



fostering early development

FOR THE VANCOUVER COASTAL REGION





PREMIER'S AWARD
PROMOTING INNOVATION AND EXCELLENCE

Fostering Early Childhood Development
Ministry of Children and Family Development
and Partners

LOWER MAINLAND REGION
PARTNERSHIP CATEGORY
FINALIST 2012/13



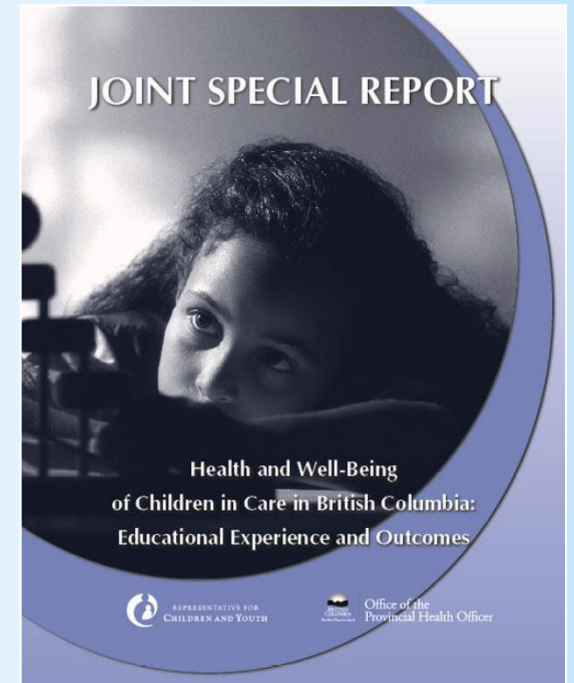
Where ideas work

Christy Clark
Premier Christy Clark

Background

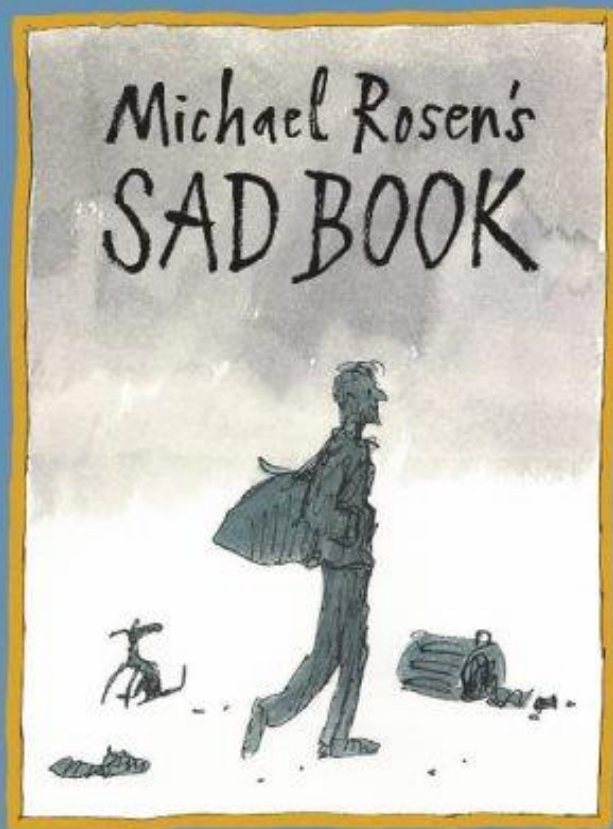
The Joint Special Report- Health and Well-Being of Children in Care in British Columbia: Educational Experience and Outcomes

By The Representative for Children and Youth, Mary Ellen Turpel-Lafond and The Provincial Health Officer, Dr. Perry Kendall



Brain research

Stress



Michael Rosen · Quentin Blake

Toxic Stress

- Strong
- Prolonged
- Frequent

- Changes the architecture of the brain

Background

Children in care have a higher prevalence of:

- Developmental delays
- Physical and mental health problems
- Behaviour and academic problems



Change of thinking

- Neural circuits for dealing with stress are particularly malleable during the fetal and early childhood periods
- Used to think infants and young children were the most resilient group, but in fact they are most vulnerable



Why Early Intervention?

- Has the potential for improving developmental outcomes for children in care
- “When it comes to brain circuitry it is better to get it right first time than to try to fix it later”



Session Outline

- Description of Fostering Early Development Program
- Initial Research Findings
- Training for Foster Parents and Social Workers
- Current findings and work

What is the Fostering Early Development Program?

- Developmental Screening and Support
- Children in foster care
- Birth to six
- Vancouver/Richmond and North Shore Coast areas of the Coast Fraser Region
- Training for foster parents and social workers



Partnership: Steering Committee Members

- Ayas Men Men Child and Family Services
- Aboriginal Infant Development Program
- Developmental Disabilities Association
- Human Early Learning Partnership
- Infant Development Program
- Ministry of Children & Family Development
- Provincial Health Services Authority
- University of British Columbia
- Vancouver Coastal Health
- Vancouver Aboriginal Child & Family Services Society
- Vancouver Native Health Society



Staffing

- Lesley Rappard, Coordinator, Full time
- Malgosia Tomanik, Training Coordinator, Part time
- Amy Ris FED consultant, Part time
- Anne Reyner Administrative/secretary, Part time



Objectives

- To increase the number of ASQ-3 and ASQ-SE developmental screenings of vulnerable children through a supportive relationship with caregivers
- Increase referrals and linkages to appropriate early intervention services
- Enhance health monitoring (vision, hearing, dental, immunizations and primary health care provider)
- Increase knowledge and skills regarding development for MCFD/VACFSS caregivers and staff

How Does This Happen?

- Children are automatically referred from the, MCFD, Vancouver Aboriginal Child and Family Services (VACFSS)
- With consent, information is gathered on the services the child has received and is currently receiving
- The foster parent is contacted and a visit is arranged
- Screening is done in home along with the foster parent

After the screening

- Report on each screening is sent to involved professionals
- Recommendations and referrals are made to other services
- Support is given to the foster parent
- Follow up and monitoring is dependent on the age of the child and their performance

Screening Tool



60 Month ASQ-3 Information Summary

57 months 0 days through
66 months 0 days

Child's name: _____ Date ASQ completed: _____

Child's ID #: _____ Date of birth: _____

Administering program/provider: _____

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See *ASQ-3 User's Guide* for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	33.19		●	●	●	●	●	●	●	●	○	○	○	○	○
Gross Motor	31.28		●	●	●	●	●	●	●	●	○	○	○	○	○
Fine Motor	26.54		●	●	●	●	●	●	●	○	○	○	○	○	○
Problem Solving	29.99		●	●	●	●	●	●	●	○	○	○	○	○	○
Personal-Social	39.07		●	●	●	●	●	●	●	●	○	○	○	○	○

Data

- Data collection is an important part of the program
- We collect over 100 pieces of data on every child
- Every intervention service received and referred to, as well as their performance on developmental screenings while in the program

Research results on Fostering Early Development

- In collaboration with UBC and HELP
- Focus to establish baseline information to direct future planning.



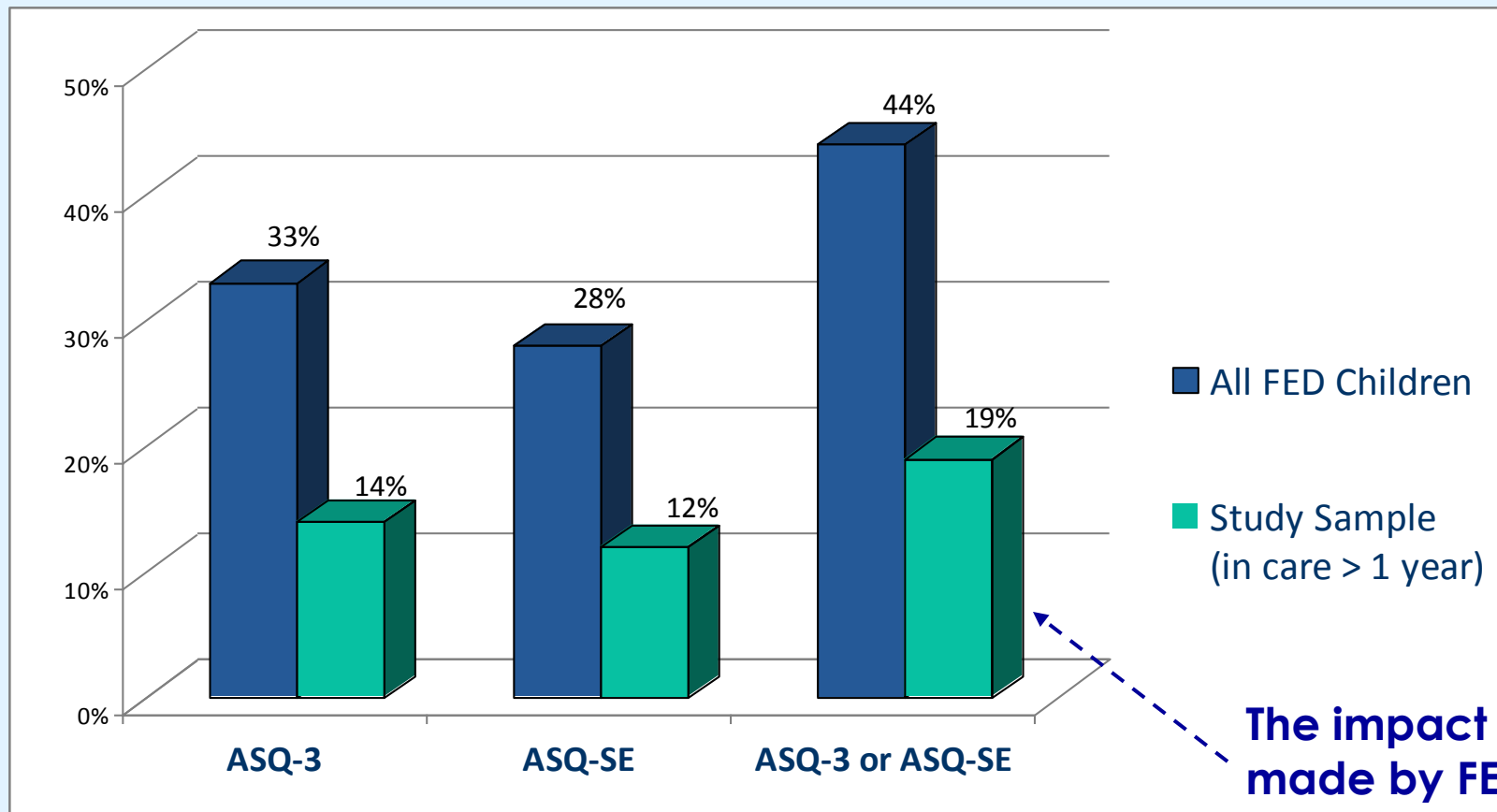
Methods

Impact of FED was assessed by focusing on children who had been in care for more than one year prior to admission to FED

The outcomes of interest were:

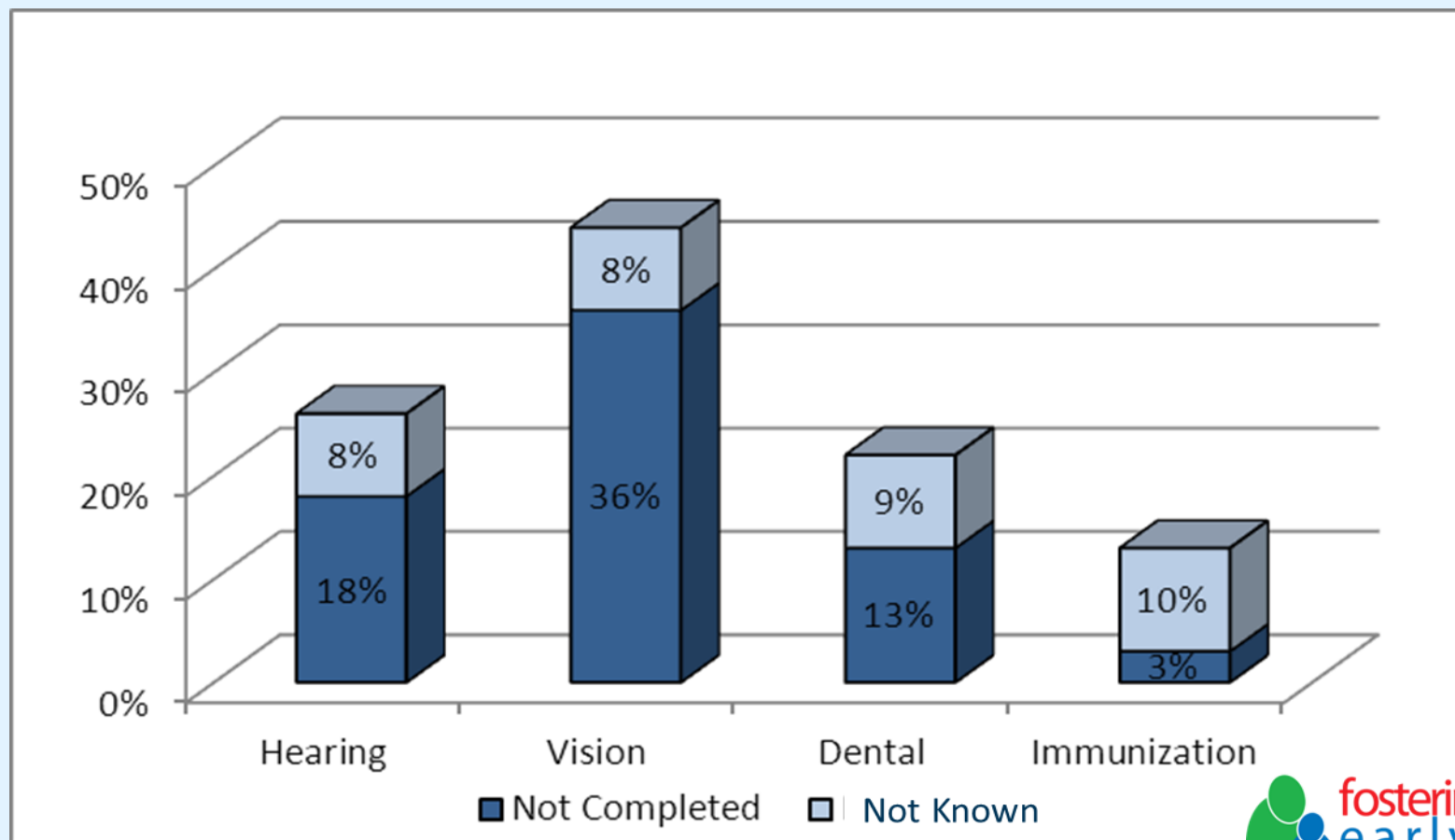
1. The unmet health screening and immunization needs identified by FED
2. The developmental concerns identified by FED

Findings: Developmental Concerns Among FED Children who had been 'In Care' > 1 Year



**The impact
made by FED =
earlier
identification**

Unmet Needs for Health Screening & Immunization Among children who had been 'In Care' > 1 Year(N=190)



Number of Moves while in care

Table 3. Number of Moves while in Care

Age Group	Number of Moves			
	1	2 or 3	4 or 5	6 to 10
Infancy 4-12 months (n = 14)	36%	50%	14%	0%
Toddler 13-36 months (n = 80)	33%	43%	20%	5%
Preschool 37-60 months (n = 69)	35%	42%	16%	7%
Early school-age 61-72 months (n = 21)	24%	19%	29%	29%
Total Sample*	33%	41%	19%	8%

Note: Measured at March 31, 2010. *N= 184 with full data. Rates not shown for children under 4 months due to subgroup size (n = 1).

Research Conclusions

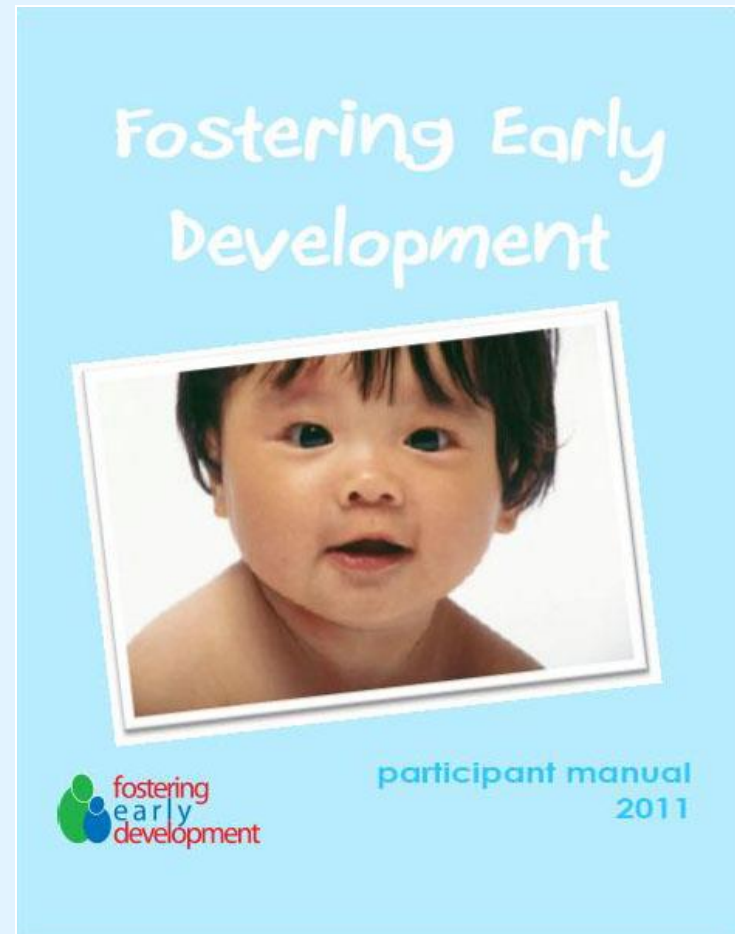
- FED program offers significant services compared with prior, routine care
- High rates of developmental concerns for children that had been in care over a year
- Importance of formalised, systematic screening and monitoring procedures of health and developmental needs of children in care

Training

Training for foster parents and social workers is an important part of this program

Development of a trainer manual

Development of a participant manual



2 Day Training

- the ASQ-3 and ASQ-SE
- Development, attachment
- brain development and the impact of trauma
- strategies to enhance development within the home
- information on community resources and referrals
- To date:
- 230 Foster parents trained
- 126 Social workers



Foster Parents Comments

Most Valuable things I learned were:

- “The effects of trauma on the brain & its far reaching effect on the future of the child when not corrected, but that it is a bright & hopeful future we & resources can provide as a team”
- “chronological development versus physical, Social-emotional and impact on interaction w/ child”
- “the amount of resources that are available”
- “that I need to learn more”



Training for drivers, respite caregivers and visit supervisors

- Along with Safe Babies Coordinator developed a condensed training for this group including:
- -Child development
- -Attachment
- -Brain and Trauma
- -Transition Ideas
- -Communicable Diseases
- -Crying
- -Sleep Safety
- -Illness and Injury
- -Feeding Babies



Training and Support

- Along with the Safe Babies Program run a Training and Support Group for foster parents
- Publish a Newsletter for foster parents and social workers



Training and Support Topics

- Healthy Transitions. PACE
- How to Support “The Children Left Behind” in foster homes when someone leaves. PACE
- Fetal alcohol Spectrum disorder. FASD Keyworker
- Children’s changing sensory needs. Occupational Therapist
- Feeding your child. Ingrid Kusnierczyk Occupational Therapist
- Supporting Early Communication with Sign SLP

Training and Support Topics

- Mindfulness- Molly Stewart Lawlor
- Picky eaters. Occupational Therapist.
- Circle of Security Child Parenting Program
- HIPPY Program Home Instruction for Parents of Preschool Youngsters. Vancouver Native Health Society



Aboriginal Connection Spot

To Help children with their sense of identity and create good self esteem.

Purpose :

- To help educate foster parents about Aboriginal Culture
- To keep aboriginal culture on the radar.



Workshops

- Full day workshop: Juggling more than one language: Best practices for learning language. Linguist and Language Consultant Anne Rimmrott
- Early Language Development. Speech and language pathologist Mia Nickel
- Half day workshop: Supporting Children who have Witnessed Domestic Violence. Counsellors working specifically with these children

Communication

- Regular meetings with MCFD and VACFSS Social workers
- Share information about new developments in intervention.
- Circle of Security Parent Training – Pilot Project.
- Safe Babies Court Teams



Figures to date 2009-2016

- 889 Children have been through the program
- 552 Children have been screened by FED
- 1,247 Screenings in total
- 1,064 referrals further assessment and intervention
- 211 children are currently registered



Effects on other services

- Potential evening out effect on IDP/AIDP Programs affected
- Unsure as to what effect it has had on waitlist times for Sunny Hill



Number of referrals recommended 2009-2016

- 96- IDP or AIDP
- 20- SCD or ASCD
- 108- SLP
- 47- CDC
- 142- Sunny Hill
- 62- Mental Health



Moving Forward

- First phase children in permanent care and new admissions to care
- Second phase children on temporary care orders
- Third phase children on voluntary care agreements and those in the care of a relative



Mindful

When we are screening children's development we are very mindful that these children have experienced trauma. When they come into care, the paramount need for their development, is for them to make a connection with their caregiver and to receive attuned, responsive caregiving.