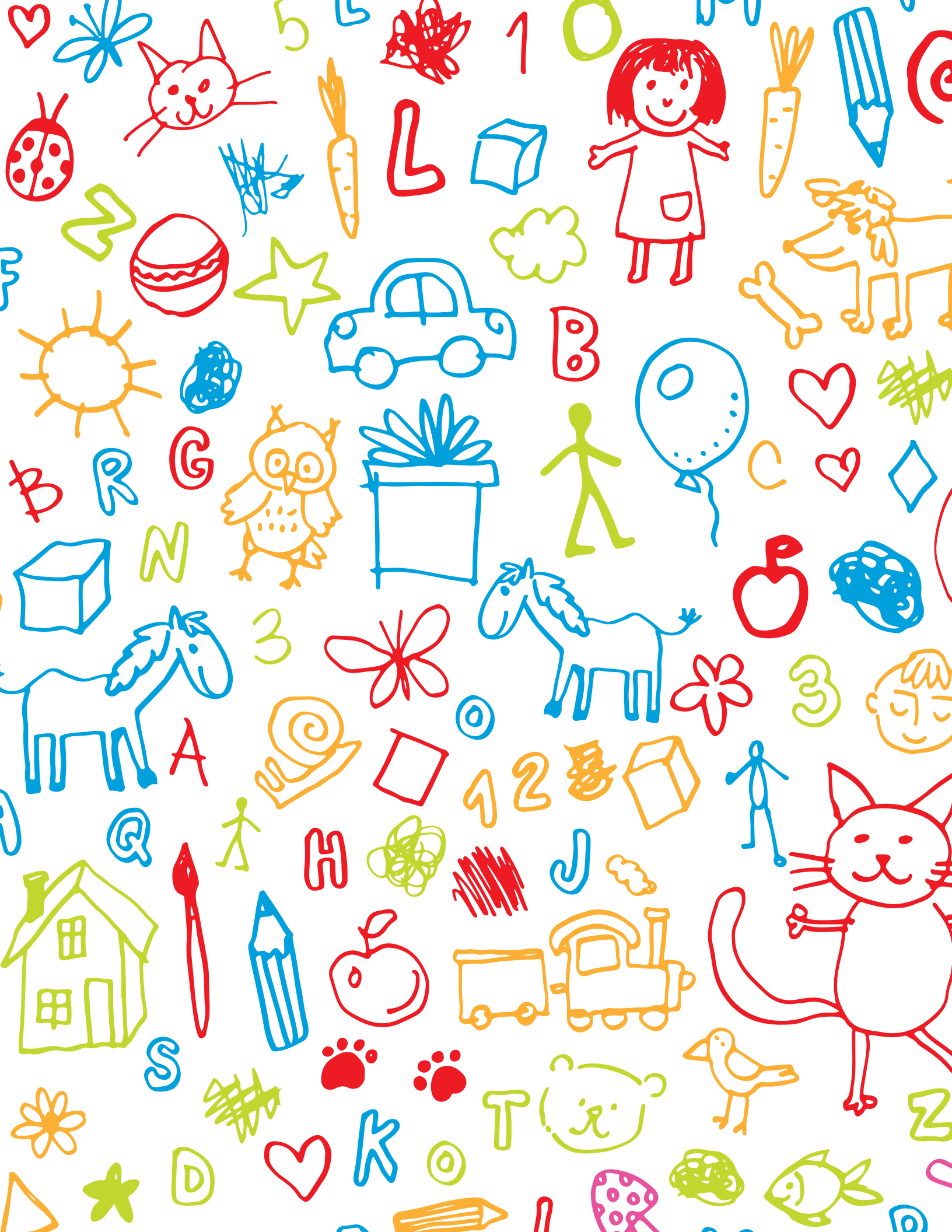
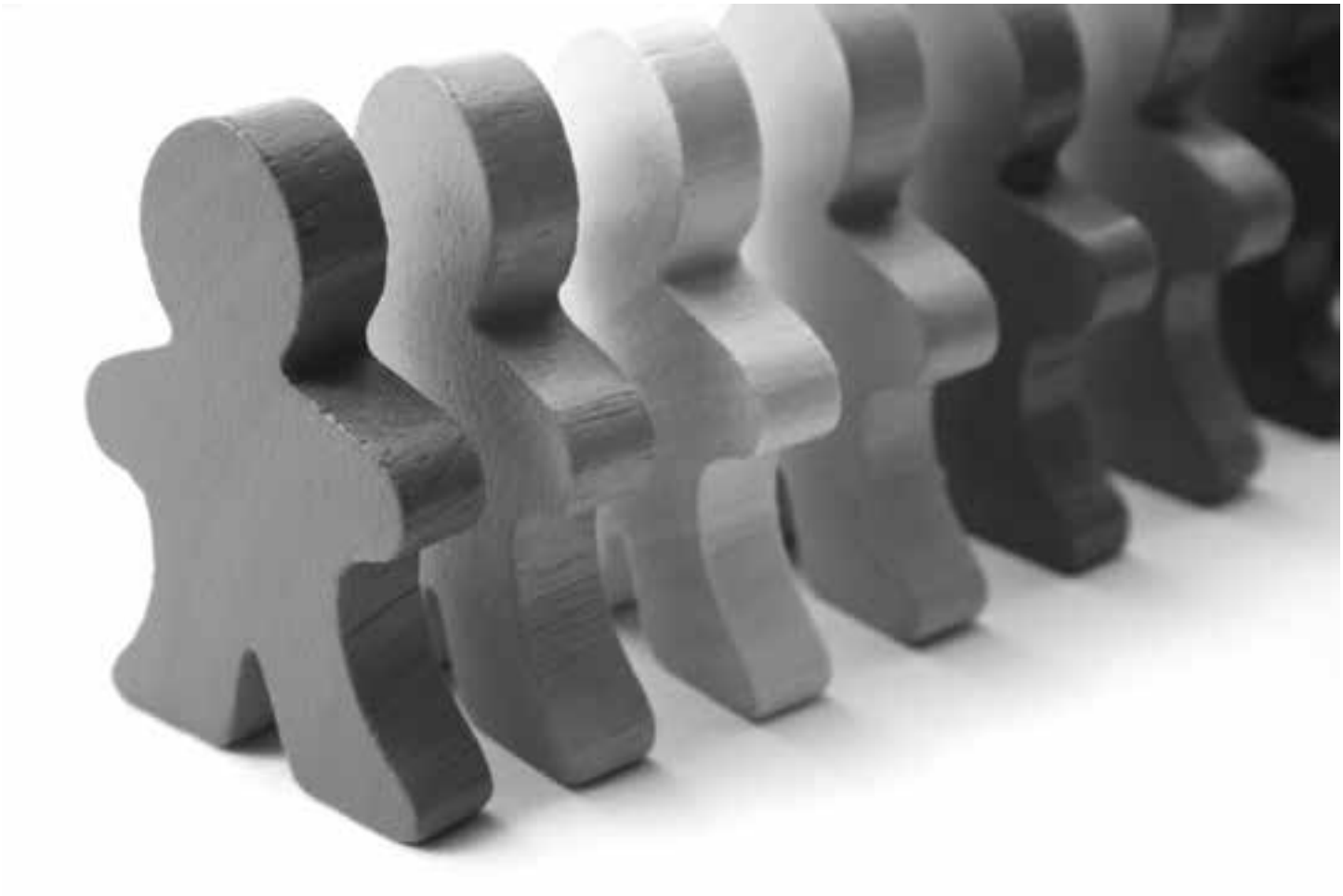
RED FLAGS 2019

A QUICK REFERENCE GUIDE FOR EARLY YEARS AND HEALTH CARE PROFESSIONALS IN YORK REGION

Early Identification of Red Flags in Child Development: Birth to Age Six

York Region





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Early Identification of Red Flags in Child Development: Birth to Age Six

DISCLAIMER NOTICE

Red Flags: A Quick Reference Guide for Early Years and Health Care Professionals in York Region, Early Identification of Red Flags in Child Development: Birth to Age Six **is a quick reference guide designed to assist in deciding whether to refer for additional advice, screening, assessment and/or treatment.**

It is not a formal assessment or diagnostic tool.

The information contained in the *Red Flags: A Quick Reference Guide for Early Years and Health Care Professionals in York Region, Early Identification of Red Flags in Child Development: Birth to Age Six* ('*Red Flags*' or 'this guide') has been provided as a public service for professionals working with children up to the age of six years. Although every attempt has been made to ensure its accuracy, no warranties or representations, expressed or implied, are made concerning the accuracy, reliability or completeness of the information contained in this guide.

This guide cannot substitute for the advice, formal assessment and/or diagnosis, of professionals trained to properly assess the growth and development of infants, toddlers and preschool children. Although this guide may be helpful to determine when to seek out advice and/or treatment, it should not be used to diagnose or treat perceived growth and developmental limitations and/or other health care needs.

This guide also refers to websites, screening tools, and other documents that are created or operated by independent bodies. These resources are provided as a public service and do not imply the investigation or verification of the websites or other documents. No warranties or representations, expressed or implied, are made concerning the products, services and information found on these independent sources.

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For more information about this guide please contact York Region Health Connection at 1-800-361-5653, TTY 1-866-512-6228, childfamily@york.ca.

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INTRODUCTION

INTRODUCTION TO THE RED FLAGS GUIDE

What is the *Red Flags* guide?

Red Flags is a quick reference tool to assist early years and health care professionals in knowing when and where to refer children from birth to the age of six years for whom there are potential health, growth and development concerns. A basic knowledge of healthy child development is assumed. *Red Flags* will assist professionals in identifying when children could be at risk of not meeting their expected health outcomes or developmental milestones. It also includes other areas that may impact child health, growth and development due to the dynamics of parent-child interaction, such as maternal mental illness, abuse, etc.

Red Flags allows early years and health care professionals to review and better understand, on a continuum, the domains that are traditionally outside of their own area of expertise.

This guide is evidence-informed. References are indicated in the endnotes.

The purpose and goal of the *Red Flags* guide

The purpose of *Red Flags* is to promote the early identification of children who may be in need of additional resources to meet their developmental milestones and expected health outcomes.

The goal of *Red Flags* is to ensure that all children in York Region are able to achieve their optimal developmental and health potential.

How to use the *Red Flags* guide

- If children are not meeting the milestones for their specific age, further investigation is strongly recommended. Refer to the **Where to go for help** section at the end of each domain
- Screening tools may be used in conjunction with this guide (see **Appendix C**)
- Cultural competence is vital in assessing child health, growth and development. Please see the **Cultural competence when working with families** section for further information
- Refer for further assessment even if you are uncertain whether the red flags noted are a reflection of a cultural variation or a real concern
- Note that some of the indicators focus on the parent/caregiver or the interaction between the parent/caregiver and the child, rather than solely on the child
- If a child appears to have multiple domains requiring formal assessment by several disciplines, it is encouraged to refer to all of the appropriate agencies
- Contact information in York Region can be found at the end of each domain under **Where to go for help** with further description of each contact found in **Appendix B**
- If referrals are made to private sector agencies, alert families that they will be responsible for costs incurred

Acknowledgement

We would like to acknowledge Simcoe Muskoka District Health Unit for the creation of the original *Red Flags — Let's Grow With Your Child*, in 2003.

The York Region *Red Flags* guide is made possible through the joint efforts of community partners and York Region Public Health.

We would like to thank all of our community partners for their contributions to this edition of *Red Flags*. The name of each contributor and their associated organization/agency is listed at the end of each domain.

The indicators in the Sensory domain were reproduced with permission from NCS Pearson and WPS.

Editors

The editors for *Red Flags* included a sub-committee of the *York Region Early Identification Network*:

Marlene Green — Speech-Language Pathologist, York Region Preschool Speech and Language Program, Child Development Programs, Markham Stouffville Hospital

Cheryl Simmonds — Public Health Nurse, York Region Public Health

Mary Turfryer — Registered Dietitian-Public Health Nutritionist, York Region Public Health

Nadia McGrady — Public Health Nurse, York Region Public Health

WHY EARLY IDENTIFICATION IMPACTS THE SUCCESSFUL TRANSITION TO SCHOOL

"Children are competent, capable of complex thinking, curious and rich in potential. They grow up in families with diverse social, cultural and linguistic perspectives. Every child should feel that he or she belongs, is a valuable contributor to his or her surroundings, and deserves the opportunity to succeed."[1]

Starting school is a significant milestone in the life of a family. There are many factors that contribute to a child's transition to school and ongoing success. The child's capacity to learn when they enter school is strongly influenced by the neural wiring that takes place in the early years of life.[2] By doing everything possible to enhance early development, a child can be provided with an equal opportunity to maximize their potential.[3]

Current brain research shows that children's capacity for deep learning begins prior to birth with 700 neural connections being made every second in the first three years of life.[4] The first years of a child's life are a period of heightened opportunity and also a time of increased risk that can compromise optimal development for life.[2]

To maximize early potential, **How Does Learning Happen?** establishes four foundational conditions or "ways of being" for children that optimize their learning and healthy development:

- Belonging: a sense of connectedness and relationship to others
- Well-Being: a state of mental wellness and physical health
- Engagement: a sense of involvement, curiosity and wonder
- Expression: the ability to communicate for different purposes and in different ways

When these four foundations are the focus of children's early experiences both at home and in the community, children are supported in the development of:

- Playing and getting along with others
- Talking, listening, questioning and problem solving
- Making decisions
- Creating, building, exploring, wondering, investigating and sharing
- Showing interest in symbols and text
- Feeling comfortable in new places
- Demonstrating self-help and self-regulation skills[1]

These above skills and abilities contribute to a child's successful transition to school.

Why the *Red Flags* guide?

Sometimes there are areas of a child's growth and development that are delayed or not progressing as expected which can hinder the child's advancement in these skills and abilities. Children "… are not as ready for school as they should be … Ontario children are entering school 'vulnerable' with physical, emotional, cognitive or speech/language issues that could be prevented."[5]

A 'wait and see' approach can be detrimental. Early identification of possible concerns in a child's development will lead to early referral, assessment and intervention, ensuring that they start school at their full potential, ready to learn.

The community collectively wraps around children and their families and builds on their strengths.

The community also comes together to provide supports and services when the progression of a child's development differs from what is anticipated.

The *Red Flags* guide has been developed to identify those children who need extra support. If there are concerns about a particular area(s) of development for a child, refer to the appropriate domain in this guide (see **Table of Contents**).

Contributors

Marlene Green, Speech-Language Pathologist, York Region Preschool Speech and Language Program, Child Development Programs, Markham Stouffville Hospital

Nadia McGrady, Public Health Nurse, York Region Public Health

HOW TO TALK TO PARENTS/ CAREGIVERS ABOUT CONCERNS

Sharing sensitive news

One of the most challenging issues for a health care or early years professional working with young children can be relaying concerns about a child's health or development to a parent or caregiver. When a potential concern is identified, either by observation or screening, the family should be notified so that positive next steps can be taken. In these circumstances, effective communication is essential. It can be very difficult to relay these concerns to parents and caregivers; however, for a child to reach his or her full developmental potential, it is important to have these conversations. If concerns are presented in a positive and caring manner, this will build trust between the professional and the family.[6]

Sharing sensitive news can be challenging both for the family and the person delivering the news. Upon receiving this information about their child, the parent/caregiver may react with a range of emotions including shock, anger, disbelief, fear and sometimes relief at having their observations and questions about their child acknowledged.[6]

Although there is no single way that works best, there are some things to keep in mind when addressing concerns with a family. The following framework will provide some tips and encouragement for sharing concerns in a clear, informative and supportive manner:

Prepare for a successful conversation

- Know the facts
- Plan to meet face to face
- Meet in a private location
- Allow plenty of time without interruptions[7]

Share the information

- Begin by sharing the child's strengths and positive behaviours[8]
- Ask the parents/caregivers what they know about their child's development[6,7]
- Remember and remind parents/caregivers that they know their child best[8]
- Share observations/concerns that have been noted about the child's development[8]
- Highlight the expected developmental milestones for the child's age[8]
- Show concern and compassion[8]
- Explain the consequences of not taking action such as the wait and see approach[6,8]
- Explain the range of possibilities for supporting the child such as referral, assessment, intervention, etc.[8]

Plan for next steps

- Thank parents/caregivers for their support
- Provide available resources for further reading and information
- Ensure that your concerns have been documented and that there is a plan for follow-up action
- Empower the parents/caregivers by enlisting their support to plan a course of action regarding next steps for their child
- Allow time for questions and concerns by the parents/caregivers
- Provide parents/caregivers with available resources such as brochures or contact information[8]

Presenting information in this manner lends credibility to the concerns identified.[6,7]

Contributor

Cathy Saul, Manager of Infant and Child Development Services, Social Services Branch, Community and Health Services

CULTURAL COMPETENCE WHEN WORKING WITH FAMILIES

Early years and health care professionals have the privilege of working with families from many different cultural groups. Families come to us with their own culture which is a set of "… distinctive patterns of beliefs and behaviours that are shared by a group of people and that serve to regulate their daily living."[9] "The child-parent relationship has a major influence on most aspects of child development",[9, 10] and, since culture shapes how parents care for their children,[9] it therefore makes sense that parenting practices impact a child's growth and development.[9] As such, to better understand the child within the context of his or her growth and development, it is important for professionals to provide culturally competent care and service. To do so, it is necessary for early years and health care professionals to become culturally aware and sensitive.[11]

Cultural awareness involves the ability to stand back and be conscious of the similarities and differences between cultural groups,[11] including one's own. To be culturally sensitive is to build on this awareness by recognizing that these similarities and differences affect one's values, learning and behaviour.[12] The components of cultural sensitivity include valuing and recognizing the importance of one's own culture, valuing diversity and being willing to learn about the traditions and characteristics of other cultures.[12] Cultural competence builds on sensitivity, and refers to the attitudes, knowledge and skills needed to be effective early years and health care professionals.[11]

As individuals and professionals, it is important to acknowledge that personal preferences and misinformation may contribute to falling into the stereotyping trap. To stereotype is to create a mental image of a people group, over-generalizing to ascribe the same characteristics to all members of that group, regardless of individual differences.[13]

All families, children and individuals are unique. Although their ethnic, cultural, racial and language backgrounds influence them, they are not fully defined by them.[14] Cultural patterns may or may not be followed by individual parents/caregivers within their cultural group, creating individual variations in child raising practices.[9, 15] Many social and cultural factors powerfully affect each family and each member within that family. Cultures are constantly changing and being reshaped[15] by a variety of influences, including life experiences in Canada. Therefore, part of the role of the professional in supporting families is helping them to interpret the new and dominant culture in which they find themselves (Canada), helping them to navigate it effectively while adapting and/or assimilating to it. In doing so, social and cultural differences should be used to enhance the interactions between the professional and the family rather than to stereotype.[15]

The greatest resource for understanding each family's unique culture is the family themselves. By gaining the necessary knowledge, attitudes and skills of working with families of diverse culture, professionals will develop cultural competence and become effective providers for the clients with whom they work.[11]

Contributor

Cathy Saul, Manager of Infant and Child Development Services, Social Services Branch, Community and Health Services

DUTY TO REPORT

The saying "it takes a village to raise a child" is never more true than when we talk about protecting children. Keeping the most vulnerable members of our community safe is the responsibility of everyone. If you have any reason to believe that a child is in need of protection or is at risk of harm, make the call to Children's Aid.

If you have reasonable grounds to suspect a child is in need of help, you need to make the call. It isn't up to you to prove or investigate the abuse, but it is up to you to reach out and help protect the child.

Under section 125 of the *Child, Youth and Family Services Act* every person who has reasonable grounds to suspect that a child is or may be in need of protection must promptly report the suspicion and the information upon which it is based to a Children's Aid Society (CAS). This includes persons who perform professional or official duties with respect to children, such as health care workers, teachers, operators or employees of child care programs or centres, police and lawyers. In 2018 the age of protection was raised to include youth up to 18 years old. Youth who are 16 and 17 years old are now eligible to receive protection services from Children's Aid Societies. While reporting for 16 and 17-year old youth is not mandatory, please contact your local Children's Aid Society if you have concerns about a youth.

It is not necessary to be certain that a child is or may be in need of protection to make a report to a children's aid society. "Reasonable grounds" refers to the information that an average person, using normal and honest judgment, would need in order to decide to report. This standard has been recognized by courts in Ontario as establishing a low threshold for reporting. The role of the Children's Aid Societies is to investigate calls made by the public using a professional and standardized process. The person making the report should bring forward their concerns and Children's Aid will determine if there is a sufficient basis to warrant further assessment of the concerns about the child. Research indicates that many professionals over report families based on stereotypes around racial identities. Both Indigenous and Africa-Canadian children and youth are overrepresented in child welfare due to systemic racism. Stereotypes around poverty can also lead to over reporting. While poverty is a risk factor for children and youth, it is not a cause of child maltreatment.

HOW TO REPORT ABUSE

IF YOU HAVE IMMEDIATE CONCERNS ABOUT A CHILD, CALL CHILDREN'S AID IMMEDIATELY.

If you see or have reason to believe a child is in need of protection or is at risk of harm, make the call to your local CAS. There is someone available to receive your call 24 hours a day, 365 days a year.

It can be hard deciding to place a call to report concerns for a child or youth. We understand the emotions and worries that can come up before calling the CAS. Ultimately, the biggest consideration is and should be for the safety and well-being of the child and/or family. If you suspect child abuse or neglect, please call your local Children's Aid Society.

INFORMATION ABOUT CALLING CHILDREN'S AID:

- It is not your responsibility to determine whether abuse or neglect has occurred. Children's Aid is responsible for investigating and assessing the need for protection or involvement.
- Filing a report to Children's Aid does not prove abuse or neglect, but allows authorities to take the appropriate actions to determine the risk of each situation.
- Each report will be investigated and the situation will be evaluated to ensure the child and family receives the support necessary to keep the child safe.
- While confidentiality cannot be assured when making a report, concerns about being identified should be shared with the Children's Aid Society. It is possible to make an anonymous referral to a Children's Aid Society by not providing any identifying information about yourself.

WHAT HAPPENS WHEN I CALL?

When you call, you will speak to a child welfare specialist who is specially trained to listen to your concerns and ask questions before deciding how urgent the situation is and what type of intervention is needed. If a child is in imminent danger, a child protection worker will respond immediately.

Children's Aid workers are professionals who evaluate your information using comprehensive guidelines to determine the risk in each situation. Child protection workers, using clear standards and guidelines, determine the kind of support and service needed to keep children safe in situations involving child maltreatment. A typical response to a child protection concern will include checking a computer database to see if the family or child has been involved with Children's Aid in the past. Many factors are considered when determining how to investigate your concerns, including the age of the child, presence of physical injuries and

other red flags that may indicate risk of harm.

Every report received by the CAS is reviewed by a child protection worker who then consults with a supervisor to determine the appropriate response time, based on individual circumstances and level of risk for the children involved.

Contributor

Peter Ristevski, Supervisor, York Region Children's Aid Society

Reference

https://www.oacas.org/childrens-aid-child-protection/duty-to-report/

https://www.oacas.org/childrens-aid-child-protection/how-to-report-abuse/

https://www.oacas.org/childrens-aid-child-protection/what-is-abuse/

https://www.ontario.ca/laws/statute/17c14

DOMAINS

In alphabetical order

ABUSE AND NEGLECT

What is abuse?

Child abuse has many faces, and while all abuse hurts, different kinds of abuse can hurt in different ways. Below are the definitions of each type of abuse as well as their possible indicators. Abused children do not always show obvious warning signs of abuse or neglect, but sometimes there are subtle indicators. Know the subtle signs of abuse and if you have any concerns at all about a child, contact a CAS immediately.

Physical abuse[16]

Physical abuse occurs when a child is at risk of or has suffered physical harm inflicted by a person having charge of the child. It also occurs when a person fails to adequately supervise, protect, care for or provide for a child. Physical abuse also includes a pattern of neglect in supervising, protecting, caring for or providing for a child. Physical abuse can be one or two isolated incidents or can occur over a prolonged period of time.

Sexual abuse[16*]

Sexual abuse occurs when a child is at risk of or has been sexually molested or sexually exploited by a person having charge of a child or by another person. It also occurs when the person having charge of a child knows, or should know, of the possibility of sexual molestation or exploitation by another person and fails to protect a child. Sexual abuse includes sexual touching, engaging in sexual activity with a child, exposing genitals to a child, and incest.

Emotional abuse[16]

Emotional abuse occurs when a child is at risk of or has suffered emotional harm demonstrated by serious anxiety, depression, withdrawal, self-destructive or aggressive behaviour or delayed development and there are reasonable grounds to believe this harm results from the actions, failure to act or pattern of neglect by the person having charge of the child. It also occurs when a child exhibits the above serious behaviours and the person having charge of the child does not provide services or treatment to alleviate the harm. Emotional abuse can also include exposure to domestic violence. Emotional abuse happens when a caregiver treats a child in an extremely negative way that damages self-esteem and the concept of "self." This type of behaviour might include constant yelling, demeaning remarks, rejection or isolation, or exposing a child to domestic violence.

Neglect[16]

Neglect occurs when a child is at risk of or has been harmed as a result of the caregiver's failure to adequately supervise, protect, care for or provide for a child. It also occurs when a child has a medical, mental, emotional or developmental condition that requires services or treatment and the person having charge of the child does not provide these services or treatment.

Most parents and caregivers don't intend to neglect their children. Instead, neglect is usually the result of ignorance about parenting and an inability to plan ahead. When a caregiver fails to provide a child's basic needs like food, sleep, safety, supervision, appropriate clothing or medical treatment on a consistent basis, this is neglect.

In addition to the above forms of abuse and neglect, there are other forms of abuse which may be overlooked. These include abandonment/separation, caregiver incapacity, and domestic violence. It is important to consider these in addition to the above forms of abuse and neglect.

Abandonment/separation[16]

Abandonment/separation occurs when a child has been left alone unsupervised, or when a parent has died or is unavailable to exercise his or her custodial rights over a child and has not made adequate provision for a child's care and custody. It also occurs when a child is in residential placement and the parent refuses, or is unable or unwilling, to resume the child's care and custody.

Caregiver incapacity[16]

Caregiver incapacity is when, although no harm has come to a child and no evidence is apparent that a child may be in need of intervention, the caregiver demonstrates, or has demonstrated in the past, characteristics that indicate the child

would be at risk of harm without intervention. These characteristics can include a history of abusing/neglecting a child, being unable to protect a child from harm, problems such as drug or alcohol abuse, mental health issues or limited caregiving skills.

Domestic violence[16]

Domestic violence is characterized by violent or abusive behaviours which occur within the child's home environment. Domestic violence includes but is not limited to partner violence. The violence occurs between the child's parent/primary caregiver and any other adult who resides in or frequents the home. This may include the mother's partner, adult relative, boarder, or anyone else who has a relationship with the family. The frequency and severity (intensity) of violence can range from homicide or a single very serious incident resulting in injuries that require hospitalization, to a pattern of less serious physical violence (e.g. slapping, pushing) and/or a pattern of verbal abuse, threats of harm or criminal harassment.

Domestic violence can have a profound effect on children and may result in or raise the risk of child abuse or neglect.

PROBLEM SIGNS

If a child presents with one or more of the following indicators of **physical abuse** consider this a red flag:

Behavioural indicators

- Cannot recall how injuries occurred or offers an inconsistent explanation
- Wary of adults
- Cringes or flinches if touched unexpectedly
- Displays a vacant stare (for infant)
- Extremely aggressive or withdrawn
- Indiscriminately seeks affection
- Extremely compliant and/or eager to please[17]

Physical indicators

- Injuries such as bruises, welts, cuts, fractures, burns and internal injuries
- Injuries that are not consistent with explanation
- Presence of several injuries that are in various stages of healing
- Presence of various injuries over a period of time
- Facial injuries in infants and preschool children
- Injuries inconsistent with the child's age and developmental phase[17]

PROBLEM SIGNS

If a child presents with one or more of the following indicators of **sexual abuse** consider this a red flag:

Behavioural indicators

- Age-inappropriate play of sexual nature with toys, self or others
- Age-inappropriate sexually explicit drawing and/or descriptions
- Bizarre, sophisticated or unusual sexual knowledge
- Seductive behaviours[17]

Physical indicators

- Unusual or excessive itching in the genital or anal area
- Torn, stained or bloody underwear (may be observed if the child needs bathroom assistance)
- Injuries to the genital or anal areas such as bruising, swelling or infection
- Sexually transmitted disease[17]

PROBLEM SIGNS

If a child presents with one or more of the following indicators of **emotional abuse** consider this a red flag:

Behavioural indicators

- Severe depression
- Extreme withdrawal or aggressiveness
- Overly compliant, too well mannered, too neat or too clean

- Extreme attention seeking
- Display of extreme inhibition in play[17]

Physical indicators

- Bed wetting that is non-medical in origin
- Frequent psychosomatic complaints, headaches, nausea, abdominal pains
- Failure to thrive[17]

PROBLEM SIGNS

If a child presents with one or more of the following indicators of **neglect** consider this a red flag:

Behavioural indicators

- Pale, listless, unkempt
- Frequent absences from school
- Inappropriate clothing for the weather, dirty clothes
- Frequent forgetting of a lunch[17]

Physical indicators

- Poor hygiene
- Unattended physical problems or medical needs such as dental work or glasses
- Consistent lack of supervision[17]

Where to go for help

If you suspect child abuse or neglect, you are legally obligated to report to one of the local child protection agencies:

- York Region Children's Aid Society
  1-800-718-3850
- Dnaagdawenmag Binnoojiiyag
  Child and Family Services (DBCFS)
  1-844-523-2237
- Jewish Family and Child
  905-882-2331

Note: For related medical issues, contact the primary health care provider. Acute injuries may require that the child be taken to the emergency department at the nearest hospital.

For more information about this domain or any others in this guide, please contact York Region Health Connection at 1-800-361-5653, TTY 1-866-512-6228, childfamily@york.ca

Contributor

Peter Ristevski, Supervisor, York Region Children's Aid Society

ANXIETY

Anxiety disorders in children range from 2.4 per cent to 17 per cent.[18] Research suggests that there can be long-term implication of experiencing anxiety in childhood including an increased risk for additional diagnosis, mental health challenges in adulthood, as well as lower functioning in academic performance, peer relationships and family relationships.[19, 20, 21]

It is important to note that mild fears and anxiety are part of normal human development. The number of fears that children experience typically decrease as children mature.[22] Although childhood fears can be normal experiences, it is important to pay closer attention to experiences of anxiety that are exaggerated and beyond what one would expect given a situation.[23]

Symptoms of anxiety that become more intense and more extensive, and that interfere with a child's school, peer or family functioning may warrant mental health interventions. When overly anxious, most children exhibit physical symptoms including increased heart rate, increased breathing, sweating, nausea, stomach aches, headaches, etc. as well as some form of avoidance of situations, people or objects that cause anxiety.[24]

Types of anxiety in children

Specific phobias

Children with specific phobias have fears that are specific to a particular situation or object. In general, these children try to avoid contact with the situation or object. Examples of specific phobias include dogs, the dark, spiders, storms and injections.[18, 23]

Separation anxiety

Children with separation anxiety exhibit an excessive fear related to being away from a main caregiver, most commonly the child's mother. They often fear that something terrible will happen to a parent while they are apart and they will never see the parent again. At times, significant life stressors can trigger separation anxiety such as a change in schools, a move or death of relative.[16, 21]

Generalized anxiety

This is a condition in which the child has many worries and fears. Children with generalized anxiety are often described by parents as "worrywarts." Worries can be in the areas of health, schoolwork, sport performance, bills, burglaries, etc. New situations often provoke an anxiety response.[16,21]

Social anxiety

Children with social anxiety exhibit a fear of situations in which they will have to interact with others or be the focus of attention. At the core of social anxiety is a fear of being embarrassed, humiliated or rejected. Typical feared situations include meeting new people, talking on the telephone, joining team sports and talking at school or preschool.[16, 21]

PROBLEM SIGNS

If a child presents any of the following behaviours, consider this a red flag:

- Consistent avoidance of a specific feared situation or object
- Emotional dysregulation or panic in the presence of the feared situation or object
- Upset beyond what is expected when separated from primary caregiver
- Child expression of concern about primary caregiver being hurt or getting sick
- Refusal to sleep at other people's homes if own parents are not there
- Complaints of stomach ache, feeling sick or other somatic symptoms in anticipation of being separated from caregiver
- Difficulty staying or going into a room by themselves, "clinging" behaviour, staying close to and "shadowing" the parent around the house
- Difficulty at bedtime and possible insistence that someone stay with them until they fall asleep
- More than usual fear in new situations
- Fear of making mistakes and not performing well
- Child asks lots of questions and often seeks reassurance from parents
- Worries more than usual after seeing a scary movie or watching a news program
- Shyness
- Difficulty joining in activities and making new friends
- Avoids speaking to new people or answers with brief responses
- Worries that someone will laugh at them or that they will be embarrassed
- Dislikes being centre of attention[18, 23]

Where to go for help

If there are concerns, advise the parent/caregiver to contact:

- Kinark Child and Family Services
  1-888-454–6275 or 1-888-4-KINARK
  kinark.on.ca
  info@kinark.on.ca
- York Hills Centre for Children, Youth and Families
  905-503-9560
  yorkhills.ca
  info@yorkhills.ca
- Family Services York Region
  1-888-223-3999
  fsyr.ca

For more information about this domain or any others in this guide, please contact York Region Health Connection at 1-800-361-5653, TTY 1-866-512-6228, childfamily@york.ca

Contributor

Christine Simmons-Physick, Program Director, Community Mental Health, Central, Kinark Child and Family Services

ATTENTION DIFFICULTY AND/OR HYPERACTIVE BEHAVIOUR

A child should be referred for assessment if his/her patterns of attention and/or hyperactivity difficulties: interfere with functioning or development; demonstrate symptoms in more than one setting; and negatively impact social, academic, or work functioning in a direct way. Some symptoms must be present before age 12.[25]

Attention difficulties and/or hyperactive behaviours can be seen at times in all typically developing children, so it is important to consider the following prior to making a referral for assessment:

- The child's developmental age e.g. children under the age of 18 months are generally not formally assessed for attention difficulty and/or hyperactive behaviour; attention span and self-regulation naturally varies in early childhood years
- Situational factors such as stress, time of day, boredom, sleep and diet
- Environmental factors such as family disruption, life changes and cultural influences

There are other developmental/mental health issues that can present with attention difficulty and/or hyperactive behaviours including Learning Disabilities, Autism Spectrum Disorder and Anxiety. Refer to the appropriate domains in the guide to determine other possible referrals for the child/family.

PROBLEM SIGNS

If a child consistently presents any of the following behaviours, consider this a red flag:

Ages 18 months to 5 years

- Unable to concentrate or pay attention for periods of time
- Restless or unable to sit still
- Poorly co-ordinated or clumsy
- Shifts quickly from one activity to another
- Wanders away[26]

Ages 4 to 6 six years

- Easily distracted e.g. has difficulty paying attention or listening to the speaker, easily sidetracked
- Excessive levels of activity i.e. hyperactive e.g. has difficulty sitting still, fidgets often regardless of activity
- Impulsive e.g. runs into traffic, takes risky actions without thinking, has difficulty taking turns, interrupts/blurts things when asked not to, talks excessively
- Disorganized e.g. has problems organizing personal belongings, loses things often, has difficulty following schedule or difficulty remembering routines/explanations[27]

Where to go for help

If there are concerns, advise parents/caregivers to contact their primary health care provider.

Parents/caregivers may also contact:

- Kinark Child and Family Services
  1-888-454–6275 or 1-888-4-KINARK
  kinark.on.ca
  info@kinark.on.ca
- York Hills Centre for Children, Youth and Families
  905-503-9560
  yorkhills.ca
  info@yorkhills.ca
- Family Services York Region
  1-888-223-3999
  fsyr.ca
- York Region Health Connection
  1-800-361-5653, TTY 1-866-512-6228
  childfamily@york.ca
- Learning Disabilities Association of York Region
  905-884-7933
  ldayr.org

For more information about this domain or any others in this guide, please contact York Region Health Connection at 1-800-361-5653, TTY 1-866-512-6228, childfamily@york.ca

Contributors

Donna Lamanna, Supervisor, York Hills Centre for Children, Youth and Families

Christian Bouchard, Clinical Director, York Hills Centre for Children, Youth and Families

AUTISM SPECTRUM DISORDER (ASD)

Autism spectrum disorder (ASD) is a lifelong developmental disorder characterized by impairments in social communication and the presence of repetitive and stereotyped behaviours. ASD is often associated with other developmental, health and behavioural challenges such as language impairment, uneven cognitive and adaptive skills, seizures, and attention deficit hyperactivity disorder (ADHD).

See the following domains in this guide for more information and other possible referrals:

- **Attention difficulty and/or hyperactive behaviour**
- **Behaviour**
- **Regulation**
- **Sensory**
- **Social/emotional**
- **Speech and language**

The severity of symptoms for ASD can vary widely; however, all individuals with an ASD diagnosis have impairments in the ability to function in social settings and often in many other areas in daily life.

PROBLEM SIGNS

If a child presents any of the following behaviours, consider this a red flag:

Social concerns

- Does not smile in response to another person
- Poor/decreased eye contact with people, although may look intently at objects
- Lack of "joint engagement" e.g. does not play peek-a-boo games
- Lack of imitation e.g. does not wave bye-bye
- Limited showing, giving, sharing and directing of others' attention
- Delayed imaginative play or lack of varied, spontaneous make-believe play
- Prefers to play alone i.e. decreased interest in other children
- Poor interactive play
- Regression i.e. any loss of social skills at any age
- Prefers to do things for them self rather than ask for help
- Awkward or absent greeting of others

Communication concerns

- Delayed or atypical language
- Unusual language e.g. repeating phrases from movies, echoing other people, repetitive use of phrases, odd intonation (echolalia)
- Inconsistent response or lack of response to their name or instructions i.e. may respond to sounds but not language
- Decreased ability to compensate for delayed speech by gesturing/pointing
- Poor comprehension of language (words and gestures)
- Regression i.e. any loss of language skills at any age (regression), particularly between 15 and 24 months
- Inability to carry on a conversation

Behavioural concerns

- Repetitive hand and/or body movements e.g. finger wiggling, hand and arm flapping, tensing of fingers, complex body movements, spinning, jumping

- Severe repeated tantrums due to interruption of routine, interruption of repetitive behaviour or unknown reasons
- Unusual sensory interests e.g. visually squinting or looking at things out of the corner of the eye, smelling, licking, mouthing objects, hyper-sensitive hearing
- Narrow range of interests in which they engage repetitively
- Insistent on maintaining sameness in routine, activities, clothing, etc.
- Unusual preoccupation with objects e.g. light switches, fans, spinning objects, vertical blinds, wheels, balls
- Unusual response to pain i.e. high or low tolerance

Where to go for help

If there are concerns, advise parents/caregivers to:

- Arrange a referral to a pediatrician through their child's primary care provider or
- Contact York Region Early Intervention Services/ York Region Preschool Speech and Language Program 1-888-703-5437

The parent/caregiver may also access the following:

- The Autism Parent Resource Kit from Ministry of Children, Community and Social Services (MCCSS) at children.gov.on.ca
- Autism Ontario York Region Chapter at 905-780-1590 or autismontario.com/york
- Geneva Centre for Autism at 416-322-1877 or autism.net

For more information about this domain or any others in this guide, please contact York Region Health Connection at 1-800-361-5653, TTY 1-866-512-6228, childfamily@york.ca

Contributor

Karen Dillon, Manager, Children's Treatment Network of Simcoe York

Sources

Dr. Anita Jethwa, MD, FRCP(C), Developmental Pediatrician, Children's Treatment Network of Simcoe York

Dr. Nicola Jones-Stokreef, MD, FRCP(C), Developmental Pediatrician, Orillia Soldiers' Memorial Hospital and Children's Treatment Network of Simcoe York

Reference

American Psychiatric Association. Diagnostic and statistical manual of mental disorders (DSM-5). 5th ed. Washington: American Psychiatric Publishing; 2013.

BEHAVIOUR

All children engage in challenging behaviour from time to time which may or may not persist or be of concern. Behaviour is often a child's way of communicating their wants and needs and in some cases may be their only method of communication.[28] A child makes their needs known through observable actions. For example a child may indicate with gestures that they want a certain item or don't want something they've been given, that they want more or less of your attention or that of a peer, that they don't want to do a certain task or to go to a particular place, or that they don't want to stop doing an activity that they are enjoying.

Behaviour is also a child's way of telling their caregiver that he or she is in physical pain or discomfort, tired, hungry or ill.[29]

Generally, a child demonstrates certain behaviour in the presence of certain people and not others, in specific situations or environments, and under some conditions while not in others.[30]

When determining if a behaviour is of concern, it is important to keep in mind the context, the age and stage of the child, as well as to ascertain if there is an explanation for the behaviour.[31]

When challenging behaviour happens many times each day, for long periods of time, or presents an immediate risk to the child or others it may require assessment and intervention from a professional.

PROBLEM SIGNS

If a child presents any of the following behaviours, consider this a red flag:

Self-injurious behaviour

- Bites self; hits self; grabs at self
- Picks at skin; sucks excessively on skin; bangs head on surfaces
- Eats/ingests inedible items
- Vomits when no obvious illness[31]

Aggression towards others

- Hits; kicks; scratches; bites; pulls hair; pushes; shoves
- Cruelty to animals
- Throws objects at a person[31]

Property destruction

- Bangs, throws, slams, breaks objects
- Sets fires[32]

Difficulties with social behaviour

- Unable to remain on task for specified length of time[32]
- Excessively energetic or physically overactive[32]
- Restless; unable to sit still; continuously standing up, sitting down, or moving[32]
- Screams; cries excessively; swearing and/or verbal threats[32]
- Name-calling[32]
- Hoards; steals; lies[32]
- Has no friends; socially isolated; will not make eye or other contact; withdrawn[31]
- Anxious; fearful/extremely shy; agitated[31]
- Sudden mood changes; laughs, cries and/or screams for no obvious reason[31]
- Compulsive behaviour; obsessive thoughts; bizarre talk[32]
- Undresses in public[31]
- Touches self or others in inappropriate ways[31]
- Advanced/inappropriate knowledge/behaviour of a sexual nature for developmental age appropriateness[31]
- Flat affect, inappropriate emotions, unpredictable angry outbursts[31]

Cooperation

- Refuses to follow instructions; needs several verbal prompts to complete a task
- Difficulty following multiple step instructions
- Runs away
- Resists any form of physical contact including when provided assistance[31]

Life skills

- Deficits in age appropriate skills e.g. eating, toileting, dressing, play, etc.[29]
- Loss of skill previously mastered[29]
- Change in typical habits e.g. eating, sleeping, toileting, etc.[29]
- Difficulty managing transitions/routine changes[31]
- Often needs physical prompting to move or to do things; consistently tired or sleepy[31]

Sleep

- Excessive tiredness e.g. yawning, falling asleep
- Reports nightmares, frequent awakenings
- Late/early bedtimes and awakenings[29]

Repetitive behaviour (in excess, or in the absence of functional play skills)

- Hand-flapping; hand-wringing; rocking; swaying[31]
- Taps surfaces[31]
- Twirling; object manipulation i.e. lining up toys, spinning wheels, etc.[32]

Communication

Limited or no means of communication through:

- Verbal i.e. words

- Augmentative or alternative communicative system e.g. Picture Exchange Communication System, American Sign Language, Proloquo2Go, etc.
- Engages in any of the above behaviours in order to gain access to items or to avoid or leave a situation[31]

If you identify any of the above *Red Flags*, please also refer to the following domains in this guide for other possible referrals:

- **Autism**
- **Nutrition**
- **Sleep**
- **Speech and language**

Where to go for help

If there are concerns, advise the parent/caregiver to contact:

- York Region Early Intervention Services
  1-888-703-5437
- Kinark Child and Family Services
  1-888-454–6275 or 1-888-4-KINARK
  kinark.on.ca
  info@kinark.on.ca
- York Hills Centre for Children, Youth and Families
  905-503-9560
  yorkhills.ca
  info@yorkhills.ca
- Mackenzie Health — Centre for Behaviour Health Sciences
  1-888-557-5550

For more information about this domain or any others in this guide, please contact York Region Health Connection at 1-800-361-5653, TTY 1-866-512-6228, childfamily@york.ca

Contributors

Leanne Brock, Behaviour Consultant, Centre for Behaviour Health Sciences, Mackenzie Health

Melissa Sweet, Coordinator of Behavioural Services, Centre for Behaviour Health Sciences , Mackenzie Health

DENTAL AND ORAL HEALTH

Poor oral health care can result in the development of early childhood caries (ECC). ECC is a severe form of cavities with tooth decay in the baby teeth of children up to six years of age.[33,34] It is considered to be a chronic disease which affects more than 10 per cent of preschool-age children in Canada.[35] ECC often begins on a child's upper front teeth just under the lip.[35] Chalky white or brown spots may be signs of caries (tooth decay/cavities).[35] ECC can lead to pain, infection, difficulty eating and sleeping, speech problems, poor health and higher risk of tooth decay in later years.[33] Dental problems in early childhood have been shown to impact general growth and cognitive development and cause poor school behaviour and negative self-esteem.[34] Therefore, access to dental care and early development of good oral hygiene habits are important for children.

PROBLEM SIGNS

If one or more of the following risk factors are present consider this a red flag:

Exposure of teeth to fermentable carbohydrates (foods/liquids that can easily break down into acids) through:

- Too much sugar in diet[33]
- Going to sleep or walking around with a bottle or sippy cup containing anything but water[33]
- Retaining the nipple in an infant's mouth for prolonged periods when not actively breastfeeding[35]
- If using pacifiers, dipping them in anything sweet such as syrup, sugar or honey[33]
- Long-term use of sweetened medication[33]

Physiological factors

- Sharing toothbrushes or utensils or intimate contact such as kissing (this can transfer oral bacteria from parent/caregiver to the child) [34, 35, 36]
- Lack of exposure to fluoridated water[35]
- Factors associated with poor enamel development, such as prenatal nutritional status of mother, poor prenatal health and malnutrition of the child[37]

- Prematurity or low birth weight (possible enamel deficiencies)[37]

Other risk factors

- Lack of routine infant oral health care e.g. not wiping baby's mouth and gums after each feeding[33]
- Poor oral hygiene e.g. ineffective or infrequent brushing less than twice per day[38]
- Parent/caregiver not performing tooth brushing or oral health care for child (children up to six years of age are not able to brush or floss effectively, so parent/caregiver has to do it for them)[33, 38]
- Sibling history of early childhood caries[37]
- Parent/caregiver with untreated dental disease[34, 35]
- Lower socioeconomic status[35, 37, 39]
- Lower education level of parent/caregiver[40]
- Limited access to dental care[40]
- Deficit in the parental/caregiver dental knowledge[36]
- Use of bottle or sippy cup beyond 18 months[34]
- No dental visit by age one or shortly after primary teeth begin to erupt[33, 36, 39]

Note: The Canadian Dental Association recommends that the first visit to a dentist should occur within six months of the eruption of the first tooth or by one year of age.[39, 41]

Where to go for help

If there are concerns, advise parents/caregivers to contact:

- Their child's dentist
- York Region Public Health Dental Program at 1-800-735-6625 or 905-895-4512. Children may be eligible for the Healthy Smiles Ontario (HSO) program, which provides no-cost urgent or regular dental care to children from families in financial hardship who meet financial eligibility requirements

For more information about this domain or any others in this guide, please contact York Region Health Connection at 1-800-361-5653, TTY 1-866-512-6228, childfamily@york.ca

Contributor

Katie Chida, Health Educator, York Region Public Health

FEEDING SKILLS

Good feeding skills are an important part of the overall development in childhood. As they progress in a step-wise manner, each depending on the one before, it is important to support and encourage the progression, especially during the early stages.

PROBLEM SIGNS

If a child experiences one or more of the following, consider this a red flag:

0 to 6 months

- Persistent breast refusal[42]
- Inability to effectively remove adequate milk from breast when latched well[42]
- Inability to coordinate sucking, swallowing and breathing during feeding[42]
- Consistent coughing during feeds that is not caused by the flow being too fast[43]
- Insufficient weight gain[44]
- Discomfort or apparent pain or fussiness after feeds[45]
- Parent has depressive symptomatology in the early postpartum period (may impact breastfeeding duration, self-efficacy and increase breastfeeding difficulties)[46]

6 to 8 months

- Insufficient weight gain or growth[44]
- Discomfort or apparent pain or fussiness after feeds[45]

- Lack of interest in solid foods
- No transition to solids
- No introduction to cup drinking[47]

9 to 12 months

- Insufficient weight gain or growth[44]
- No transition to a variety of food textures[47]

12 to 18 months

- Insufficient weight gain or growth[44]
- No transition to cup drinking[47]
- Not eating a variety of foods from each food grouping (iron-rich protein foods, whole grains and vegetables and fruit)
- Not self-feeding any table foods (finger foods)[47]

18 months

- Insufficient weight gain or growth[44]
- Not self-feeding a variety of textures[47]

2 years

- Insufficient weight gain or growth[44]
- Not chewing pieces of a variety of food textures and consistencies[47]
- Often coughs while eating or drinking[48]

Where to go for help

If there are concerns, advise the parent/caregiver to contact:

- York Region Public Health Breastfeeding Clinic — for telephone support and/or to make an appointment (no charge) call York Region Health Connection at 1-800-361-5653, TTY 1-866-512-6228, childfamily@york.ca
- Children's Treatment Network of Simcoe York at 1-866-377-0286, ctnsy.ca
- UnlockFood.ca™ — Expert Guidance. Everyday Eating. Brought to you by Dietitians of Canada

For more information about this domain or any others in this guide, please contact York Region Health Connection at 1-800-361-5653, TTY 1-866-512-6228, childfamily@york.ca

Contributors

Glynnis DuBois, Registered Nurse, Speech-Language Pathologist, Feeding Assessment and Consultation Services, Children's Treatment Network of Simcoe York

Ann Ciniglio, Public Health Nurse, York Region Public Health

Rachel Morgan, Registered Dietitian-Public Health Nutritionist, York Region Public Health

FETAL ALCOHOL SPECTRUM DISORDER (FASD)

Fetal Alcohol Spectrum Disorder (FASD) is a term that describes the range of disabilities caused by drinking alcohol during pregnancy. These disabilities can vary from mild to severe.[49] According to the Public Health Agency of Canada's website, "those affected often have delays in development, intellectual problems and problems in their social lives. Impairments may include: learning disabilities (particularly math), difficulty understanding consequences of actions, depression, obsessive-compulsive disorder, physical disability such as kidney and internal organ problems and skeletal abnormalities such as facial deformities.

During pregnancy, it is not safe to drink alcohol — any type, any amount, at any time. The only way a person develops FASD is through prenatal alcohol exposure.

FASD is estimated to affect 2-5% of people in western countries.[50] FASD is difficult to diagnose and often goes undetected. Diagnostic assessments are typically completed by a multidisciplinary team and include both a medical and a neurodevelopmental assessment.

The following are some characteristics of children with FASD may have:

Infants

- Low birth weight; failure to thrive; small size; small head circumference
- Disturbed sleep; unpredictable sleep patterns/ cycles
- Often trembling and difficult to sooth; may cry a lot
- Problems with bonding
- Weak sucking reflex; little interest in food; feeding difficulties
- Weak muscle tone
- High susceptibility to illness
- High sensitivity to sights, sounds and touch

Preschoolers

- Slow to acquire skills
- Feeding and sleep problems
- Poor motor coordination and poor fine and gross motor control
- Short attention span
- Difficulty following directions or doing as instructed
- Hypersensitivity i.e. irritability, stiffness when held or touched, refusal to brush hair or teeth, over-reaction to injury
- Easily distracted or hyperactive
- Difficulty with changes and transitions; prefers routines
- Receptive and expressive language delays

School-age children

- Sleep difficulties
- Difficulty processing received information
- Difficulty with comprehension e.g. reading
- Ongoing expressive and receptive language delays
- Poor attention span; low impulse control
- Difficulty keeping up as school demands become increasingly abstract
- Consistent repetition needed to learn a skill or to transfer learning from one situation to another
- Ongoing sensory difficulties which may lead to behaviour changes or challenges
- In need of constant reminders

Where to go for help

- Speak to your doctor, midwife, community health cures or nurse practitioner
- FASD Ontario/TSAF Ontario
  fasdON.ca tsafON.ca
- FASD Key Services and Support Worker
  Children's Treatment Network Simcoe York
  1-877-366-0286
- FASD Parent Support Group
  705-733-3227 x2355
- Anishinabek Regional FASD Worker
  1-877-702-5200
- Chippewas of Georgina Island First nation
  georginaisland.com
  705-437-1337
- Grandparents Parenting Again Support Group
  york.ca/earlyon
- Chat live with a public health nurse
  www.york.ca/nursechat
- York Region Health Connection
  1-800-361-5653
  TTY: 1-866-512-6228
  york.ca
- Canadian Mental Health Association:
  York and South Simcoe
  1-866-345-0183
- Addiction Service for York Region:
  Bridges to Moms
  1-800-263-2288
- Connex Ontario
  1-866-531-2600

Contributor

Kathryn Reid, FASD initiative for Simcoe County Project Coordinator, Catulpa Community Support Services

Vicky Schenk, Regional Service Resolution Manager, Catulpa Community Support Services

Resources

Fetal Alcohol Spectrum Disorder Information and Resources Guide for York Region

https://www.ontario.ca/page/fetal-alcohol-spectrum-disorder-fasd-programs-and-services - MCCSS FASD Programs and Services

http://www.children.gov.on.ca/htdocs/English/indigenous/fasd.aspx - MCCSS Indigenous FASD/ Child Nutrition Program

https://www.aboutkidshealth.ca/Article?contentid=857&language=English About Kids Health (Hospital for Sick Children) Information about FASD

FINE MOTOR SKILLS

Fine motor skills are actions and abilities involving the small muscles in the hands and fingers. Examples of fine motor activities include picking up objects, drawing/writing, dressing, and using hands to eat and play. These skills also involve hand-eye coordination.[51]

Healthy child development

If a child is missing one or more of these expected age outcomes, consider this a red flag:

By 4 months

- Brings hands to mouth[52]
- Turns head from side to side to follow a toy or an adult face[52]
- Brings hands to middle of their body while lying on their back[52]

By 6 months

- Reaches for a toy when lying on back[53]
- Uses hands to reach, grasp, bang and splash[52]

By 9 months

- Picks up small items using thumb and first finger[52, 54]
- Passes an object from one hand to the other[52]
- Releases objects voluntarily[54]
- Bangs objects on table or floor[54]

By 12 months

- Holds, bites and chews food, e.g. crackers[52]
- Takes things out of a container[52]
- Points with index finger[52, 55]
- Plays games like peek-a-boo[55]
- Holds a cup to drink using two hands[55]
- Picks up and eats finger foods[51, 55]

By 18 months

- Helps with dressing by putting out arms and legs[52]
- Stacks three or more blocks[51, 56]
- Picks up and eats finger foods[52]

By 2 years

- Puts items into a small container[52]
- Takes off own shoes, socks or hat[52, 57]
- Scribbles with crayons or marks paper[57]
- Eats with a spoon with little spilling[52, 57]

By 3 years

- Turns the pages of a book[52]
- Dresses or undresses with help[52, 58]
- Turns lid off a jar or turns knobs[52]
- Holds a pencil between thumb and fingers[59]
- Copies a circle already drawn[58]

By 4 years

- Holds a crayon or pencil correctly[52]
- Undoes buttons or zippers[52]
- Cuts with scissors[52, 60]
- Dresses and undresses with minimal help[60]

By 5 years

- Uses scissors to cut along a thick line drawn on paper[52]
- Dresses and undresses with little help[52]

PROBLEM SIGNS

If a child is experiencing any of the following, consider this a red flag:

Infants

- Inability to hold or grasp an adult finger or a toy/object for a short period of time[53]

All children

- Hands are fisted most of the time
- Inability to play appropriately with a variety of age-appropriate toys; avoids crafts and manipulatives
- Consistently ignores or has difficulty using one side of body; uses one hand/arm[53]

Where to go for help

If there are concerns, advise the parent/caregiver to contact:

- York Region Early Intervention Services at 1-888-703-KIDS (5437)
- The child's primary care provider

Contributor

Nadia Sgro, Physiotherapist, Clinical Supervisor, Infant and Child Development Services, York Region Social Services Branch

GROSS MOTOR SKILLS

Gross motor skills are actions and abilities involving the movement of our large muscles. These include movements of our arms, legs, feet or entire body. Examples include crawling, sitting, standing, walking, running, keeping balance, jumping, climbing and changing positions.[61]

Healthy child development

If a child is missing one or more of these expected age outcomes, consider this a red flag:

By 2 months

- Holds head up when held to an adult's shoulder
- Lifts head up when on tummy[62]

By 4 months

- Keeps head in line with the middle of their body and brings hands to chest when lying on back
- Lifts head and chest and supports self on forearms when placed on tummy
- Holds head steady when supported in a sitting position[62]

By 6 months

- Rolls from back to side[63]
- Pushes up on hands when on tummy[62, 63]
- Sits with support[62]

By 9 months

- Sits on floor without support[62, 64]
- Moves self forward on tummy or rolls continuously to get an object[64]
- Stands with support[62, 64]

By 12 months

- Gets up to a sitting position from lying down without help[62]
- Pulls to stand at furniture[62]
- Walks holding onto furniture or hands of an adult[62, 65]

By 18 months

- Walks alone[62, 66]
- Crawls up stairs[66]
- Squats to pick up a toy and stands back up without falling[62]

By 2 years

- Walks backwards or sideways pulling a toy[62]
- Able to throw and attempt to catch ball without losing balance[67]
- Kicks a ball[68]

By 3 years

- Stands on one foot briefly[62, 69]
- Climbs stairs using the handrail[62]
- Throws a ball forward at least one metre (three feet)[62]

By 4 years

- Stands on one foot for one to three seconds without support[62]
- Goes up stairs using alternating feet[62, 70]
- Runs, stops, and starts without falling[70]
- Catches a large ball with outstretched arms[62]

By 5 years

- Hops on one foot several times
- Throws and catches a ball successfully most of the time
- Plays on playground equipment without difficulty[62]

PROBLEM SIGNS

If a child is experiencing any of the following, consider this a red flag:

By 3 months

- Little or no movement in legs; no kicking motion when lying on back
- Unable to lift head when lying on tummy[67]

By 6 months

- Unable to sit using hands for support
- Difficulty controlling head movements[67]

By 9 months

- Unable to sit independently
- Uses only one side of the body to move
- Legs crossed or stiff
- Legs unable to bear weight[67]

By 12 months

- Stiff arms or legs
- Not yet pulling to stand
- Only able to sit with weight to one side[67]

By 18 months

- Not able to walk or stand independently[67]

By 24 months

- Not walking up or down stairs even with support
- Falls easily[67]

Where to go for help

If there are concerns, advise the parent/caregiver to contact:

- York Region Early Intervention Services at 1-888-703-KIDS (5437)
- The child's primary care provider

Contributor

Nadia Sgro, Physiotherapist, Clinical Supervisor, Infant and Child Development Services, York Region Social Services Branch

HEARING

Permanent hearing loss affects approximately one to three children out of 1000.[71] The hearing loss may affect one ear or both and may be of any degree from a mild hearing loss to complete deafness. It can be difficult to identify a child with hearing loss, particularly when the loss is relatively mild, since the child may seem to respond to many sounds. Many children may also experience temporary hearing losses, particularly if they have a history of issues with congestion or ear infections. Any degree of hearing loss may have an impact on a child's ability to learn speech and language or to hear clearly in a noisy situation, but this is especially true as the severity of the hearing loss increases.[71]

Healthy child development

If a child is missing one or more of these expected age outcomes, consider this a red flag:

By 6 months

- Makes cooing sounds[72]
- Increases or decreases sucking behaviour in response to sound[73]
- Startles in response to sudden, loud noises[74]
- Makes different cries for different needs—such as hungry, tired[74]
- Recognizes familiar voices and quiets when spoken to[74]
- Responds to changes in the tone of parent/caregiver voice[73]
- Watches parent/caregiver's face as they speak[74]
- Smiles and laughs in response to parent/caregiver's smiles and laughs[74]
- Imitates coughs or other sounds e.g. ah, eh, buh[74]

By 9 months

- Responds to their name
- Responds to the telephone ringing or a knock at the door
- Understands being told "no"
- Gets what they want through sounds and gestures, such as reaching to be picked up
- Plays social games with you such as peek-a-boo
- Babbles and repeats sounds e.g. babababa, duhduhduh[74]

By 12 months

- Localizes correctly to sound by turning head toward the sound[72]
- Follows simple one-step directions, for example "sit down"[74]
- Looks across the room to something you point to[71]
- Recognizes words for common items like "cup", "shoe", "book" or "juice"[73]
- Uses three or more words[74]
- Uses gestures to communicate, for example waves bye-bye, shakes head "no"[74]
- Pays attention when spoken to[72]
- Gets parent/caregiver's attention using sounds, gestures and pointing while looking at their eyes[74]
- "Performs" for attention and praise[74]
- Combines lots of sounds as though talking — abada baduh abee[74]
- Shows interest in simple picture books[74]

By 18 months

- Understands the concepts of "in and out", "off and on"[74]
- Points to several body parts when asked[74]
- Uses at least 20 words[74]
- Starts to put words together[72]
- Responds with words or gestures to simple questions — "Where's teddy?", "What's that?"[74]
- Looks at your face when talking to you[72]
- Makes at least four different consonant sounds — b, n, d, g, w, h[74]
- Enjoys being read to and looking at simple books with you[74]

By 2 years

- Follows two-step directions, for example "Go find your teddy bear and show it to Grandma"[74]
- Uses 100 or more words[74]
- Understands more words than they can say[72]
- Uses at least two pronouns, e.g. "you", "me", "mine"[74]
- Consistently combines two or more words in short phrases — "daddy hat", "truck go down"[74]
- Asks simple questions, for example "What's that?"[72]
- Enjoys being with other children[74]
- Begins to offer toys to peers and imitates other children's actions and words[74]
- People can understand their words 50 to 60 per cent of the time[74]
- Takes turns in a conversation[72]
- Forms words and sounds easily and effortlessly[74]
- "Reads" to stuffed animals or toys[74]

By 3 years

- Understands the concepts of size (big/little) and quantity (a little, a lot, more)[74]
- Uses some adult grammar — "two cookies", "bird flying", "I jumped"[74]
- Uses more than 350 words[74]
- Uses action words, for example "run", "spill", "fall"[74]
- Uses sentences of three or more words most of the time[72]
- Answers simple questions, for example "Where is the car?"[72]
- Participates in short conversations[72]
- Begins taking short turns with other children, using both toys and words[74]
- Puts sounds at the start of most words[74]
- Produces words with two or more syllables or beats, for example "ba-na-na", "com-pu-ter", "a-pple"[74]
- Remembers and understands familiar stories[74]

By 4 years

- Tells a short story or talks about daily activities[72]
- Talks in sentences with adult-like grammar[72]
- Generally speaks clearly so people understand[72]
- Hears you when you call from another room[72]
- Listens to television at the same volume as others[72]
- Answers a variety of questions[72]
- Understands words for some colours, like red, blue and green[73]
- Understands words for some shapes, like circle and square[73]
- Understands words for family, like brother, grandmother and aunt[73]

By 5 years

- Pronounces most speech sounds correctly[72]
- Participates in and understand conversations even in the presence of background noise[72]
- Recognizes familiar signs, for example stop signs[72]
- Makes up rhymes
- Hears and understands most of what is said at home and school[72]
- Listens to and retells a story and asks and answers questions about a story[72]
- Understands words for order like first, next and last[73]
- Understands words for time like yesterday, today and tomorrow[73]
- Follows longer directions like "Put your pajamas on, brush your teeth and then pick out a book"[73]
- Follows classroom directions like "Draw a circle on your paper around something you eat"[73]

PROBLEM SIGNS

If a child is experiencing any of the following, consider this a red flag:

- Early babbling stops[75]

- Frequently gets colds and ear infections[75]
- Frequently pulls at ears[75]
- Does not understand people unless facing them[75]
- Speaks loudly or turns up the volume of the television or radio[75]
- Does not respond when called[75]

Where to go for help

If there are concerns for a child under 6 months of age:

- Contact the Tri-Regional Infant Hearing Program:
  - → Call 1-888-703-5437 (choose option 4 for Infant Hearing) or
  - → Download a referral form from childdevelopmentprograms.ca/resource/hearingreferral and fax it to 905-472-7553
    Note: Referrals can be made by the parent/caregiver or an early years/health care professional

If there are concerns for a child over 6 months of age:

- Refer the child to an audiologist:
  - → With a referral from the child's family physician or
  - → Contact the Ontario Association of Speech-Language Pathologists and Audiologists at 1-800-718-6752 or visit osla.on.ca for a list of private audiologists

For more information on hearing:

- American Speech-Language and Hearing Association (ASHA) asha.org/Default.aspx
- Canadian Academy of Audiology canadianaudiology.ca
- National Institute on Deafness and Other Communication Disorders nidcd.nih.gov/health/voice/pages/speechand-language.aspx
- Speech-Language & Audiology Canada sac-oac.ca

Contributor

Louise Tanaka, Audiologist, Clinical Coordinator, Tri-Regional Infant Hearing Program

LEARNING DISABILITIES

People with Learning Disabilities (LDs) of all ages, represent the largest disability group in Ontario. In the publicly funded school system, students with LDs have made up over 40% of students receiving special education. Learning disabilities influence all areas of a person's life and the effects of LDs impact the mandate of many government ministries, including education, transitions to postsecondary education, sustainable employment, poverty and social assistance, the mental health sector, the justice system and corrections. That said, with early identification and diagnosis, the proper accommodations in education and training, and support for individuals and families, people with learning disabilities can become among the most creative, and productive members of society.

LDs are the result of impairment in one or more psychological processes that affect acquisition, retention, understanding, organization or use of verbal and/or non-verbal information.[76] LDs are lifelong. LDs are distinct from intellectual disabilities as they are specific, not global impairments. LDs may co-exist with other conditions including attention disorders, behavioural and emotional disorders, sensory impairments or other medical conditions.

LDs can affect how a person interprets, remembers, understands and expresses information. LDs take many forms and vary in severity and intensity and may impact many areas of functioning from childhood into adulthood. LDs may affect academic performance (e.g. spelling, reading, listening, focusing, remembering and writing), social functioning, life skills (e.g. planning, organizing, predicting) and physical interaction with the world (e.g. balance, coordination, movement).[77]

Between five and 10 per cent of Canadians have LDs.[78] LDs are not widely understood and are not caused by factors such as cultural or language differences, inadequate or inappropriate instruction, socioeconomic status or lack of motivation.

Typically, LDs are diagnosed by an educational psychologist only after the child enters school and is learning to read and write.

PROBLEM SIGNS

If a child is experiencing a delay in one or more of the following domains in this guide consider this a red flag:

- Attention Difficulty and Hyperactive Behaviour
- Behaviour
- Fine motor skills
- Social/emotional
- Speech and language

Where to go for help

Refer to the specific domains above to find out where to go for help as early as possible to reduce the impact on the child's learning. Long-term support is usually indicated.

For more information about learning disabilities:

- Learning Disabilities Association of York Region at 905-884-7933
  info@ldayr.org
  ldayr.org

Contributor

Helga Sirola, Executive Director, Learning Disabilities Association of York Region

Reference

Putting a Canadian Face on Learning Disabilities (PACFOLD) study
pacfold.ca

MATERNAL MENTAL ILLNESS

Mental illnesses such as depression and anxiety are conditions where a person's thinking, mood and behaviours severely and negatively impact how a person functions in his or her life. Mental illness that occurs in pregnancy or after having a baby is referred to as perinatal mental illness.

If left untreated, maternal perinatal mental illness can have negative effects on both the mother and her baby. For example, it can put a woman at risk for premature delivery or may affect her ability to meet her own self-care needs and those of her child. This can put the child's health and development at risk.[79]

PROBLEM SIGNS

If a mother is experiencing any of the following for more than two weeks after the birth of a baby, consider this a red flag:

- General feelings of unhappiness without reason
- Crying
- Mood swings
- Anxiety
- Insomnia
- Changes in appetite
- Irritability
- Loneliness or isolation
- Worry about their ability as a mother
- Conflicts in their roles and relationships
- Inability to cope[80]

Postpartum or baby blues are very common. Up to 84 per cent of new mothers will experience it. The negative feelings usually peak on day three to five postpartum and will improve by day 12.[81]

Depression occurs in up to 19 per cent of women.[80] Encouraging women to speak to a health care provider and get help early benefits both themselves and their children.

Women with certain risk factors may be more vulnerable to experiencing maternal mental illness.

If a woman has any of the following risk factors, consider this a red flag:

- Personal history of anxiety, depression or other mental illnesses
- Family history of poor mental health
- Conflict with the partner relationship
- Lack of practical, financial or emotional supports
- Poor social support
- Stressful life events, e.g. infertility, pregnancy loss, unhealthy relationships, loss of a family member or friend[80, 81]

Where to go for help

If there are concerns of **maternal mental illness**, or if the woman has **risk factors**:

- Advise the woman/family to contact her primary health care provider

For further support, the woman may also contact:

- York Region Health Connection at 1-800-361-5653, TTY 1-866-512-6228 or email childfamily@york.ca to access the following York Region Public Health programs:
  - → Healthy Babies Healthy Children Program York Region Public Health Healthy Babies Healthy Children Program and/or
  - → Transition to Parenting group York Region Public Health Mental Health and Wellness
- Bounce Back Program offered by Canadian Mental Health Association 1-866-345-0224 cmha-yr.on.ca/programs-services/bounce-back/

Postpartum psychosis is a rare but serious mental illness with risks to the mother and baby. Symptoms can appear within 72 hours to four weeks postpartum.

If the mother is experiencing any of the following symptoms of postpartum psychosis, consider this a red flag:

- Dramatic changes in mood i.e. from elated to depressed
- Out of touch with reality; cognitive impairment
- Delusions and/or hallucinations
- Severe depression
- Agitation
- Confusion
- Thoughts of harming self or baby[80, 82]

If the mother has any of the above symptoms of postpartum psychosis, **do not wait**:

- **Establish the safety of the baby and/or child(ren)**
- **Do not leave the mother alone**
- **Get help: CALL 911**

Contributor

Joelle Vandeweerd, Public Health Nurse,
York Region Public Health

MILD TRAUMATIC BRAIN INJURY (CONCUSSION)

A mild traumatic brain injury is also called a "concussion."[84] In children under the age of six years, concussions are most commonly caused by falls, motor vehicle crashes, bicycle crashes or other sports related injuries, being struck by/against objects, and assault.[84] It can be more difficult to recognize the symptoms of a concussion in infants, toddlers or preschoolers because they communicate differently than older children.

PROBLEM SIGNS

If a child experiences one or more of the following consider this a red flag:

- Headache or persistent rubbing of their head
- Nausea or vomiting
- Unsteady walking, loss of balance or poor coordination
- Loss of ability to carry out newly learned skills, e.g. toilet training, speech
- Lack of interest in favourite toys
- Cranky, irritable or difficult to console

- Changes in eating or sleeping patterns
- Tiring easily or listlessness
- Sensitivity to light or noise
- Visual problems[85]

If any of the following symptoms develop, consider this a red flag and take the child to the local emergency department/seek medical attention immediately:

- Loss of consciousness[86]
- Large bumps, bruising or unexplained swelling on the head[84]
- Increased drowsiness or difficult to rouse[84, 85]
- Neck pain[84, 85]
- Repeated vomiting[85]
- Blood or fluid in the ear[84]
- Pupils are unequal in size[84]
- Seizures[84, 85]
- Increased confusion e.g. cannot recognize people or places[85]
- Slurred speech[85]
- Weakness, numbness in arms/legs[85]
- Changes in behaviour e.g. irritability, aggression[85]

Where to go for help

If you suspect a child has had a concussion:

- Take the child to the local emergency department/ seek medical help immediately[85]

Contributor

Karen Dillon, Manager, Children's Treatment Network of Simcoe York

Source

Jennifer Saltzman-Benaiah, PhD, CPsych, Clinical Neuropsychologist, Behaviour and Health Sciences Centre, Mackenzie Health, and the Children's Treatment Network of Simcoe York

NUTRITION

Poor nutrition in babies and young children can lead to many negative outcomes such as failure to thrive, obesity, anemia, restrained eating, poor eating habits that become lifelong, lack of school readiness and inability to learn at school.[87] Further investigation, including possible referral to a registered dietitian (RD) for nutrition assessment and ongoing follow-up may be warranted for infants and children who present with red flags.

PROBLEM SIGNS

If one or more of the following risk factors are present, consider this a red flag:

General nutrition risk factors

- There is a sharp incline or decline in serial growth measurements or the growth-line remains flat on the WHO Growth Charts for Canada[88]
- If parent or caregiver has made informed decision to offer infant formula and it is prepared and/or stored incorrectly[89, 90]
- Uses a propped bottle[88] or is not supervised during feeding[88]
- Unsafe or inappropriate foods are given, e.g. raw eggs, unpasteurized milk and foods that are choking hazards[91]
- Feeding is forced or restricted[88, 89]
- Is pressured to eat through prodding, scolding, punishment, pleading, bribing or coercing, e.g. "clean your plate" or "come on, you've tried it before"[90, 92]
- Does not eat a variety of foods[90]
- Inadequate access to a sufficient variety and quantity of food[93]

Age-specific nutrition risk factors

Birth to 6 months

- After five days of age, has less than six wet diapers each day[94]
- Within the first two weeks, loses more than 10 per cent of birth weight[93]
- By two weeks, does not regain birth weight[88] or does not gain 20 grams or more per day[93]
- Consumes cow's or goat's milk (including pasteurized or raw), plant-based beverages (soy, rice, almond), evaporated milk or home-made formula[88]
- Consumes water, juice, herbal teas or other liquids[88]
- Introduces complementary foods too early (before infant is showing signs of developmental readiness), including adding cereal to a bottle[88]
- Consumes honey, including pasteurized or cooked[90]
- Uses a propped bottle or infant is not supervised during feeding[88]
- Skips feeds in attempts to facilitate longer sleep times[95]
- Not receiving vitamin D supplement of 400 IU daily if breastfed or receiving breastmilk[88]
- Parent has depressive symptomatology in the early postpartum period (may impact breastfeeding duration, self-efficacy and increase breastfeeding difficulties)[96]

6 to 9 months

- Does not consume iron-rich foods daily (such as beef, lamb, chicken, turkey, eggs, legumes, tofu, iron fortified cereal)[90]
- Consumes cow's or goat's milk or plant-based beverages (soy, rice, almond) as main milk source[90]
- Consumes fruit juice, fruit drinks/punch, sports drinks, pop or beverages containing artificial sweeteners or caffeine (coffee, tea, hot chocolate)[90, 97]
- Consumes raw or unpasteurized milk or milk products or unpasteurized juice[90]
- Consumes honey, including pasteurized or cooked[90]
- By 9 months, lumpy textures have not been introduced or consumed[90]
- Unsupervised during feedings[90]
- Not receiving vitamin D supplement of 400 IU daily if breastfed or receiving breastmilk[88]

9 to 12 months

- Does not consume iron-rich foods daily (such as beef, lamb, chicken, turkey, eggs, legumes, tofu, iron fortified cereal)[90]
- By 9 months, lumpy textures have not been introduced or consumed[90]
- Consumes > 750 mL (24 oz) of cow's or goat's milk a day[90]
- Consumes skim or partly skimmed (2% or 1% M.F.) cow's or goat's milk or plant-based beverages (soy, rice, almond) as main milk source[90]
- Consumes fruit juice, fruit drinks/punch, sports drinks, pop or beverages containing artificial sweeteners or caffeine (coffee, tea, hot chocolate)[90, 96]
- Consumes raw or unpasteurized milk or milk products or unpasteurized juice[90]
- Consumes honey, including pasteurized or cooked[90]
- Unsupervised during feedings[90]
- Not receiving vitamin D supplement of 400 IU daily if breastfed or receiving breastmilk[88]

1 to 2 years

- Does not eat a variety of textures and family foods including iron-rich foods each day[90]
- Dietary fat intake is restricted[90]
- Consumes more than 750 mL (24 oz) cow's or goat's milk a day and/or more than 175 mL (6 oz) of juice a day.[90] Consuming these beverages in excessive amounts displaces complementary foods[91]
- Does not eat a variety of foods from Canada's Food Guide[90]

- Has not transitioned from bottle to an open cup by 18 months[90]
- Drinks from a bottle filled with fluids other than water at night[90]
- Consumes skim or partly skimmed (2% or 1% M.F.) cow's or goat's milk or plant-based beverages (soy, rice, almond) as main milk source[90]
- Consumes fruit drinks/punch, sports drinks, pop or beverages containing artificial sweeteners or caffeine (coffee, tea, hot chocolate)[90, 96]
- Consumes raw or unpasteurized milk or milk products or unpasteurized juice[90]
- Unsupervised during feedings[90]
- Does not eat three small meals plus two to three nutrient-dense snacks a day[90]
- Coughs and chokes often when eating at 24 months[98]
- Not receiving vitamin D supplement of 400 IU daily if breastfed or receiving breastmilk[88]
- Scores "high nutrition risk" on Toddler NutriSTEP® nutrition screen[99]

2 to 6 years

- Consumes most of their milk and other beverages from a bottle[100]
- Consumes fruit drinks/punch, sports drinks, pop or beverages containing artificial sweeteners or caffeine (coffee, tea, hot chocolate)[93, 101]
- Rarely or never eats meals with their family[91]
- Consumes plant-based beverages other than fortified soy beverage as main milk source.[102] This includes products like rice, almond or oat beverages
- Consumes raw or unpasteurized milk or milk products[103] or unpasteurized juice[104]
- Exceeding milk recommendations can compromise iron status. Two cups of skim or partly skimmed (2% or 1% M.F.) cow's milk per day is sufficient to maintain healthy vitamin D and iron stores for most children[105]
- Depends on vitamin/mineral supplements or specialty oral supplements instead of offering a variety of foods[91]
- Scores "high nutrition risk" on Toddler or Preschooler NutriSTEP® nutrition screen[86, 98]

Where to go for help

If there are concerns, advise the parent/caregiver to:

- Talk to their child's primary care provider
- Contact Telehealth Ontario to speak with a registered dietitian by calling 1-866-797-0000

For more information on healthy eating:

- York Region Public Health Nutrition Services york.ca/feedingkids
- UnlockFood.ca™ — Expert Guidance. Everyday Eating. Brought to you by Dietitians of Canada

Source

Adapted from: Pediatric Nutrition Guidelines (Birth to Six Years) for Health Professionals, 2019, Ontario Dietitians in Public Health
odph.ca/PNG

Contributor

Rachel Morgan, Registered Dietitian – Public Health Nutritionist, York Region Public Health

PREMATURITY

Typically, a fetus spends an average of 40 weeks growing and developing before birth. According to the World Health Organization (WHO), babies born before completing 37 weeks are defined as preterm or premature.[106] In the majority of cases, these infants are healthy and experience typical development. However, many infants born prematurely require medical care after birth and some have continuing challenges that affect their growth and development. Several factors influence whether or not a child born prematurely will experience medical care and/or ongoing support. These factors include how prematurely the child was born, the baby's birth weight, and if the baby experienced complications at birth that are known to put them at risk for challenges as children and adults.[107]

There are a variety of reasons that children can be born prematurely. Prematurity may be linked to maternal conditions (e.g. high blood pressure, infection, substance abuse, trauma, chronic illness) or fetal conditions (e.g. fetal malformation, chromosomal abnormalities, infection).[105] Sometimes the reason for a premature birth is unknown.

Regardless of the reason for prematurity, there is a higher risk of developmental concerns and these children will need consistent monitoring to ensure that they are developing appropriately for their age. Regular monitoring of a child's growth and development by a professional is important to ensure that children at risk can access appropriate services. York Region Early Intervention Services (EIS) provides this support in partnership with the three York Region hospitals (Mackenzie Health, Markham Stouffville Hospital and Southlake Regional Health Centre) at Neonatal Follow-Up Clinics located within each hospital. The Neonatal Follow-Up Clinics are staffed by multidisciplinary teams which include physicians, physiotherapists, occupational therapists and early interventionists. The focus of the multidisciplinary clinic team is to provide assessment, monitoring and early intervention to promote optimal developmental outcomes.

The Neonatal Follow-Up Clinics specifically target infants/children at the greatest risk for delay including: infants born less than 33 weeks gestation, birth weight less than 2000 grams, at risk for neurological impairments, small for gestational age (SGA), metabolic conditions, or those with complex needs.

Where to go for help

Advise the parent/caregiver to contact:

- York Region Early Intervention Services to obtain the physician's referral form for the Neonatal Follow-Up Clinics 1-888-703-KIDS (5437)

Primary care providers can refer directly to one of the three hospitals' Neonatal Follow-Up Clinics:

- Mackenzie Health
  Telephone: 905-883-1212 ext. 3069
  Fax: 905-883-2052
- Markham Stouffville Hospital
  Telephone: 905-472-7534
  Fax: 905-472-7535
- Southlake Regional Health Centre
  Telephone: 905-895-4521 ext. 5608
  Fax: 905-830-5982

Contributor

Nadia Sgro, Physiotherapist, Clinical Supervisor, Infant and Child Development Services, York Region Social Services Branch

REGULATION

The development of self-regulation is rooted in the relationship/attachment system that exists between an infant and his or her caregiver.[108, 109, 110] Babies are not born with the capacity to regulate their feelings, actions or bodies and rely completely on their caregivers to attune to their distress.

When caregivers can recognize their own stress, stay calm and then provide the nurturing and structure needed to alleviate their baby's distress they have used their secure relationship to help the child regulate. In the first three years of a child's life, the child is dependent on his or her parents to interpret their distress and support them to calm down and regulate. This is a process known as co-regulation and its growth and development is closely aligned with the relationship and attachment between a parent and child.[107, 108, 111] Beyond the child's third birthday, the child begins to meaningfully use words to identify feelings and thoughts. Their emerging language skills then begin to help them think, wait, problem solve, ask for help and remember ways to calm themselves down when they are distressed. Initially infants need a tremendous amount of co-regulation from others to manage distress. They will need less and less adult support as children as their own capacity to regulate increases.[107, 108, 110]

In the first three years, the role of the parent is to help the child recover from stress and prevent the child from feeling overloaded. Common stressors might include hunger, fatigue, worry, fear, pain, being alone or sensory overload (voice tone, anger, lighting, temperature). Toxic stress occurs when the child experiences distress too frequently, too quickly, when they can't adapt to "normal" challenges and transitions, when it takes a long time to recover (more than 10 to 20 minutes) or when distress affects a healthy sleep

cycle.[108] Toxic stress also interrupts a child's ability to regulate if the caregiver has not been successful or mostly consistent in soothing the child.[107, 112, 113] Children who have experienced toxic stress will react more frequently and more intensely with little or no understood provocation. They will react with actions that fall into the categories of fight (physical or verbal), flight (running behaviours) or freeze/immobilize (hiding, spacing out, daydreaming). Children who experience this level of toxic stress tend to have disruptions to normal sleep patterns so that they sleep too much, sleep too little or can't get into a sleep pattern that allows them to feel rested.[108] These children often are defined by what is seen as "bad behaviour" when the root of the reaction is that their needs have not been met and their brain interprets that as dangerous. The brain then reacts with fighting, flight or freezing.[108]

Red flags exist within this domain for parents who are unable to calm themselves, understand their child's needs and respond to their child in ways that soothe. The Adverse Childhood Experiences (ACE) Study identifies a number of parental risk factors including involvement in abuse, neglect, substance use, separations or loss, and criminality that might compromise parents' ability to notice and offer support to their child.[108]

PROBLEM SIGNS

If a child presents any of the following behaviours, consider this a red flag:

- Shows distress easily
- Has difficulty adapting to changes
- Has difficulty making transitions
- Takes more than 20 minutes to calm down after being upset
- Sleeps too much for their age
- Sleeps too little for their age
- Reacts frequently with little or no understanding of what provoked them
- Reacts with intensity
- Engages in physical fighting, verbal aggression and has poor social skills
- Runs away
- Hides from
- Daydreams more than usual[108, 114, 115, 116]

Where to go for help

If there are concerns, advise the parent/caregiver to contact one of the following:

- EarlyON Child and Family Centres
- To access the contact information for the locations in York Region, visit centralhealthline.ca
- York Region Early Intervention Services
  1-888-703-5437
- Kinark Child and Family Services
  1-888-454–6275 or 1-888-4-KINARK
  kinark.on.ca
  info@kinark.on.ca
- York Hills Centre for Children, Youth and Families
  905-503-9560
  yorkhills.ca
  info@yorkhills.ca

Contributor

Janet MacQuarrie, Registered Psychotherapist, Supervisor of Play and Early Learning, York Hills Centre for Children, Youth and Families

RELATIONSHIP AND ATTACHMENT

One of the most significant contributions to healthy brain development in a child's life is the parent-child relationship.[117] These interactions form the building blocks for future relationships creating an internal model the child uses to reference how all future relationships are interpreted and measured. The new understandings we have from the field of neurobiology lays the foundation for brain development that is rooted in the connection and relationship an infant and child experiences with his or her caregiver.[116, 118]

These relationships can be described and understood in the context of Mary Ainsworth's four attachment styles: secure, anxious-ambivalent, anxious-avoidant, and disorganized.[119]

It is important to note and remember that most parent child interactions result in a secure attach-

ment pattern.[118]

Secure attachment: This is a relationship in which the infant or child can feel physically and emotionally safe. The parent is able to meet the needs of the child, soothe the child and experience joy in their relationship with the child. The parent, through this experience, "serves" the child positive and rich physical, emotional and verbal messages that the child "returns" to the parent with smiles, gurgles and cuddles. The child experiences a world (the extent of their world is their parent) that is safe, responsive and can make them feel calm when distressed.[118, 120, 121]

Anxious-ambivalent attachment: This is a relationship in which the infant or child experiences some level of uncertainty or stress in their relationship with their parent/caregiver. The anxiety or stress the child experiences may result from a variety of situations such as a loss, illness, parental mental health, poverty, physical abuse, neglect, poor nutrition, prenatal maternal stress and parental trauma where the parent is sometimes attentive and responsive and sometimes not. As a result of this uncertainty, the child might seem unsure and display some ambivalence wanting to approach his or her parent for comfort while also showing some resistance to that approach.[118, 119, 120]

Anxious-avoidant attachment: Much like the anxious-ambivalent attachment pattern, this is a relationship in which the infant or child experiences some level of uncertainty or stress in their relationship with their parent/caregiver. The anxiety or stress the child experiences may result from a variety of situations such as a loss, illness, addictions, parental mental health, poverty, physical abuse, neglect, poor nutrition, prenatal maternal stress and parental trauma and the parent has proven to the child that his or her responses are not predictable and reliable. As a result of this uncertainty, the child avoids the parent and may either seem inconsolable or show little or no affect.[118, 119, 120]

Disorganized attachment pattern: The disorganizing attachment pattern is the most concerning and the most difficult to notice. This occurs when the caregiver who is supposed to be the person who responds to the child's needs for safety, comfort, feeding and connection is actually frightening or frightened of the child. This child is caught in a difficult dilemma as the person who is supposed to be safe is actually scary. Survival drives the child to the caregiver but the caregiver is the source of the child's distress. The frightening parents might be abusive, neglectful or hostile toward the child or they use language or voice tones that are frightening. The developing brain needs cues from the parent's facial expressions to regulate and grow.[117] Examples of the still face experiment show that the infant who does not see responsiveness in the parent's facial expression becomes distressed and dysregulated.[118, 119, 120]

The parent who is frightened of their child may be slow to move in to respond, unable to read his or her baby's cues and know what the baby actually needs from them. This parent is unable to consistently calm his or her child or respond to the child, and often carries a worried look on their face. This stresses the child who is then unable to respond to the parent in ways that encourage the parent to engage with them again.[122]

A child who has experienced an insecure or disorganizing caregiver might:

- Explore their environment and other people only minimally either reluctantly or without interest
- Be preoccupied and clingy with the parent
- Become distressed and anxious if the parent leaves, even for a short period
- Reach out for the parent and then resist them
- Seem angry and rejecting toward the parent
- Seem passive in relating to the parent
- Show minimal interest in the parent
- Seem independent, resisting help from others
- Explore the room and toys busily
- Not use the parent as a secure base to seek proximity when stressed
- Show minimal acknowledgement when the parent leaves the child
- Ignore or avoid the parent when the parent returns to the room
- Easily go with strangers or talk to strangers
- Be overly sensitive to sounds, textures, food or smells
- Be overly tolerant/ignoring of things like noises, dirty hands, lighting or wet clothing

- Be reactive and angry without noticeable provocation
- Fight, flee (run) or freeze when in distress (become immobile, look dazed, daydream, forgetful, shut down emotionally)
- Cry with a weak or angry response
- Whine constantly
- Resist cuddling
- Use poor eye contact or seem uncomfortable with eye contact
- Not respond to smiles
- Show delayed physical motor skill development (in combination with other flags)[118, 119, 121, 123]

Where to go for help

If there are concerns, advise the parent/caregiver to contact one of the following:

- EarlyON Child and Family Centres
- To access the contact information for the locations in York Region, visit centralhealthline.ca
- York Region Early Intervention Services
  1-888-703-5437
- Kinark Child and Family Services
  1-888-454–6275 or 1-888-4-KINARK
  kinark.on.ca
  info@kinark.on.ca
- York Hills Centre for Children, Youth and Families
  905-503-9560
  yorkhills.ca
  info@yorkhills.ca

Contributor

Janet MacQuarrie, Registered Psychotherapist, Supervisor of Play and Early Learning, York Hills Centre for Youth, Children and Families

RESILIENCE

Resilience is the ability to "bounce back" from stressors and difficult situations. It helps adults and children handle stress, overcome childhood disadvantage, recover from trauma and reach out to others. Studies show that resilient people have happier relationships and are less prone to depression, more successful in school and jobs, and live healthier and longer lives.[124] The way a person thinks about life's challenges can affect his or her ability to cope with them. Parents have "thinking habits" that can help or hinder responses to stressful situations. Young children mimic the way significant adults in their lives respond to these situations. If the parent or caregiver demonstrates any of the red flag thinking habits, the child may develop these thinking habits too.

PROBLEM SIGNS

If a child habitually uses the following ways of thinking, consider this a red flag:

- Takes things personally and blames self or others for the stressful situation
- Expresses belief that the stressful situation is permanent
- Expresses belief that the stressful situation will affect many areas of life[125]

Where to go for help

If there are concerns, advise parent/caregiver to contact:

- York Region Health Connection at 1-800-361-5653, TTY 1-866-512-6228, childfamily@york.ca for resources, programs, and possible referrals

Children often rely on their parent/caregiver for support and comfort during times of stress. If a parent/caregiver's ability to provide support and comfort is compromised, it is important to refer the parent/caregiver to York Region Health Connection for information on community resources and supportive programs.

Contributor

Joelle Vandeweerd, Public Health Nurse, York Region Public Health

SELECTIVE MUTISM

Selective mutism is the persistent inability to speak in specific situations where speaking is expected, despite being able to speak in other situations. This difficulty must last beyond one month and must not be limited to the first month of school or daycare. Selective mutism typically emerges when children are two to five years old.[126, 127] Despite this early age of onset, children with this disorder are most commonly identified when they first enter daycare or school, when a lack of verbal communication is first observed outside of the home. Research suggests that selective mutism occurs in up to two per cent of children in elementary school[128] and occurs one and half to two times more often in girls than in boys.[129] The most common profile of children with selective mutism are those that speak freely at home, are less comfortable speaking freely outside of the home — for example, at the grocery store, or at a restaurant — and least comfortable speaking at school.[126] Factors that contribute to the development of selective mutism include a shy or anxious temperament, a family history of anxiety or shyness, speech and language challenges, adjustment to a new culture, and limited social interactions with peers outside of school.[130]

PROBLEM SIGNS

If a child is experiencing any of the following behaviours, consider this a red flag:

- Does not speak in a specific situation, for more than one month, excluding the first month of school or daycare
- Clear discrepancy in the quality and quantity of spoken language between the home and other environments
- Relies heavily on nonverbal communication in certain situations; for example, pointing, nodding, and other gestures
- Speaks "through" the parents in public situations such as whispering to them instead of conversing directly to others
- Reluctance to speak to teachers, students, principals or school secretaries
- Avoids speaking and will respond with averted gaze, blushing or other symptoms of anxiety
- Speaks quietly or privately to other children, but not to adults
- May express a fear of being heard or seen speaking in specific situations
- Covers mouth when speaking so others cannot see his or her lips moving
- Experiences accompanying somatic symptoms, particularly when going into unfamiliar environments where speaking is required[129]

Where to go for help

If there are concerns, advise the parent/caregiver to contact:

- Kinark Child and Family Services
  1-888-454–6275 or 1-888-4-KINARK
  kinark.on.ca
  info@kinark.on.ca
- York Hills Centre for Children, Youth and Families
  905-503-9560
  yorkhills.ca
  info@yorkhills.ca
- Family Services York Region
  1-888-223-3999
  fsyr.ca

Contributor

Christine Simmons-Physick, Program Director, Community Mental Health, Central, Kinark Child and Family Services

SENSORY

Sensory processing or sensory integration refers to the ability of our nervous system to receive information through our senses (taste, smell, auditory, visual, touch, movement and body position) and organize it in a meaningful and appropriate way.[131]

PROBLEM SIGNS

If a child presents any of the following behaviours in extreme or with exaggeration, and these behaviours do not seem typical for a child of his or her age, consider this a red flag:

Auditory

- Responds negatively to unexpected or loud noise[132]
- Is distracted or has trouble functioning if there is a lot of background noise[131]
- Enjoys strange noises/seeks to make noise for noise sake[131]
- Seems to be "in their own world"[133]

Visual

- Needs help to find objects that are obvious to others[132]
- Avoids eye contact[132]
- Squints or looks out of the corner of the eye[134]
- Is attracted to bright, flashing objects like TV or computer screens[132]
- Is more bothered by bright light as compared to same age children e.g. blinks, squints, cries, closes eyes, etc.[135]

Taste/smell

- Avoids certain tastes/smells that are typically part of the child's diet[131]
- Chews/licks non-food objects[136]
- Gags easily[134]
- Is a picky eater, especially regarding textures, flavours, smells and temperature[131]

Movement and body position

- Continually seeks out all kinds of movement activities (e.g., being whirled by adult, play-ground equipment, moving toys, spinning, rocking)[133]
- Becomes anxious or distressed when feet leave the ground[131]
- Has poor endurance — tires easily; seems to have weak muscles[134]
- Avoids climbing, jumping, uneven ground or roughhousing[135]
- Bumps into things, failing to notice people or objects in the way[132]
- Seems not to get dizzy when others usually do[133]

Touch

- Becomes upset during grooming e.g. during hair cutting, face washing, fingernail cutting[131]
- Has difficulty standing in line or close to other people, or stands too close, always touching others[131]
- Shows an emotional or aggressive response to being touched[134]
- Fails to notice when face or hands are messy or wet[131]
- Craves lots of touch: heavy pressure, long-sleeved clothing, hats, and certain textures[134]

Activity Level

- Always on the go; difficulty paying attention
- Very inactive — seems to tire easily and will often slump in chairs or lean against objects for support
- Seems unaware of pain[134]

Social/emotional

- Needs more protection from life than other children i.e. defenseless physically or emotionally
- Has difficulty with changes in routines, plans or expectations
- Is stubborn or uncooperative; easily frustrated
- Has difficulty making friends
- Has difficulty understanding body language or facial expression
- Does not feel positive about own accomplishments i.e. low self-esteem[134]

Where to go for help

If there are concerns, advise the parent/caregiver to contact:

- York Region Early Intervention Services at 1-888-703-KIDS (5437)
- The child's family physician for a referral to a developmental pediatrician or an occupational therapist

Contributor

Nadia Sgro, Physiotherapist, Clinical Supervisor, Infant and Child Development Services, York Region Social Services Branch

SLEEP

Sleep is a critical activity of child development. Adequate sleep promotes self-regulation, growth, physical health, memory and cognitive functioning. In typically developing infants and toddlers, lack of sleep has been associated with parental stress, attachment difficulties and maternal depression. In atypically developing infants, sleep problems are often attributed to neurological or physical abnormalities, although psychosocial factors also play a role.[137]

It takes time for infants to develop a sleep-wake cycle and some infants take longer than others. Various factors such as time, cues, biology, environment and infant temperament all play a part.[138] The amount of sleep varies greatly from one child to another. Infants up to six months of age may spend up to 16 hours a day sleeping, but as little as 10 hours has also been reported. Infants from six to 12 months may sleep up to 14 hours per day, toddlers about 10 to 13 hours and preschoolers 10 to 12 hours.[139]

PROBLEM SIGNS

If a child presents any of the following behaviours, consider this a red flag:

- Dependence on caregiver presence and soothing actions i.e. nursing or rocking[136]
- Resistance to or fears and anxieties around sleeping[136]
- Poor airway functioning/airway obstruction i.e. noisy breathing, snoring or breathing pauses due to enlarged adenoids or respiratory infection[136]
- Excessive crankiness or temper tantrums[140]
- Problems in cognitive functioning i.e. attention, learning and memory[141]
- Coordination problems e.g. accidents, injuries, slower reaction time[142]

Where to go for help

If there are concerns, advise the parent/caregiver to contact their primary health care provider.

The parent/caregiver can also contact:

- Kinark Child and Family Services
  1-888-454–6275 or 1-888-4-KINARK
  kinark.on.ca
  info@kinark.on.ca
- York Hills Centre for Children, Youth and Families
  905-503-9560
  yorkhills.ca
  info@yorkhills.ca
- Family Services York Region
  1-888-223-3999
  fsyr.ca

Contributors

Donna Lamanna, Supervisor, York Hills Centre for Children, Youth and Families

Christian Bouchard, Clinical Director, York Hills Centre for Children, Youth and Families

SOCIAL/EMOTIONAL

Social and emotional development encompass both intrapersonal skills (i.e. understanding and managing one's own emotions) and interpersonal skills (i.e. the ability to effectively verbally and non-verbally communicate with other people), as it looks at the child's experience, demonstration and control of emotions and the capacity to create meaningful and reciprocal relationships with others.[143, 144] The main characteristics of social and emotional development in a child include:

- Recognizing and comprehending both his or her own feelings as well as others'
- Coping with deep emotions and expressing them in a productive way
- Regulating their behaviour
- Developing and preserving connections with people[145, 146]

It is important to note that social and emotional development is a lengthy process and children continue with development in this domain well into the teenage years and at times into young adulthood.[147]

PROBLEM SIGNS

If a child consistently exhibits any of the following behaviours, consider this a red flag:

Ages 0 to 9 months

- Lack of response to sounds
- Lack of expression/smile in response to others/ responds to others in an atypical way
- Avoids close contact
- Inability to self-soothe or calm themselves[148, 149]

Ages 9 to 12 months

- Lack of interest in peers
- Great difficulty waiting for something
- Rigidity in regards to routine, clothing, toys, food, etc.
- Little to no eye contract
- Lack of imitation of simple actions
- Lack of response to his or her name
- Lack of shared attention between two people on an item
- Lack of ability for turn-taking in games
- Responds in the same way to familiar people as with strangers[145, 147, 148]

Ages 1 to 2 years

- Moves from one activity to another and only stays at an activity for a brief time
- Requires support to stay on task
- Lack of ability to show/explain objects to others
- Frustration when changes occur
- Lack of interest in objects and/or activities in which peers are engaging
- Lack of initiation of self-play[143, 145, 148, 150]

Ages 2 to 3 years

- Lack of interest in pretend play
- Difficulty with separation from caregiver
- Lack of initiation or response to interactions with peers
- Prefers to play in a different area than peers
- Lack of symbolical use of objects
- Lack of participation in group activities
- Unusual expression in intensity of aggression
- Displays severe fears that hinder daily living[143, 148, 149]

Ages 3 to 5 years

- Lack of initiation or joining in play with peers
- Lack of sharing with peers
- Lack of cooperative play skills e.g. group decisions, role duties, fair play
- Inability to select own friends
- Demonstrates dependency on caregivers for majority of needs and wants
- Demonstrates passivity or fearfulness that limits engagement with activities in which peers are participating[142, 143, 144]

Where to go for help

If there are concerns, advise the parent/caregiver to contact their primary health care provider.

The parent/caregiver can also contact:

- EarlyON Child and Family Centres

  To access the contact information for the locations in York Region visit: centralhealthline.ca

- Early Intervention Services of York Region
  1-888-703-5437

- Kinark Child and Family Services
  1-888-454–6275 or 1-888-4-KINARK
  kinark.on.ca
  info@kinark.on.ca

- York Hills Centre for Children, Youth and Families
  905-503-9560
  yorkhills.ca
  info@yorkhills.ca

- Family Services York Region
  1-888-223-3999
  fsyr.ca

For more information about social/emotional, contact:

- York Region Health Connection at 1-800-361-5653, TTY 1-866-512-6228, childfamily@york.ca

- Learning Disabilities Association of York Region at 905-884-7933

Contributor

Jenna Emery, Autism Consultant,
Kerry's Place Autism Services

SPEECH AND LANGUAGE

Approximately one in 10 preschool children has difficulties acquiring speech, language and/or social communication.[151, 152] Because communication skills are critical to the child's future success in socialization, learning to read and write (literacy) and do math (numeracy), it is important to identify those children who might need support in this domain.[150, 151]

This domain considers development of attention, comprehension, expression via gestures and words, the development of clear intelligible speech, social skills and play skills.

Healthy child development

If a child is missing one or more of these expected age outcomes, consider this a red flag:

By 6 months

- Turns to source of sounds
- Startles in response to sudden loud noises
- Makes different cries for different needs i.e., hungry, tired
- Watches the face of parent/caregiver as they talk
- Smiles/laughs in response to parent/caregiver smiles and laughter
- Imitates coughs or other sounds such as "ah," "eh," buh"[150, 153]

By 9 months

- Responds to his or her name[150, 154]
- Turns to look for a source of sound,[155] or responds to the telephone or a knock at the door[150, 153]
- Understands being told "no",[150, 153] and other short instructions[154]
- Imitates facial expressions[154]
- Gets attention or help,[154] or what they want, through gestures e.g. reaching to be picked up[150, 153] and sounds[154]

- Plays social games with parent/caregiver e.g. peek-a-boo[150, 153]
- Enjoys being around people[150, 153]
- Fusses or cries if familiar caregiver looks or behaves differently[154]
- Babbles and repeats sounds such as "babababa" or "duhduhduh"[150, 153]
- Mouths and chews on objects[156]
- Looks for dropped object or hidden toy[154]

By 12 months

- Follows simple one-step directions such as "Sit down", "Find your shoes"[150, 157]
- Follows simple requests and questions such as "Where is the ball?"[155]
- Looks across the room to something when an adult points to it[150, 156]
- Consistently uses three or more 'words' such as "dada" or "mama," using the same sounds to indicate same object or person, even if these 'words' are not pronounced accurately[150, 156]
- Uses specific gestures to communicate needs or to protest e.g. waves hi/bye, shakes head "no"[150, 156]
- Gets attention using sounds, gestures and pointing while looking at the eyes of parent/caregiver[150, 156]
- Brings/extends toys to show parent/caregiver[150, 156]
- "Performs" for social attention and praise[150, 156]
- Combines lots of sounds together as though talking e.g. "abada baduh abee"[150, 156]
- Shows an interest in simple picture books[150, 156]
- Starts and plays social games with parent/caregiver; takes turns e.g. "peek-a-boo," "patty cake"[154]
- Finger-feeds him/herself some foods[155]
- Holds, bites and chews crackers[150, 155]

By 18 months

- Understands the concepts of "in and out," "off and on"
- Points to three or more body parts when asked
- Responds with words or gestures to simple questions e.g. "Where's teddy?", "What's that?"
- Uses at least 20 words consistently, even if not clear
- Makes at least four different consonant sounds e.g. p, b, m, n, d, g, w, h
- Enjoys being read to and sharing simple books
- Points to familiar pictures using one finger
- Demonstrates some pretend play with toys e.g. gives teddy a drink, pretends a bowl is a hat[150, 158]

By 24 months

- Follows two-step directions e.g. "Go find your teddy bear and show it to Grandma"[159]
- Uses 100 or more words[158]
- Uses at least two pronouns such as "you," "me," "mine"[158]
- Consistently combines two to four words in short phrases e.g. "daddy hat," "truck go down"[158]
- Forms words/sounds easily and effortlessly[158]
- Uses words that are understood by others 50 to 60 per cent of the time[158]
- Enjoys being around other children[158]
- Begins to offer toys to peers and imitate other children's actions and words[158]
- Holds books the right way up and turns pages one at a time[158]
- "Reads" to stuffed animals or toys[150]
- Scribbles with crayons[158]

By 30 months

- Understands the concepts of size such as big/little and quantity such as a little/a lot, more[160]
- Uses some adult grammar e.g. "two cookies," "bird flying," "I jumped"[159]
- Uses more than 350 words[159]
- Uses action words e.g., run, spill, fall[159]

- Produces words with two or more syllables or beats e.g. "ba-na-na," "com-pu-ter," "a-pple"[159]
- Uses consonant sounds at the beginning of words e.g. "big" instead of "ig"[159]
- Begins taking short turns with peers, using both words and toys[159]
- Demonstrates concern when another child is hurt/sad[159]
- Demonstrates pretend play involving several actions e.g. feeds dolls and then puts them to sleep; puts blocks in train then drives train and drops blocks off[159]
- Recognizes familiar logos and signs involving print e.g. golden arches of McDonalds, "Stop" sign[150]
- Remembers and understands familiar stories[159]
- Speaks in sentences of at least three words[159]
- Tries to join in with singing songs or making rhymes[159]
- Recognizes self in a mirror or a photo[159]

By 3 years

- Understands "who," "what," "where" and "why" questions[151]
- Creates long sentences using five or more words[151]
- Talks about past events e.g. trip to grandparents' house, day at child care[151]
- Tells simple stories[151]
- Understood by most people outside of the family, most of the time[151]
- Shows affection for favourite playmates[151]
- Engages in multi-step pretend play with actions and words e.g. pretending to cook a meal or repair a car[151]
- Understands and uses some describing words e.g. "big," "dirty," "wet"[154]
- Joins in play with a group of two or more peers[161]
- Listens to stories or music for five minutes with an adult[160]
- Aware of the function of print e.g. in menus, lists, signs[151]
- Beginning interest in, and awareness of, rhyming[151]

By 4 years

- Follows directions involving three or more steps e.g. "Get some paper, draw a picture, and give it to mom"[151]
- Shows four colours when asked[154]
- Asks and answers a lot of questions e.g. "Why?", "What are you doing?"[154]
- Uses adult-type grammar[151]
- Tells stories with a clear beginning, middle and end[151]
- Talks with adults and other children to try to solve problems[151]
- Speaks clearly enough to be understood by strangers almost all the time[151]
- Demonstrates increasingly complex imaginative play using words, characters, action and interactions with peers[151]
- Able to generate simple rhymes e.g. "cat-bat"[151]
- Matches some letters with their sounds e.g. "letter T says 'tuh'"[151]
- Enjoys singing children's songs[154]
- Participates with peers in small group activities, sharing and taking turn e.g. catch, snakes and ladders[154]

By 5 years

- Follows group directions e.g. "All the boys get a toy"[151]
- Understands directions involving "if…then" e.g., "If you're wearing runners, then line up for gym"[151]
- Describes past, present and future events in detail[151]
- Uses almost all of the sounds of their language with few to no errors[151]
- Seeks to please his/her friends[151]

- Shows increasing independence in friendships[151]
- Knows all the letters of the alphabet[151]
- Identifies the sounds at the beginning of some words e.g., "Pop starts with the 'puh' sound"[151]

PROBLEM SIGNS

If a child is experiencing any of the following, consider this a red flag:

- Stuttering i.e. using repetitions of words, syllables, sound prolongations, or blocks e.g. "I-I-I", "da-da-daddy", "mmmommy" "b—all"[162]
- Ongoing hoarse voice or unusual voice quality[163]
- Difficulty with feeding or swallowing[164]
- Excessive drooling[163]

Speech and language challenges are sometimes associated with other developmental concerns. Also refer to the following domains in this guide for other potential referrals:

- **Autism Spectrum Disorders (ASD)**
- **Hearing**
- **Feeding skills**

Where to go for help

If there are concerns:

- Refer to the York Region Preschool Speech and Language Program by completing an ERIK referral available at childdevelopmentprograms.ca; fax referral to 905-762-2115
- Advise parent/caregiver to contact York Region Preschool Speech and Language Program at 1-888-703-KIDS (5437) and visit the website at childdevelopmentprograms.ca for resources.

Note: Children must be referred to the York Region Preschool Speech and Language Program before August 31 of the year they begin junior kindergarten (JK). If there are concerns about stuttering, referrals may be made during the JK year.

If there are concerns after the child starts JK, please advise parent/caregiver to contact the child's school for referral to a Speech-Language Pathologist through the school board.

For more information about speech and language:

For a list of private Speech-Language Pathologists, visit osla.on.ca or call the Ontario Association of Speech-Language Pathologists and Audiologists at 1-800-718-6752

Contributor

Marlene Green, Speech-Language Pathologist, York Region Preschool Speech and Language Program, Child Development Programs, Markham Stouffville Hospital

TOBACCO SMOKE (SECOND AND THIRD-HAND)

Early, regular exposure to second and third-hand smoke impacts health long-term. Children are most at risk for serious health problems from tobacco smoke.[165]

A baby or child may be exposed to tobacco smoke at home, daycare or other environments.

Second-hand smoke is exhaled by the smoker into the air and inhaled by other people in close proximity.[166] There is no safe limit of exposure.[167]

Third-hand smoke is the chemical residue that is left on furniture, carpets, toys, fabrics and dust after a cigarette, cigar or pipe is put out. It has the same toxic chemicals as second-hand smoke and can remain for months or years. Young children can take in many times more third-hand smoke than adults.[168]

While planning for a pregnancy, as well as during pregnancy, exposure to tobacco smoke can affect the health of the baby and it can also make it difficult for individuals to conceive.[169]

E-cigarettes are gaining in popularity and we need more research on the effects of exposure to second-hand vapour. We know that the vapour from e-cigarettes is not harmless.[170] Therefore, it is recommended to treat vape aerosol the same as tobacco smoke. Protect children from exposure. Accidental ingestion is also a concern with babies and young children. It is important to keep e-cigarette devices and liquid out of the reach of young children.[171]

Children are most at risk for health and growth and development concerns when exposed to second and third-hand smoke due to the following:

- They breathe faster
- Their bodies are smaller
- It's harder for them to break down the chemicals found in tobacco smoke
- They cannot remove themselves from smoking environments
- Babies crawl on the floor and put their hands and objects in their mouths taking in more chemicals then adults[170]

Children who are regularly exposed to second and third-hand smoke are at risk for the following:

- Sudden Infant Death Syndrome (SIDS)
- Sleep challenges
- Colic
- Coughing and/or wheezing more frequently
- Asthma
- Bronchitis, ear infections, pneumonia and croup
- Learning challenges that lead to lower scores in math, reading and logic
- Behavioural issues such as hyperactivity
- Heart disease in adulthood
- Smoking themselves as a teenager or adult[167]

PROBLEM SIGNS

If a child is experiencing the following, consider this a red flag:

- Regular exposure to second and/or third-hand tobacco smoke
- Frequent asthma attacks, respiratory and ear infections

Where to go for help

If the parent/caregiver is a tobacco user, encourage them to work toward a tobacco-free life and keep vehicles and homes smoke-free by suggesting they access one or more of the following resources:

- Best Start: A smoke-free environment for your children
  beststart.org/resources/tobacco/pdf/tobacco_handout_eng_FINAL.pdf
- Smokers' Helpline
  1-877-513-5333
  smokershelpline.ca
- Break it off
  breakitoff.ca
- Pregnets
  pregnets.org
- Dads in Gear: smoke-free dads
  dadsingear.ok.ubc.ca
- Families Controlling and Eliminating Tobacco
  facet.ubc.ca
- Health Canada — About vaping
  aboutvapingcanada.ca
- York Region Public Health
  york.ca/tobacco

Contributors

Rosemary Lamont, Public Health Nurse, York Region Public Health, Tobacco-Free Living Services

Melissa Goheen, Public Health Nurse, York Region Public Health, Tobacco-Free Living Services

VISION

A great deal of a child's early learning occurs through vision. Children who are born with (or acquire in early childhood) blindness or low vision are at a greater risk for developmental delays and communicative disorders. It is important to monitor a child's visual development since early identification can often reduce or eliminate the risk of long-term complications. The Canadian Association of Optometrists recommends children have their first eye exam between ages six and nine months, and annually thereafter.[172]

Healthy child development

If a child is missing one or more of these expected age outcomes, consider this a red flag:

By 6 weeks

- Stares at surroundings when awake
- Briefly looks at bright lights/objects
- Blinks in response to light
- Eyes and head move together[173]

By 3 months

- Eyes glance from one object to another
- Eyes follow a moving object or person
- Stares at a caregiver's face
- Begins to look at hands and food[172]

By 6 months

- Eyes move to inspect surroundings
- Reaches for objects
- Looks at more distant objects
- Smiles and laughs when they see you smile and laugh[172]

By 12 months

- Eyes turn inward as objects move close to the nose
- Watches activities in surroundings for longer time periods
- Looks for a dropped toy
- Visually inspects objects and people
- Creeps towards favourite toy[172]

By 2 years

- Uses vision to guide reaching and grasping for objects
- Looks at simple pictures in a book
- Points to objects or people
- Looks for and points to pictures in books
- Looks where they are going when walking and climbing[172]

PROBLEM SIGNS

If a child is experiencing any of the following, consider this a red flag:

- Swollen or encrusted eyelids
- Bumps, sores or sties on or around the eyelids
- Drooping eyelids
- Lack of eye contact by three months of age
- Does not watch or follow an object with the eyes by three months
- Haziness or whitish appearance inside the pupil
- Frequent "wiggling," "drifting" or "jerky" eye movements; misalignment of the eyes (eye turns or crossing of eyes)
- Lack of co-ordinated eye movements
- Drifting of one eye when looking at objects
- Turning or tilting of the head when looking at objects
- Squinting, closing or covering of one eye when looking at objects
- Excessive tearing when not crying
- Excessive blinking or squinting
- Excessive rubbing or touching of the eyes
- Avoidance of, or sensitivity to, bright lights[172]

Where to go for help

If there are concerns advise the parent/caregiver to contact their local optometrist. To find a local optometrist visit the Ontario Association of Optometrists website at optom.on.ca

The parent/caregiver can also contact the Regional Blind-Low Vision Early Intervention Program at 1-888-703-KIDS (5437) for information about services and/or to make a referral — parents/caregivers, family physicians, optometrists or ophthalmologists and other professionals can refer to Tri-Regional Blind-Low Vision Program by downloading a referral form

from childdevelopmentprograms.ca/vision/eligibility-criteria-and-referrals/ and faxing it to 905-762-2115 (An ophthalmologist's referral is needed prior to admission to services; however, this program can assist with obtaining a referral if the family does not already have one and can provide support in the interim)

For more information about vision:

- Ontario Association of Optometrists website at optom.on.ca
- Canadian National Institute for the Blind website at cnib.ca
- Canadian Association of Optometrists website at opto.ca

Contributor

Trisha Strong, Manager, Tri-Regional Blind- Low Vision Program

RESOURCES

APPENDIX A

Important telephone numbers

POLICE, AMBULANCE, FIRE

Emergency number 9-1-1

YORK REGIONAL POLICE, NON-EMERGENCY NUMBERS

Markham and Vaughan 905-881-1221

Aurora, Georgina, Newmarket, Nobleton and Sharon 905-895-1221

Oak Ridges, Richmond Hill and Thornhill 905-773-1221

CRISIS INTERVENTION

York Region Children's Aid Society 905-895-2318
Toll Free 1-800-718-3850

Dnaagdawenmag Binnoojiiyag Child and Family Services (DBCFS) 1-844-523-2237

Jewish Family and Child Services 416-638-7800

Kids Help Phone 1-800-668-6868

Community Crisis Response Service 1-855-310-COPE (2673)

Domestic Abuse and Sexual Assault Care Centre (DASA) 905-832-1406 ext.0
Toll Free 1-800-521-6004

Women's Support Network of York Region 905-895-3646

HOSPITALS

Southlake Regional Health Centre (Newmarket) 905-895-4521

Mackenzie Health (Richmond Hill) 905-883-1212

Markham Stouffville Hospital (Markham) 905-472-7000

OTHER

York Region Health Connection 1-800-361-5653

Telehealth Ontario 1-866-797-0000

APPENDIX B

Contacts and resources

Autism Ontario: York Region Chapter

905-780-1590
autismontario.com/york

Provides information, education, advocacy and a self-help support group with links to community agencies for families living with autism spectrum disorder (ASD). Twice monthly educational workshops, monthly support group meetings and summer day camp.

Best Start Resource Centre

Ontario's Maternal Newborn and Early Child Development Resource Centre

1-800-397-9567 or 416-408-2249
beststart.org

Works with diverse partners to build healthy, equitable and thriving communities. The Best Start Resource Centre supports service providers who work in preconception health, prenatal health and early child development.

Bounce Back Program

of the Canadian Mental Health Association

1-866-345-0224
cmha-yr.on.ca/programs-services/bounce-back/

An evidenced-based, free, self-help program designed to help adults overcome symptoms of mild to moderate depression, low mood or stress, with or without anxiety. The program is based on a five areas approach which addresses: life situations, problems and difficulties; symptoms in the body; unhelpful thinking; altered feelings; altered behaviour and reduced activities.

Canadian National Institute for the Blind (CNIB)

1-800-563-2642
cnib.ca

Community-based, registered charity committed to research, public education and vision health for all Canadians. CNIB provides the services and support necessary for people to enjoy a good quality of life while living with vision loss. Staff and volunteers often provide support to clients in their homes and in rural communities. CNIB provides vital programs and services, innovative consumer products, research, peer support and one of the world's largest libraries for people with print disabilities.

Canadian Cancer Society Smokers' Helpline

1-877-513-5333
smokershelpline.ca

A free, confidential and non-judgmental service available to clients who want to quit tobacco use or need help staying smoke-free. Through a multi-modal approach, Smokers' Helpline offers evidence-based phone, online and text messaging services. With proven tips and tools, Smoker's Helpline can significantly increase one's chance of becoming tobacco-free.

Canadian Centre on Substance Abuse (CCSA)

613-235-4048
ccsa.ca

Provides evidence-informed analysis and advice to mobilize collaborative efforts to reduce alcohol-related and other drug-related harms.

Centre for Behaviour Health Sciences, Mackenzie Health

905-773-3038 or 705-728-9143

Provides care for individuals living in York Region or Simcoe County who have a developmental disability with a significant cognitive delay, autism or are living with the effects of an acquired brain injury. Services are offered within the community to individuals living in York Region or Simcoe County.

Children's Treatment Network (CTN)

1-866-377-0286
ctnsy.ca

Children's Treatment Network (CTN) builds brighter futures together for almost 20,000 children and youth with special needs in their homes, communities and schools. Funded by the Ministry of Community, Children and Social Services, its clients have a variety of diagnoses and needs including learning disabilities, autism, developmental, neurological and physical disabilities. CTN works with a network of private and public service partners in the health education and community sectors. Its shared electronic record serves as the primary tool that enables integrated service for children with multiple needs and provides an online service referral portal for children needing school-based rehabilitation services. CTN provides programs and services through four key streams:

- Autism Spectrum Disorder Diagnostic Hub for Central Region — helping kids get the diagnostic services they need (serving Simcoe, York, Dufferin, Halton, Peel, Waterloo and Wellington)
- School-Based Rehabilitation Services — ensuring that children with rehabilitation needs (occupational therapy, physiotherapy and speech-language pathology) are able to attend school, participate in school activities and receive instruction (serving Muskoka, Simcoe, York and Central Toronto)
- Specialized Clinical and Rehabilitation Services — providing children with multiple special needs access to rehabilitation services and specialty clinics based on their needs (serving York and Simcoe)
- Service Navigation, Brief Resource Support and Coordinated Service Planning — a continuum of support that connects children, youth and families with community support and information and development of a coordinated, integrated service plan for our most complex families (serving York and Simcoe).

Community Crisis Response Service of York Support Services Network (YSSN)

1-855-310-COPE (2673)
yssn.ca/310-COPE

Offers a range of case management and community crisis services to support individuals with a developmental disability and/or a serious mental illness. YSSN also provides services within the Children's Services Sector, offering Children's Case Coordination.

Dnaagdawenmag Binnoojiiyag Child and Family Services (DBCFS)

1-844-523-2237
binnoojiiyag.ca

Dnaagdawenmag Binnoojiiyag Child and Family Services is a multi-service Indigenous wellbeing agency that provides a stable foundation for children, youth, and families, through wraparound services that are culturally-based and family-focused.

EarlyON Child and Family Centres

Markham:
905-479-0002

Oak Ridges:
905-883-6901 or 1-866-297-9622

Thornhill:
905-709-6159

Vaughan-King-Aurora:
905-751-1011 or 1-866-404-2077

York North:
905-853-0754

centralhealthline.ca

Offer universal access to programs, information services and resources to families with children prenatal to six years, including for children with special needs. Staffed by experts, professionals and volunteers, including early literacy experts.

EarlyON Child and Family Centres York Region sites include Markham, Oak Ridges, Thornhill, Vaughan-King-Aurora, and York North. Each of these main sites has many satellite sites.

Family Services of York Region (FSYR)

Georgina
905-476-3611

Markham
1-866-415-9723

Newmarket
1-888-223-3999

Richmond Hill
1-888-820-9986

fsyr.ca

A not-for-profit, charitable organization committed to excellence in the provision of counselling for children, youth, women, men and their families. All counselling services seek to promote the fullest development of the individual. FSYR partners with agencies across York Region to ensure that clients receive the help they need.

Fetal Alcohol Spectrum Disorder (FASD) Coalition of York Region

1-877-464-9675

A regional coalition of service providers that offers a bi-annual conference, periodic educational opportunities for professionals, parents and foster parents, an FASD resource library and a monthly parent/foster parent support group.

FASD Ontario/TSAF Ontario

fasdON.ca tsafON.ca
Your source of accurate, up-to-date FASD information for Ontario. Includes information about FASD, FASD diagnostic information & services and training.

FASD Ontario Network of Expertise:

fasdontario.ca
FASD Ontario Network of Expertise (FASD ONE) is a volunteer collaborative of practioners, specialists and caregivers committed to the prevention of FASD and the development and dissemination of information that will support individuals and their families affected by FASD.

FAS World

416-264-8000
fasworld.com

Provides support and information to parents, caregivers, and professionals dealing with Fetal Alcohol Spectrum Disorders (FASD), as well as individuals living with FASD. Encourages the development of new programs for individuals with FASD and their families, women of childbearing age and their partners, and individuals struggling with alcohol and substance issues.

Geneva Centre for Autism

416-322-7877
autism.net

Offers a wide range of clinical services which are determined individually for each person with an autism spectrum disorder (ASD). All of the services are supported by a team of speech-language pathologists, behaviour analysts, therapists, early childhood educators, occupational therapists, developmental pediatricians, psychiatrists, psychologists and social workers.

Health Canada

1-800-622-6232
hc-sc.gc.ca

Health Canada is the federal department responsible for helping Canadians maintain and improve their health, while respecting individual choices and circumstances.

Jewish Family and Child, York Region Branch

416-638-7800
jfandcs.com

Has a mandated responsibility for all Jewish children in the Greater Toronto Area, under the age of 16, who are in need of care, protection and a permanent home. As a Children's Aid Society, investigates all allegations or reports of child abuse, including neglect. Child welfare social workers are highly trained in recognizing evidence of abuse and in making the difficult decision to apprehend a child. When a child's safety and well-being are at stake, they may make the decision to take that child into their care.

Kinark Child and Family Services

1-888-454-6275 (Central intake)
kinark.on.ca

A children's mental health organization that provides help to children and youth, families and communities. Their mission states "caring, helping, healing — so children and youth can live socially and emotionally healthy lives." Kinark supports children with Autism Spectrum Disorder and their families, as well as offering institutionally and community-based forensic services. Kinark also operates the Kinark Outdoor Centre in Minden Ontario providing programming, respite and therapeutic recreation.

Learning Disabilities Association of York Region

905-884-7933
ldayr.org

Provides information, support, guidance and resources to individuals five years and above with learning disabilities (LD) and attention deficit hyperactivity disorder (ADHD). They try to help people increase their opportunities and realize their potential. Furthermore they provide leadership in learning disabilities advocacy, research, education and services and in advancing the full participation of children, youth and adults with learning disabilities in today's society.

Ministry of Children, Community and Social Services (MCCSS)

1-866-821-7770
children.gov.on.ca

The purpose of MCCSS is to make it easier for families to find the services to give kids the best start in life, access the services they need at all stages of a child's development and help youth become productive adults.

Neonatal Follow-Up Clinics

Mackenzie Health:
905-883-1212 ext. 3069

Markham Stouffville Hospital:
905-472-7534

Southlake Regional Health Centre:
905-895-4521 ext. 5608

Available for infants and children in York Region at higher risk for development delay who require developmental follow-up. Clinics are available at all three York Region hospitals. The clinics are run in partnership with hospital staff and York Region Early Intervention Services. They are attended by a multi-disciplinary team including a physician (neonatologist or pediatrician), an early interventionist and either a physiotherapist or occupational therapist. Clinic appointments include developmental screening, education/recommendations and connections to appropriate services as required for the child's first three years.

Ontario Association of Speech-Language Pathologists and Audiologists (OSLA)

1-800-718-6752 or 416-920-3676
osla.on.ca

Represents, promotes and supports its members in their work on behalf of all Ontarians, especially those with communication disorders, swallowing difficulties or hearing health care needs. OSLA provides a wide range of services, including provincial advocacy, promotion of the professions, educational opportunities and professional resources. OSLA ensures that speech, language, swallowing, hearing and balance are recognized as part of total wellness. OSLA works with other professional associations and consumer organizations and is dedicated to ensuring Ontarians have access to the services provided by Audiologists and Speech-Language Pathologists.

Ontario Association of Optometrists

1-800-540-3837
optom.on.ca

Professional organization representing nearly 1,600 Doctors of Optometry in Ontario. Learn about vision and/or find a Doctor of Optometry by visiting the website.

Telehealth Ontario

1-866-797-0000

Telehealth Ontario is a free, confidential service you can call to get health advice or information. A registered nurse will take your call 24 hours a day, seven days a week. A registered dietitian is available for nutrition questions, Monday to Friday from 9 a.m. to 5 p.m. Telehealth Ontario is only offered over the phone. Email advice is not available.

Tri-Regional Blind- Low Vision Early Intervention Program

1-888-703-KIDS (5437)
childdevelopmentprograms.ca/vision/

Brochure:
www.childdevelopmentprograms.ca/backend/wp-content/uploads/CDP-Brochure.pdf

Fact Sheet:
childdevelopmentprograms.ca/Tri-Reginal-Blind-Low-Vision-Fact-Sheet

Supports families with children who are blind or have low vision. Families are given the resources they need to support the healthy development of their child in the first years of life from birth until they enter grade one. Partnerships have been developed with Canadian National Institute for the Blind (CNIB), and the Ontario Foundation for Visually Impaired Children (OFVIC), infant development and early intervention services as well as the network of pediatric ophthalmologists, optometrists and physicians across the region.

Tri Regional Infant Hearing Program

1-888-703-KIDS (5437)
childdevelopmentprograms.ca/hearing/

A voluntary program funded by the Ontario Ministry of Children, Community and Social Services. Its goal is to identify permanent hearing loss in infants prior to 4 months of age and provide communication programming by 9 months of age. Early detection and intervention is critical to future language development.

The program provides:

- Hearing screening of all infants in hospital or community locations
- Audiology assessments of infants who receive a referral result from screening in order to rule out or identify a hearing loss
- Monitoring of infants who may be at risk for hearing loss
- Support to families of infants that have an identified hearing loss
- Communication programming for infants and toddlers who have permanent hearing loss including spoken or American Sign Language support
- Prescriptions for assistive devices, if required

Unlockfood.ca
Expert Guidance. Everyday Eating. Brought to you by Dietitians of Canada

unlockfood.ca

UnlockFood.ca is bilingual website brought to you by Dietitians of Canada. On UnlockFood.ca you will find information on nutrition, food and healthy eating as well as recipes, videos and interactive healthy eating tools. The content is written and reviewed by registered dietitians.

York Hills Centre for Children, Youth and Families

905-503-9560
yorkhills.ca
info@yorkhills.ca

York Hills offers a range of mental health services to children from birth to age 18 and their families.

York Hills has expertise in treating the social, emotional and behavioural challenges of children, youth and their families. As an agency we are committed to providing high quality practices of care that have been proven to show positive outcomes. Our services include: Counselling and Therapy; Intensive Services; Day Treatment; Residential Treatment; Respite Services; Workshops and Group Programs; Family Mediation; Consultation and Assessment Services; and several Child Welfare partnerships.

York Region Children's Aid Society (CAS)

1-800-718-3850 or 905-895-2318
yorkcas.org

A non-profit organization whose mission is to work in partnership with our increasingly diverse community to protect children from abuse and neglect and provide a safe, secure and caring environment. CAS works to keep children safe and families together by providing child protection services 24 hours per day, seven days per week, engaging and supporting families at risk, in problem solving, linking with essential community services to ensure the best outcome, and providing prevention and awareness programs to keep children safe and families strong. The CAS goal is, whenever possible, to maintain a child in the home or with extended family, but if this is not viable, children are placed in safe, nurturing environments, including foster homes.

York Region Early Intervention Services (EIS)

1-888-703-5437 (KIDS)
york.ca/specialneeds

Available to families and children ages birth to school entry at home, or birth to age 12 attending licensed child care who are at risk of delayed development due to prematurity/low-birth weight, have delayed development, and have a condition such as cerebral palsy, autism or Down syndrome. The different EIS programs will:

- Screen and assess children
- Help families understand their child's growth and development
- Provide intervention programs
- Assist parents and caregivers to teach children new skills
- Provide occupational and/or physiotherapy consultation
- Offer play groups for children with special needs
- Promote and support participation in a community child care program
- Consult with and support child care providers
- Connect families with community resources
- Offer workshops for parents and caregivers of children with special needs
- Educate the community about developmental delays
- Work closely with school board staff to facilitate a smooth transition to elementary school

York Region Preschool Speech and Language Program (YRPSLP)

1-888-703-KIDS (5437)
childdevelopmentprograms.ca/speech-and-language/

Brochure:
www.childdevelopmentprograms.ca/backend/wp-content/uploads/CDP-Brochure.pdf

Fact Sheet:
childdevelopmentprograms.ca/YRPSLP-Fact-Sheet

YRPSLP partners with York Region Early Intervention Services and Markham Stouffville Hospital — Child Development Programs (formally known as Beyond Words). Delivers programs which provide services to children from birth to junior kindergarten with a focus on prevention, early identification and treatment of speech and language, hearing, and vision. Programs include York Region Preschool Speech and Language, Tri-Regional Infant Hearing and Tri-Regional Blind Low Vision.

York Region Public Health — Breastfeeding Clinic

1-800-361-5653
TTY 1-866-512-6228
childfamily@york.ca
york.ca/healthconnection

Available at no cost for parents who live in York Region. Parents receive breastfeeding support one to one with a registered nurse who has breastfeeding expertise. Clinics are available throughout York Region by appointment.

York Region Public Health — Dental Program Healthy Smiles Ontario (HSO) Program

1-877-464-9675
york.ca/dental

The Dental Program provides services to promote the dental health of York Region residents, including health promotion for parents/caregivers, teachers, and students in the school community.

HSO Program provides no-cost regular and urgent dental care for families in financial hardship with eligible children, 17 years of age and under.

York Region Public Health — Health Connection

1-800-361-5653
york.ca/healthconnection

A free and confidential health information/education telephone service provided by public health nurses and inspectors. The health care professionals at Health Connection can provide you and your family with current health information and can provide support and counselling for your individual health related concerns and questions. Public health professionals offer confidential information and advice on public health-related topics, resources, services and other community programs, including: family health, infectious disease, sexual health, dental health and health protection.

York Region Public Health — Nutrition Services

1-877-464-9675 ext. 74335
york.ca/feedingkids

Offers a range of nutrition programs, resources and services to promote healthy eating, access to healthy food and the development of supportive nutrition environments. Current and reliable information and fact sheets on a variety of nutrition topics including feeding babies and young children available on the website.

York Region Public Health — Quitting Smoking

1-800-361-5653
york.ca/tobacco

Offers supports and resources for quitting smoking.

APPENDIX C

A guide to screening

WHAT IS INVOLVED WHEN SCREENING FOR HEALTH, GROWTH OR DEVELOPMENT CONCERNS?

Screening young children is one way to gauge developmental progress and determine meaningful next steps.[174] It is the act of identifying within a large group or population for which concerns have not yet been identified, those individuals who may have needs, issues or risks that may compromise their healthy development, including parenting ability.[175, 176, 177] Screening involves the use of a brief, inexpensive, standardized tool to identify potential health, growth and development concerns in an individual.[178, 179] It can be the first step to intervention and must occur early for intervention to be successful.[174]

What happens after screening?

Screening is the first step in helping to identify the "red flags" in development, health and growth for which the child/family may require intervention, and it helps ensure that children and families who need a full assessment receive one. A positive screen should be followed up with "assessment" through referral to professionals who can confirm or exclude the suspected delay or condition, and are able to provide the appropriate services and/or intervention.[176] A full assessment can only be performed by a professional in the specific area of expertise.

In this guide, the **Where to go for help** section in each domain provides a list of the appropriate community resources to which a child/family may be referred for assessment. (See **Appendix B** for more detailed information on these community resources.)

What screening tools are available?

There are a multitude of available screening tools in Ontario. Some can be used by parents/caregivers while others are for professional use only. **Appendix C-1** in this guide outlines a few of the childhood screening tools that are used in York Region. It is important to remember that screening tools assist in early identification of concerns, but cannot substitute for a full assessment by a qualified professional.[176]

Appendix C-1

Inventory of childhood screening tools used in York Region

Looksee Checklist by NDDS

Is a quick and easy checklist of skills typically observed in children between the ages of 1 month to 6 years of age. It requires a "yes" or "no" answer and it will help monitor your child's development.

Focus: Eight Developmental Domains

1. Emotional
2. Fine Motor
3. Gross Motor
4. Social
5. Self Help
6. Communication
7. Learning and Thinking
8. Vision and Hearing

Age Range: 1 month to 6 years
(13 checklists in total)

The Looksee Checklist includes parenting tips to promote the child's ongoing development with important skills that a child should master by a particular age and touches on all areas of development. It is not a diagnostic tool or a formal assessment of the child's skills, rather a quick survey to determine any areas that may require some extra help. It can be completed by a parent, caregiver or professional.

If there is a "no" answer to any question or concerns about the child's development, follow-up with a health care and/or child care professional is advised.

Available Languages:

English, French, Spanish, Chinese, Italian

Free for everyone in Ontario and available in a variety of formats to make it as convenient and accessible as possible.

Join today to download the checklist or do it online. Sign up at Looksee Checklist

Nutrition Screening Tools for Toddlers and Preschoolers

Focus: Nutrition, weight, feeding and swallowing

Age Range: 18 to 35 months, 3 to 5 years

To identify children at nutritional risk.

These tools screen for physical growth and development, growth concerns, food and fluid intake, physical activity, screen time and factors affecting food intake such as responsive feeding and food security. Available in print and as an online tool. The online version provides parents or caregivers with immediate, personalized feedback based on their response.

For ages 18 to 35 months

Toddler NutriSTEP® (print version) and
Toddler Nutri-eSTEP (online version)

For ages 3 to 5 years

Preschooler NutriSTEP® (print version) and
Preschooler Nutri-eSTEP (online version)

An order form for print copies of NutriSTEP® is available at: york.ca/wps/wcm/connect/yorkpublic/8ea76af6-53c0-4564-bce9-2864e32531c2/NutriSTEP+description+and+order+form.pdf?-MOD=AJPERES

To order print copies of NutriSTEP®
contact nutrition.services@york.ca
or 1-877-464-9675 ext. 74335

A Nutri-eSTEP flyer is available to download at dietitians.ca/Downloads/Public/Nutri-eSTEP-flyer_Eng_web.aspx

NutriSTEP® is embedded into some Electronic Medical Record (EMR) systems.

For detailed information visit: NutriSTEP.ca

Research: Randall Simpson JA, Keller HH, Rysdale LA, Beyers JE. Nutrition screening tool for every preschooler (NutriSTEP®): validation and test-retest reliability of a parent-administered questionnaire assessing nutrition risk of preschoolers. Eur J Clic Nutr[Internet]. 2008 [cited 2016 April 21]; 62(6):770-80. Available from: nature.com/ejcn/journal/v62/n6/pdf/1602780a.pdf

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Available Languages:

Toddler NutriSTEP®: English, French

Preschooler NutriSTEP®: English, French, Punjabi, Simplified Chinese, Spanish, Tamil, Traditional Chinese, Vietnamese

Dental Screening

Focus: Dental and Oral Health

Age Range: 17 years and under

This screening is a quick visual inspection by a registered dental hygienist to see if an obvious dental condition exists and to identify children at risk for Early Childhood Caries (ECC).

As determined by Ontario Public Health Standards 2016, Child Health Standard as per Oral Health Assessment and Surveillance protocol

Research: Ministry of Health and Long-Term Care, Population and Public Health Division. Oral Health Protocol, 2018. Toronto, ON: OMHLTC; 2018. Available from health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Oral_Health_Protocol_2018_en.pdf

Available Languages: English

Ages and Stages Questionnaire®

(ASQ-3) and Ages and Stages Social Emotional Questionnaire® (ASQ:SE-2)

Focus: Communication, Gross motor, Fine motor, Problem-solving, Personal Social skills

Age Range: 1 month to 5 ½ years of age

A screening and monitoring tool designed to identify infants and children who may require further assessment for possible developmental delays.

ASQ provides reliable, accurate developmental and social-emotional screening for children between birth and age 6. Drawing on parents' expert knowledge, ASQ has been specifically designed to pinpoint developmental progress and catch delays in young children, paving the way for meaningful next steps in learning, intervention or monitoring.

ASQ-3 is a low-cost, reliable tool for screening infants and young children for developmental delays.

ASQ:SE-2 is a low-cost, reliable tool for screening infants and young children for social-emotional delays.

Research: Reliability studies completed on the ASQ-3 include test–retest reliability, and inter-observer reliability. In addition, internal consistency of ASQ-3 items was examined using correlational analyses and Cronbach's coefficient alpha (Cronbach, 1951). For full details refer to: Squires J, Twombly MS, Bricker D. ASQ-3 User's Guide. Baltimore, MD: Paul H. Brookes Publishing Co; 2009.

Available Languages: English

ERIK: Early Referral Identification Kit

- Cognitive delays
- Emergent literacy delays
- Feeding difficulties
- Fine and gross motor delays
- Hearing loss
- Language delays and disorders
- Sensory difficulties
- Social skills difficulties
- Speech and language delays (including motor speech disorders, articulation delays: stuttering; voice disorders)

Age Range: 6 months to 4 years

A developmental screening tool for early identification and referral of children at risk for developmental delays to York Region Early Intervention Services and York Region Preschool Speech and Language Program.

Norms and *Red Flags* have been drawn from existing screening tools to form the ERIK.

A parent-friendly ERIK Growth Chart has been developed based on ERIK. This allows parents to track their children's height as well as development and make referrals when necessary. Norms are listed for children at 6, 9, 12, 18, 24, 30, 36 and 48 months. It includes red flags for children aged 16 months and older.

ERIK Growth Charts may be ordered through childdevelopmentprograms.ca

To download ERIK: childdevelopmentprograms.ca/resource_category/referral-forms/

Research: Not available

Available Languages: English

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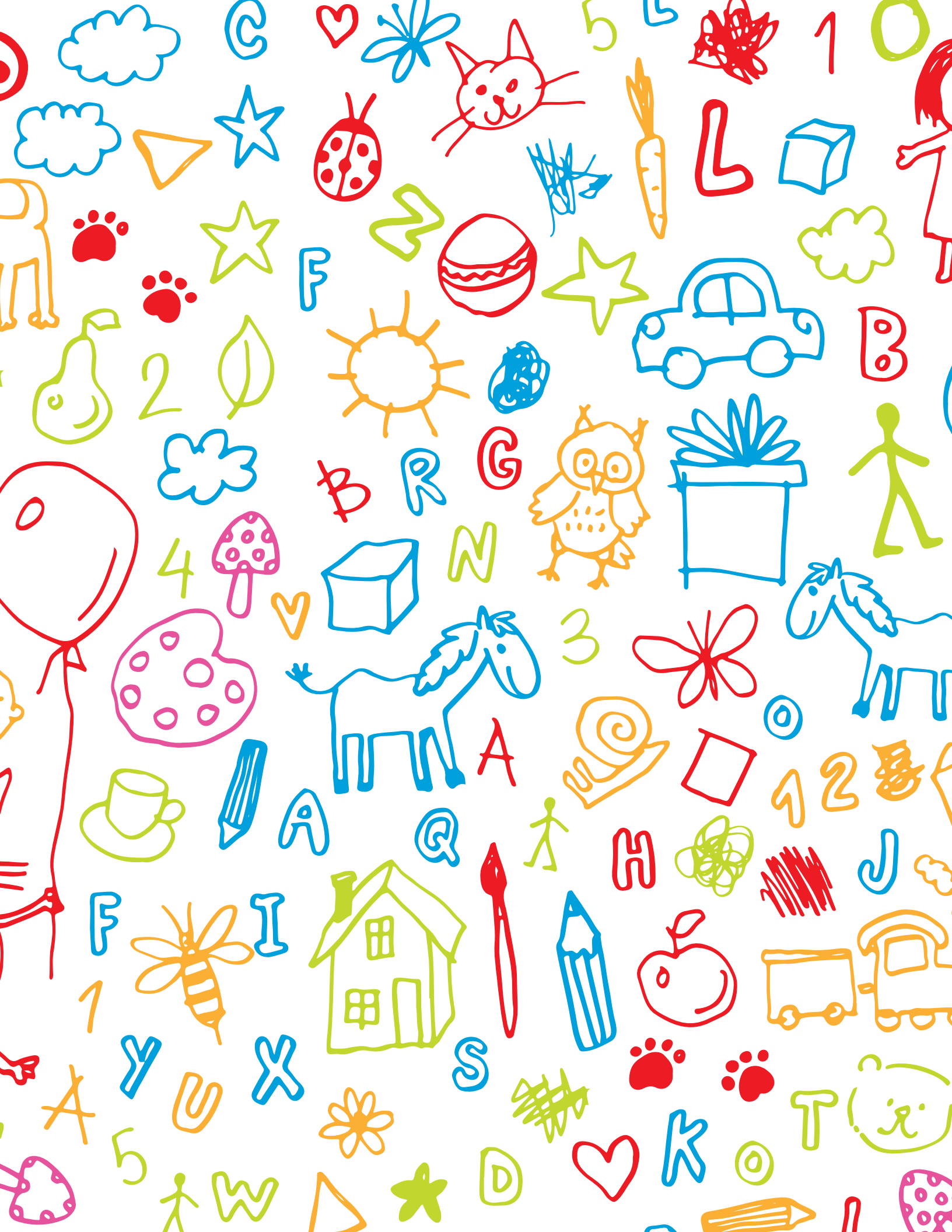

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