

***Caring for our children...  
How KFL&A is doing***

***Success by 6***

***What is Success by 6?***

Success by 6 is an exciting United Way initiative designed to ensure that healthy early child development is a priority in Kingston, Frontenac, Lennox & Addington (KFL&A).

Our mission is to make sure that every child has a good start early in life. We bring together community resources to form a partnership of private businesses, government, educators, health and human service organizations, neighbours and parents that are committed to this mission. Each of us has a role to play in raising happy, healthy children.

Success by 6 is a team effort that is important to our community's health. It is an excellent long-term investment in our future and a way to contribute to the development of the children in our community. Together, we can help children succeed for life!

***Why do we need it?***

The most critical period of brain development occurs in the first six years of a child's life. Children's development during these early years will shape their learning, behaviour and health for years to come. *The Early Years Study-Final Report 1999*<sup>1</sup>, pointed out the disturbing fact that, based on vocabulary tests, children in Ontario at all income levels are not doing as well as children in the rest of Canada. Family stress and a rapidly changing economic and social environment are showing their effects on young children. Each of us has a role to play in raising happy, healthy children.

***How is our community doing?***

To make sure that our children are getting everything they need during the early years, we need to look at specific conditions relating to our children now and track these conditions as time goes on to see if they improve. Success by 6 will track these conditions, also called "indicators", in a regular report to the community, "Caring for our children...How KFL&A is doing". These indicators are used by health researchers to determine what things affect the well-being of young children.

Changes that we see over time in these indicators may help to predict children's well-being in the early years. There are many indicators that could have been selected. Success by 6 has chosen these as a starting point because:

- They are things we can do something about in our community
- Local information is available and will likely be available in the future
- They will help Success by 6 decide how to best use funds to support children's programs and services

We have provided the best data available from reliable sources. We were limited by the availability of information on young children and their families. Some measures are based on relatively small numbers, so comparisons over time must be done with caution. Over the years, Success by 6 would like to keep an open dialogue with the community on selecting indicators that are most predictive of young children's well-being.

The purpose of this first report card is to create a snapshot of our community and to use it as a basis for comparison every two to three years. We hope that this report will stimulate and further encourage action in all sectors of our community to enhance the lives of children in KFL&A.

### **Our Population**

The 2001 Statistics Canada national census reported that:

- Kingston, Frontenac, Lennox and Addington (KFL&A) had a total population of 178,067 residents.
- There were 13,335 children 0 to 6 representing 7.5% of KFL&A's population; for the province as a whole, children 0 to 6 represent 8.5% of the population.
- The majority of children 0 to 6 (64%) were located in the City of Kingston, followed by South Frontenac (10%) and Loyalist Townships (8%).

## Community Report Card: Our Pursuits and Their Indicators

These are the pursuits and the indicators that have been chosen to measure our progress as a community committed to children's well being. Throughout this report there are suggestions for how you can make a difference in each of these areas. You are also welcome to directly join the Success by 6 team as a volunteer and take part in the planning, fund raising and decision-making that will drive this project. For more information contact the United Way at 613 542 2674.

<b>Pursuits and Indicators</b>
<b>Promoting healthy births</b> <ul style="list-style-type: none"> <li>- <b>preterm labour</b></li> <li>- <b>folic acid</b></li> <li>- <b>alcohol use</b></li> <li>- <b>smoking</b></li> </ul>
<b>Promoting healthy early development</b> <ul style="list-style-type: none"> <li>- <b>breastfeeding</b></li> <li>- <b>parenting skills</b></li> <li>- <b>early stimulation</b></li> </ul>
<b>Building safe and caring communities</b> <ul style="list-style-type: none"> <li>- <b>subsidized child care</b></li> <li>- <b>special needs resources</b></li> <li>- <b>child injuries</b></li> <li>- <b>injury prevention</b></li> </ul>
<b>Supporting families and neighbourhoods</b> <ul style="list-style-type: none"> <li>- <b>housing</b></li> <li>- <b>social assistance</b></li> <li>- <b>women's shelter use</b></li> </ul>
<b>Promoting school readiness &amp; early learning</b> <ul style="list-style-type: none"> <li>- <b>participation in Early Years programs</b></li> <li>- <b>readiness to learn</b></li> <li>- <b>student achievement scores</b></li> </ul>
<b>Protecting children from abuse and neglect</b> <ul style="list-style-type: none"> <li>- <b>children in care</b></li> <li>- <b>family violence awareness</b></li> </ul>

**Promoting Healthy Births, *Bright from the Start***

Our pursuit is to ensure that pregnant women receive all the support and services necessary to have the healthiest babies possible. We would like to see fewer premature births, a reduction in the number of women who smoke and drink during pregnancy, and more women taking a folic acid supplement.

Successful early childhood development starts with a healthy pregnancy.

**Indicator: Preterm labour**

A pregnancy usually lasts between 37 and 42 weeks. Preterm labour is labour that begins before 37 weeks and may result in a baby being born too soon and usually at a low birth weight. A birth weight below 2500 grams (5.5 lbs) is an important predictor of future health, developmental and learning problems.

Medical experts do not know all the reasons why labour starts too early and the reasons are multiple and complex. But some women are at more risk or are more likely to have preterm labour because they:

- are having a multiple birth,
- have had a previous preterm baby,
- smoke or are exposed to environmental tobacco smoke,
- are not getting enough healthy foods,
- have a lot of stress in their lives,
- have little or no prenatal care, especially in the first three months of pregnancy, and
- work at jobs that require prolonged standing.<sup>2</sup>

**In KFL&A**

- overall, 9% of babies were born preterm<sup>3</sup> (the preterm birth rate for singleton babies was 8% and 55% for multiple births); this is similar to Ontario rates
- 17% of pregnant women reported smoking after 20 weeks of pregnancy<sup>4</sup>
- 16% reported that they were exposed to second-hand smoke on the job<sup>5</sup>
- 73% knew at least one sign of preterm labour, but only 33% knew that they should go directly to the hospital for help<sup>6</sup>
- 59% attended prenatal classes or planned to attend; and 88% began to receive prenatal care in the first 12 weeks of pregnancy<sup>7</sup>
- 44% of pregnant women reported that their job involved standing for 3 hours or more without a break<sup>8</sup>
- 50% of employers who responded to a KFL&A survey, supplement the government financial support for pregnancy leave<sup>9</sup>

**Indicator: Folic Acid**

Folic acid is a B vitamin essential for the healthy development of a baby's spine, brain and skull during the early weeks of pregnancy. If taken *before* pregnancy, the risk of a neural tube defect (NTD), such as spina bifida, can be reduced by up to 70%.<sup>10</sup>

Folic acid is available in some foods (e.g., broccoli, spinach, orange juice), as well as foods fortified with folic acid (e.g., enriched white flour and pasta). However, even the best food choices will not supply all the folic acid needed to reduce the risk of NTDs. A supplement of 0.6 mg a day should be taken at least three months prior to conception and throughout the first three months of pregnancy.

In KFL&A

- 30% of pregnant women reported that they took a folic acid supplement every day *before* their pregnancy; and
- 67% of pregnant women reported that they took a folic acid supplement every day *during* the first three months of their pregnancy.<sup>11</sup>

**Indicator: Alcohol use**

A mother's use of alcohol during pregnancy affects the developing baby and may cause a range of serious physical and mental defects. The impact varies with the amount, timing and frequency of alcohol consumed and other personal health factors. *No amount of alcohol is safe during pregnancy.*

In KFL&A

- 40% of pregnant women were either using alcohol at the time of the survey or drank at some point during their pregnancy; and
- 35% reported that their health care provider had given them information about alcohol use during pregnancy.<sup>12</sup>

**Indicator: Smoking**

Nicotine and carbon monoxide from tobacco, can pass into the baby's blood and have a negative impact on the baby's health. Smoking during pregnancy has been linked to low birth weight and preterm birth. Babies raised in smoke-free homes have fewer colds, cough and ear infections, have fewer asthma problems and are at a lower risk for Sudden Infant Death Syndrome (SIDS). Quitting smoking during pregnancy is best for a baby's health.<sup>13 14</sup>

In KFL&A

- 17% of pregnant women reported that they smoked after twenty weeks of pregnancy<sup>15</sup>
- of women who smoked throughout their pregnancy, only 41% smoked 5 or less cigarettes per day.<sup>16</sup>

## ***What you can do to promote healthy births***

As a future parent: talk to your health care provider about healthy pregnancy; attend prenatal classes; take a folic acid supplement; quit smoking; stop drinking alcohol if you plan to become pregnant.

As an employer: ensure pregnant employees have adequate breaks and are protected from smoking and other toxic substances.

As a citizen: offer assistance with heavy work to a pregnant neighbour, friend or co-worker; support no smoking policies in all work and public areas; offer non-alcoholic alternatives.

### **Promoting Healthy Early Development, *From Head to Toe***

Our pursuit is to ensure that young children and their families have the information, tools and supports they need to improve health and prevent disease and disability. We would like to see more mothers breastfeeding longer and more parents and caregivers improve their parenting skills and knowledge.

#### **Indicator: Breastfeeding**

Breast milk is the perfect source of nutrition for baby, reducing the risk of infection, allergies and asthma. Health Canada recommends exclusive breastfeeding for the first 4 to 6 months and the Ontario Ministry of Health and Long-Term Care has set the objective to increase to 50% the percentage of infants who are breastfed up to six months of age by the year 2010.

In KFL&A

- 92% of women aged 18 to 49 reported breastfeeding or trying to breastfeed their child<sup>17</sup>
- 39% of women who breastfed continued until the baby was at least 6 months of age.<sup>18</sup>
- 21 local restaurants and other public places have joined the Breastfeeding Friendly Places to help breastfeeding mothers feel welcome and secure<sup>19</sup>
- 30% of employers who responded to a KFL&A survey said they provide a clean, comfortable and private space for breastfeeding or expressing breast milk.<sup>20</sup>

#### **Indicator: Parenting skills**

Parenting is a learned skill, which can be improved where parents participate in parent education programs.

In KFL&A

- 80% agreed that it is important for them to attend a parenting education program but only 18% reported ever having attended a program;

- parents reported seeking information and advice about children and parenting more often from friends (46%) than any other source;
- 10% of mothers and 20% of fathers were under the false impression that the more stimulation a baby receives by holding and talking to them, the more you spoil them; and
- 44% of mothers and 63% of fathers were under the false impression that infants as young as 6 months can consciously know how to manipulate their parents.<sup>21</sup>

**Indicator: Early stimulation**

It is clear that the early years, from conception to age six, have the most important influence of any time in the life cycle on learning, behaviour and health. Talking, singing, playing and stimulating young children with sights, smells, tastes and sounds will impact on how they grow and develop.<sup>22</sup>

In KFL&A

- 75% of mothers and 51% of fathers read or tell a story to their child more than 5 times a week; and
- 40% of mothers and 25% of fathers reported they take their child to the library at least once a month.<sup>23</sup>

***What you can do to promote healthy development among children***

As a parent: play with and read to your child; learn about effective parenting for young children—share your knowledge.

As an employer: develop policies and practices that support breastfeeding employees, e.g. private, clean place; flexible hours or breaks.

As a citizen: support the library; make breastfeeding mothers feel welcome and comfortable; be a mentor to a new parent.

**Building Safe and Caring Communities, *Putting Children First***

Our pursuit is to create a “children friendly” community in which each of us contributes to the healthy early development of our children. We would like to see barriers to quality child care reduced; more free recreational activities for young children, and a reduction in child injuries.

Supports to Early Childhood Learning and Development

**Indicator: Subsidized childcare**

Fee Subsidies for licensed childcare programs provide financial assistance to families that are employed or participating in an educational or re-training program and who have children ages 0 to 12 through a Needs Testing Application.

For Kingston and Frontenac County as of April 30, 2004:

- 372 children ages 0 to 5 were using subsidized child care spaces.<sup>24</sup>
- Of the 1,496 licenced spaces, 20% are subsidized.

For Lennox & Addington County as of April 30, 2004:

- 53 children ages 0 to 5 were using subsidized child care spaces; number of subsidized spaces is based on availability of spaces.<sup>25</sup>

Fee subsidies may also be provided for families based on a parent or child's identified need. A child's identified need may include but not be limited to delays in speech, fine and gross motor skills. A parent may need support due to ailing health conditions. For 2003, based on these criteria:

- 172 children from 121 families were provided with subsidized childcare in the City of Kingston and Frontenac.<sup>26</sup>
- 8 children from 6 families received subsidized childcare in Lennox & Addington.<sup>27</sup>

There are still barriers for some families to make use of licenced childcare which include affordability, location, hours of operation (e.g. shift work) and transportation.

**Indicator: Special Needs Resources**

Special Needs Resource Funding is provided to support children with special needs to participate in a childcare setting with their peers. Special Needs (defined for this funding initiative) is a child who faces barriers to normal development and functioning in one or more of the following areas: physical, social, emotional, communicational, intellectual and behavioural. Most of the children have multiple needs. Special needs includes but is not limited to autism, pervasive development disorder, cerebral palsy, epilepsy, acquired brain injury, hearing impaired, downs syndrome etc. This funding is primarily used for Resource Consultants and Enhanced Support workers.

Childcare centres located in the City of Kingston and Frontenac County were provided with supports for:

- 136 special needs children ages 0 to 6 in 2003; and
- 80 children in 2002.<sup>28</sup>

In Lennox & Addington, childcare centres received supports for:

- 66 special needs children ages 0 to 6 in 2003, and 61 children in 2002.<sup>29</sup>

Funding for childcare for special needs children is very limited in Lennox & Addington and a wait list is common.<sup>30</sup> In Kingston and Frontenac the number of children receiving support is expected to continue to increase and reach capacity for this program. This may be due in part to earlier intervention.<sup>31</sup>

### **Indicator: Child injuries**

As children grow they need to explore their environment. Keeping our children safe as they explore involves *being there* with them to supervise their activities, *being aware* of the developmental abilities and the risk in their environment and *being prepared* to take action to minimize the risk of injury.

In KFL&A

- Approximately 8% of infants (ages 0 to 12 months) are seen in an emergency room each year as a result of an injury.<sup>32</sup>
- Approximately 16% of young children (ages 1 to 6 years) are seen in an emergency room each year as a result of an injury.<sup>33</sup>
- 49% are sent home with instructions to seek follow-up only if necessary; 37% are sent home with follow-up care and 3% require admission to a hospital<sup>34</sup>.
- 61% of injuries to infants<sup>35</sup> and 54% for young children<sup>36</sup> are caused by a fall – the most common being falls from furniture, falls from car seats, falls down stairs with or without a baby walker, slips and trips on the same level, and those caused by being dropped by an older person.
- 62% of injuries to young children occur in the home<sup>37</sup>.
- 6% of injuries to infants resulted from a burn and 2% from a poisoning<sup>38</sup>.

### **Indicator: Booster seat use**

Most babies, toddlers and preschoolers are restrained in car seats (88% under 5 years of age in Ontario<sup>39</sup>). As a result, serious injuries from motor vehicle crashes have been steadily declining since the 1980's primarily for children younger than 5 and older than 9.<sup>40</sup>

But when children outgrow these restraints – usually between the ages of 4 and 5 – the majority of children are moved directly into seat belts, not booster seats. The number of hospitalizations for this age group has not dropped even half as much as the younger and older groups and the number of deaths have not dropped at all.<sup>41</sup> Ontario legislation to support booster seat use has been proposed and, if passed, will come into effect in September 2004.

According to Safe Kids Canada, in 2004

- only 28% of Canadian parents of children ages 4 to 9 said they used booster seats<sup>42</sup>.
- 84% of Canadian parents mistakenly believe their children are too big or too old for booster seats; and
- 53% of Canadian parents mistakenly believe that children can be safely restrained in seats belts by age 6.<sup>43</sup>

### **Indicator: injury prevention**

Injuries are preventable. A key to success is for parents to know that they have some control over reducing the risk of injury to their children.

In KFL&A

- only 33% of parents believe that injuries to children are completely or very preventable<sup>44</sup>
- Overall parents demonstrated a good knowledge of common causes of injury except few were aware that:
  - o Vitamins are a common source of poisoning in very young children;
  - o drowning of young children usually occur in the bathtubs, toilets or planters as opposed to pools and lakes; and
  - o most burns to young children are not fire related.<sup>45</sup>

### ***What you can do to build a safe and caring community***

As a parent: join with other parents and child care experts to be a strong voice for quality child care for all children who require it; lead an active lifestyle with your child; be aware of risks and preventable injury; use a booster seat.

As an employer: consider child care support for employees; contribute to recreational activities for young children; promote injury prevention at home as well as on the job.

As a citizen: support public parks and recreational activities for young children; tolerate noise; be alert to hazards to young children in your neighbourhood and workplace.

### **Supporting Families and Neighbourhoods, *No Place Like Home***

Our pursuit is to ensure that families regardless of socio-economic factors or other barriers have the same opportunities for their children to learn and grow in a safe stimulating environment. We would like to see an increase in affordable housing and reduced waiting times; fewer families living in poverty and more supports for those who are; less domestic violence and more help for families that suffer from domestic violence.

## Supporting a Safe Environment

### **Indicator: Housing**

“Vacancy rate” is defined as the percentage of all rental units that are unoccupied or not rented at a given time. The City of Kingston has been faced with low vacancy rates for rental accommodation. In 2003, the vacancy rate in private sector rentals (an apartment building with 3 or more units) was the lowest in Ontario at 1.9%.<sup>46</sup> This vacancy rate includes the area of the City of Kingston, South Frontenac, Loyalist Township and Frontenac Islands.

Kingston is one of five Ontario cities with a larger proportion of tenants paying more than 30% of income on rent; and second only to Peterborough for highest proportion of tenants paying 50% of income on rent.<sup>47</sup>

In support of rent-geared-to-income assistance delivery and access to affordable housing, the City of Kingston as the Service Manager has 18 Housing Providers participating in the centralized waiting list administered by the Social Housing Registry for Kingston and Frontenac, including Alternative and Special Needs Housing Providers.

As of December 31, 2003:

- 1,957 households were receiving rent-geared-to-income assistance and of these 811 were families (including spouses or parent(s) with dependents);
- 933 households were eligible and listed on the Centralized Wait List for rent-geared-to-income assistance, of these 350 were families with dependents;
- 238 Children ages 0 to 4 were waiting for subsidized housing; and
- 157 Children ages 5 to 9 were waiting for subsidized housing.<sup>48</sup>

According to the Social Housing Registry data, families requesting 2, 3 or 4 bedroom units with no area of preference are housed within one year.<sup>49</sup> Factors that contribute to the waiting time are family requests for specific geographic areas, housing provider/housing project and/or unit size.

### **Indicator: Social Assistance**

The Ontario Works Program delivered by the City of Kingston for the Kingston Frontenac area provides financial support for individuals and families requiring social assistance. The level of financial support offered by the program as determined by the Province of Ontario is very limited. Children in these families are faced with many barriers and challenges associated with poverty. They require additional supports and interventions from the Community to overcome the limitations of their financial status and grow and develop to their full potential.

For the City of Kingston and County of Frontenac in 2003:

- 1,013 children (monthly average) ages 0 to 6 were included as dependent beneficiaries for Ontario Works social assistance;<sup>50</sup>
- this represents 10% of all the children ages 0 to 6 living in Kingston and Frontenac.<sup>51</sup>

For Lennox & Addington:

- 228 children (monthly average) ages 0 to 6 were dependent beneficiaries;<sup>52</sup>
- This represents 8% of all children ages 0 to 6 living in Lennox & Addington.<sup>53</sup>

### **Indicator: Women's Shelter Use**

Interval Houses offers safe shelter for all women and their children fleeing situations of domestic violence. Many of these families are victims of repeated abuse. Counselling is also provided for these families.

In fiscal year 2003/2004 for Kingston Interval House:

- 39 children ages 0 to 6 accessed this shelter for approximately 1,500 days; and
- 24 children ages 4 to 6 participated in the outreach program which included children living both at the shelter and in the community.<sup>54</sup>

In fiscal year 2003/2004 for Lennox and Addington Interval House:

- 16 children ages 0 to 6 accessed this shelter for 287 days; and
- 11 children ages 4 to 6 participated in the outreach program.<sup>55</sup>

### ***What you can do to help support families and neighbourhoods***

As a parent: create as stable an environment as possible for young children; access free resources for young children—Early Years Centres, toy libraries, early literacy programs; seek immediate assistance for domestic abuse.

As an employer: become involved in training programs; encourage education/work arrangements.

As a citizen: advocate for affordable housing; support organizations that assist those in need and be a volunteer.

### **Promoting School Readiness and Early Learning, Ready, Set, Go!**

Our pursuit is to ensure that all children enter school with the cognitive and emotional maturity to get along with others and are ready to learn. We would like to see more children ready to learn when they enter kindergarten.

*“The evidence is clear that good early child development programs that involve parents or other primary caregivers of young children can influence how they relate to and care for children in the home, and can vastly improve outcomes for children’s behavior, learning and health in later life. The earlier in a child’s life these programs begin, the better. These programs can benefit children and families from all socioeconomic groups in society.”<sup>56</sup>*

#### **Indicator: Participation in Early Child Development programs**

Ontario Early Years Centres (OEYC) serve parents and caregivers of children from birth to age six. They are available to all families regardless of income, culture or special needs. The Centres provide information on parenting and healthy child development and offer programs for children, their parents and caregivers. The Centres also have toy lending and resource libraries and all services are free.

In KFL&A from April to December 2003

- Early Years Centres recorded 15,614 children and 9,608 parent visits;
- the centres served a total of 1,478 individual children;
- there were 299 hours of workshops offered to parents, caregivers and childcare professionals; and
- as a result of increased community awareness of OEYC’s the number of parents, caregivers and children accessing services has been constantly increasing.<sup>57</sup>

Success by 6 conducted a survey to find out what prevented parents from attending parenting workshops. Transportation and child care were the major barriers for parents. In response, Success by 6 provided funds that assisted more than 950 parents and children to participate in over 40 workshops throughout KFL&A.

#### **Indicator: Readiness to learn**

The Early Development Instrument (EDI) measures how ready children are to begin learning at school.<sup>58</sup> The EDI asks questions about five different areas of their early development:

- physical health and well-being
- social competence
- emotional maturity
- language and cognitive development
- communication skills and general knowledge

Kindergarten teachers in public and separate schools in Frontenac, Lennox & Addington counties completed the EDI for each senior kindergarten child in their classes during the 2001-02 school year. The EDI is not meant to provide diagnostic information for individual children or to measure school or teacher performance. The EDI results are reported by groups of children for example by neighbourhood, county or region. They provide an overall assessment of readiness to learn for a group of children entering the school system.

One way of reporting EDI results is by grouping results in percentiles. For example, low scores are interpreted as follows:

Poor— scores below the 25<sup>th</sup> percentile: For children who score below the 25<sup>th</sup> percentile, this indicates a low score and the children are among the lowest 25%. These scores do not necessarily mean that these children will have problems, but they do represent cause for concern.

Vulnerable—scores below the 10<sup>th</sup> percentile: For children who score below the 10<sup>th</sup> percentile “*very low*”, this means that the children’s scores in a particular area fall among the lowest (poorest) 10%. These children may be seriously at risk for experiencing future difficulty at school, particularly if they score low in more than one area.

Percentiles are calculated for all children in Ontario and have been compared to the scores for children in Frontenac and Lennox & Addington counties.

#### In Frontenac County

- In general, kindergarten children showed good readiness to learn scores in all five areas. The percent of children below the 25<sup>th</sup> percentile and below the 10<sup>th</sup> percentile compared to Ontario norms were as follows for the five areas.<sup>59</sup>

<b>Areas of Early Development : EDI scores Frontenac County</b>	<b>below 25<sup>th</sup> Percentile</b>	<b>below 10<sup>th</sup> Percentile</b>
Physical Health and Well-Being	22 %	9 %
Social Competence	24 %	11 %
Emotional Maturity	25 %	12 %
Language and Cognitive Development	17 %	9 %
Communication Skills and General Knowledge	29 %	14 %

- The only area of readiness to learn that appeared to be a bit low was Communication Skills and General Knowledge.
- The percentage kindergarten children who scored below the 10<sup>th</sup> percentile in one or more of the five areas was 24%, compared to 25% for the Province of Ontario.<sup>60</sup>

## In Lennox &amp; Addington

- In general, kindergarten children showed good readiness to learn scores in all five areas. The percent of children below the 25<sup>th</sup> percentile and below the 10<sup>th</sup> percentile compared to Ontario norms were as follows for the five areas.<sup>61</sup>

<b>Areas of Early Development: EDI scores Lennox &amp; Addington County</b>	<b>below 25<sup>th</sup> Percentile</b>	<b>below 10<sup>th</sup> Percentile</b>
Physical Health and Well-Being	32 %	15 %
Social Competence	26 %	13 %
Emotional Maturity	30 %	15 %
Language and Cognitive Development	22 %	11 %
Communication Skills and General Knowledge	43 %	24 %

- The areas where children showed poor readiness to learn compared to Ontario norms were: Physical Health and Well-Being, Emotional Maturity, and especially poor readiness in Communication Skills and General Knowledge.
- The percentage of kindergarten children who scored below the 10<sup>th</sup> percentile in one or more of the five areas was 34%, compared to 25% for the Province of Ontario.<sup>62</sup>

For both counties, there was considerable variation in scores by neighbourhood.<sup>63</sup>

**Indicator: Student achievement scores in the primary grades**

The province of Ontario produces a report on primary students' reading, writing and mathematics levels at grades three and six.<sup>64</sup> These results do not necessarily indicate that there is a problem with the school system, but rather that there may be problems with preschoolers' readiness to learn when they enter kindergarten.

Based on a four level scale, level three is set as the provincial standard. In 2002-2003 results for our school districts were<sup>65</sup>:

- Fewer grade three students scored at levels 3 or 4 compared with the provincial average:

<b>Grade 3 Tests:</b>	<b>Limestone District KFL&amp;A</b>	<b>Algonquin &amp; Lakeshore KFL&amp;A and HPE</b>	<b>Ontario</b>
Reading	45%	47%	50%
Writing	47%	49%	55%
Mathematics	50%	50%	57%

## ***What you can do to promote school readiness and early learning***

As a parent: take advantage of parenting workshops, play groups and Early Years Centres in your community; discuss any hearing, speech or behaviour problems with your doctor and/or contact the Health Unit.

As an employer: have information on healthy early child development available in the work place; support family centred social activities.

As citizens: volunteer and support early learning and literacy programs for young children and their parents.

### **Protecting Children from Abuse and Neglect, *Handle with Care***

Our pursuit is to ensure that children in our area are protected from abuse and neglect in all aspects of their lives. We would like to see fewer children needing to be taken into care and improved awareness of the full extent of family violence.

Keeping our children safe from abuse and neglect is the responsibility of everyone in the community. The increase in the numbers of referrals and admissions to child welfare agencies was thought to be the result of changes in policy and legislation. However, a recent large study by the University of Western Ontario showed that these beliefs are not supported and that children were coming into care of the Children's Aid Society with a higher degree of risk in 2001 than in 1995.<sup>66</sup>

#### **Indicator: Children in care**

This study found that woman abuse, poverty, mental health issues and poor parenting skills were the contributing factors to the increase in referrals and admissions to care.

In KFL&A:

- in 1994, 42 children ages 0 to 6 were taken into the care of the Frontenac Children's Aid Society and the L&A Family and Children's Services; and
- In 2003, this increased to 149 children ages 0 to 6.<sup>67 68</sup>

#### **Indicator: Family violence awareness**

Family violence can take on many forms: physical abuse, sexual abuse and exploitation, neglect, or emotional abuse. While there has been a large improvement in the awareness of family violence issues over the years, many still tend to view family violence as primarily physical in nature. If we want to

make a difference in the lives of children who are experiencing other forms of family violence, we must recognize and report these as well.

In KFL&A:

- nearly all parents labelled physical violence as family violence, but only 13% included neglect and 3% included sexual abuse in their definition.<sup>69</sup>

### ***What you can do***

As a parent: be aware of things that trigger your anger; take a break; when stress starts to build seek help; reduce isolation, e.g. become involved in parenting and play groups with other parents of young children. Remove yourself and your children from violent situations and get help.

As an employer: provide an employee assistance program

As a citizen: offer relief to friends, neighbours or co-worker who have young children; contact authorities if you are witness to neglect or abuse.

---

<sup>1</sup> McCain, M. and Mustard, F. (1999) *Reversing the Real Brain Drain: Early Years Study*. Toronto: Ontario Children's Secretariat.

<sup>2</sup> Best Start (2002). *Preterm Birth – Making a Difference*. Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre

<sup>3</sup> PPESO (2003). *Annual Perinatal Statistical Report 2002*. Ottawa: Perinatal Partnership of Eastern and Southeastern Ontario.

<sup>4</sup> *Ibid*

<sup>5</sup> Brown, P. *et al.* (2004). Perinatal and Child Health Survey of Four Southeastern Ontario Health Unit Areas: PHRED, KFL&A Health Unit.

<sup>6</sup> *Ibid*

<sup>7</sup> *Ibid*

<sup>8</sup> *Ibid*

<sup>9</sup> Gall, S. *et al.* (2003). Healthy and Family-Friendly Workplace Survey. Kingston: PHRED, KFL&A Health Unit

<sup>10</sup> Czeizel, A. and Dudas, I. (1992). *Prevention of the First Occurrence of Neural Tube Defects by Periconcepti onal vitamin supplementation*. New England Journal of Medicine, 327, 1832-1835.,

<sup>11</sup> Brown, P. *et al.* (2004). Perinatal and Child Health Survey of Four Southeastern Ontario Health Unit Areas. Kingston: PHRED, KFL&A Health Unit.

<sup>12</sup> *Ibid*.

<sup>13</sup> Gawley, S. and Cupples, ME. (2002). *Smoking in Pregnancy – the Size of Our Challenge*. The Ulster Medical Journal, 71(1), 17-21.

<sup>14</sup> Health Canada. (1996). Preterm Birth (Canadian Perinatal Surveillance System Fact Sheet). Ottawa. Bureau of Reproductive and Child Health.

<sup>15</sup> PPESO (2003). *Annual Perinatal Statistical Report 2002*. Ottawa: Perinatal Partnership of Eastern and Southeastern Ontario.

<sup>16</sup> Brown, P. *et al.* (2004). Perinatal and Child Health Survey of Four Southeastern Ontario Health Unit Areas: PHRED, KFL&A Health Unit.

- 
- <sup>17</sup> Rolland E. (2004). *RRFSS in KFL&A* (Rapid Risk Factor Surveillance System). Kingston: PHRED, KFL&A Health Unit.
- <sup>18</sup> *Ibid.*
- <sup>19</sup> KFL&A Health Unit. Personal communication.
- <sup>20</sup> Gall, S. *et al.* (2003). *Healthy and Family-Friendly Workplace Survey*. Kingston: PHRED, KFL&A Health Unit
- <sup>21</sup> Brown, P. *et al.* (2004). *Perinatal and Child Health Survey of Four Southeastern Ontario Health Unit Areas*: PHRED, KFL&A Health Unit.
- <sup>22</sup> McCain, M. and Mustard, F. (1999) *Reversing the Real Brain Drain: Early Years Study*. Toronto: Ontario Children's Secretariat.
- <sup>23</sup> Brown, P. *et al.* (2004). *Perinatal and Child Health Survey of Four Southeastern Ontario Health Unit Areas*: PHRED, KFL&A Health Unit
- <sup>24</sup> City of Kingston. Children's Services.
- <sup>25</sup> Prince-Edward-Lennox & Addington Social Services
- <sup>26</sup> City of Kingston. Children's Services
- <sup>27</sup> Prince-Edward-Lennox & Addington. Social Services.
- <sup>28</sup> City of Kingston. Children's Services.
- <sup>29</sup> Prince-Edward-Lennox & Addington. Social Services.
- <sup>30</sup> *Ibid.*
- <sup>31</sup> City of Kingston. Children's Services.
- <sup>32</sup> Pickett, W. *et al.* (2002). *Injuries Experienced by Infant Children : a Population-based Epidemiological Analysis*. Kingston : Queen's University and Canadian Hospital Injury Reporting and Prevention Program.
- <sup>33</sup> Simpson, K, *et al.* (2002). *Injuries Experienced by Infant Children 1-6 Years : Analysis of Data from the Kingston and Region Injury Surveillance Program (KRISP) : 1994-2000*. Kingston : Queen's University.
- <sup>34</sup> *Ibid.*
- <sup>35</sup> Pickett, W. *et al.* (2002). *Injuries Experienced by Infant Children : a Population-based Epidemiological Analysis*. Kingston : Queen's University and Canadian Hospital Injury Reporting and Prevention Program
- <sup>36</sup> Simpson, K, *et al.* (2002). *Injuries Experienced by Infant Children 1-6 Years : Analysis of Data from the Kingston and Region Injury Surveillance Program (KRISP) : 1994-2000*. Kingston : Queen's University
- <sup>37</sup> *Ibid.*
- <sup>38</sup> Pickett, W. *et al.* (2002). *Injuries Experienced by Infant Children : a Population-based Epidemiological Analysis*. Kingston : Queen's University and Canadian Hospital Injury Reporting and Prevention Program
- <sup>39</sup> Transport Canada. (1998). *Child Restraint Use in Canada: 1997 Survey Data*. TP 2436, Road Safety Leaflet #CL 9804E.
- <sup>40</sup> Safe Kids Canada (2004). *Booster Seat Use in Canada*.
- <sup>41</sup> *Ibid.*
- <sup>42</sup> Safe Kids Canada and Decima Research Inc. (2004). *Results from Decima Televox National Telephone Omnibus*.
- <sup>43</sup> *Ibid.*
- <sup>44</sup> Gall, S. (2004). *A Study of Knowledge, Attitudes and Behaviours of Mothers on Parent Education, Family Violence and Child Injury Issues*. Kingston: PHRED, KFL&A Health Unit.
- <sup>45</sup> *Ibid.*
- <sup>46</sup> City of Kingston, Housing 2003.
- <sup>47</sup> Ontario Non-Profit Housing Association (1999). *Where's Home?*
- <sup>48</sup> City of Kingston, Housing 2003.
- <sup>49</sup> *Ibid.*
- <sup>50</sup> City of Kingston. Ontario Works.
- <sup>51</sup> Statistics Canada Census Population 2001.
- <sup>52</sup> Lennox & Addington. Ontario Works.
- <sup>53</sup> Statistics Canada Census Population 2001.
- <sup>54</sup> Kingston Interval House Statistics.
- <sup>55</sup> Lennox & Addington Interval House Statistics.
- <sup>56</sup> McCain, M. and Mustard, F. (1999) *Reversing the Real Brain Drain: Early Years Study*. Toronto: Ontario Children's Secretariat.
- <sup>57</sup> Ontario Early Years Centres KFL&A data source.

---

<sup>58</sup> Offord, D, Janus M, Mustard, F. *Development of a Community-Level Measure of School readiness to Learn for 4-5 Year-Old Children*. Canadian Centre for Studies of Children At Risk and the Founder's Network.

<sup>59</sup> Peters, DeV R. Dept. of Psychology. Queen's University.

<sup>60</sup> *Ibid.*

<sup>61</sup> *Ibid.*

<sup>62</sup> *Ibid.*

<sup>63</sup> Tinline, R. GIS Lab. Queen's University.

<sup>64</sup> Ontario. Ministry of Education. Education Quality and Accountability Office.

<sup>65</sup> *Ibid.*

<sup>66</sup> Leschied, A. *et al.* (2003). Executive Summary. London: The University of Western Ontario.

<sup>67</sup> Frontenac Children's Aid Society (2004). Personal correspondence.

<sup>68</sup> Lennox & Addington Family and Children's Services (2004). Personal correspondence.

<sup>69</sup> Gall, S. (2004). A Study of Knowledge, Attitudes and Behaviours of Mothers on Parent Education, Family Violence and Child Injury Issues. Kingston: PHRED, KFL&A Health Unit.