

# Early **Identification** in Toronto

## Toronto **Red Flags** Guide



A Reference Guide for Working with Young Children

## To: All Professionals Who Work With Young Children and their Families

I am very pleased to provide you with this copy of the Toronto Red Flags Guide. This Guide was prepared to help people who, regardless of where they work, all share the common goal of promoting the healthy growth and development of Toronto's young children.

There are over 160,000 children between the ages of 1 and 6 years of age living in the City of Toronto and every one of these children deserves the opportunity to grow and develop to their full potential. But, many of these children experience factors that put their healthy growth and development at risk. For example, *The Health of Toronto's Young Children Report* (Toronto Public Health, November 2007) identified that 30% of these children live in poverty, 17% live in lone parent families, and 51% live in rental housing. Each of these family circumstances puts a young child at increased risk for emotional, behavioural and/or health problems. The Early Development Instrument (EDI) data tells us that 27.7% of Senior Kindergarten students are beginning schools with motor, language and cognitive development and social, emotional and communication skills that limit their readiness to learn. In some parts of the city, the number is as high as 39.8% of the children.

We also know that early identification of delays in growth and development can make a big difference in a young child's life, now and in the future. Delays can be identified and families can be supported to secure the help that they need to promote the healthy growth and development of their child. And, that's where you come in. We hope that you find this Guide useful in your work with young children and families.



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### **Acknowledgement:**

We would like to thank York Region for sharing their version of the Red Flags Guide which was the starting point for this work. We would also like to thank those who helped us do the extensive work of piloting the guide, writing new sections, revisions from the literature, those we consulted to validate the updates, those who helped us develop the additional areas of cultural considerations and access and equity inclusions to the guide.

The level of effort our colleagues provided when collaborating with us on various sections was very generous. Working with numerous community partners, some who are service providers, others in education, childcare and many specialists in other fields such as child development and mental health, other city divisions, other stakeholders such as cultural groups and all those who are part of the Early Identification Planning and Implementation Committee was a complex and lengthy process. We hope these efforts provide a usable resource to those who work with young children in the early years of their lives a usable resource. The early identification of children who are in need of additional resources to meet their developmental milestones is the purpose of the guide. Our goal is to ensure children are able to develop to their optimal potential.



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## Disclaimer

Toronto Red Flags Guide is a Quick Reference Guide designed to assist those working with young children when deciding whether to refer a child for additional advice, assessment and/or treatment. It is not a formal screening or diagnostic tool. It is not intended for parents.

The information contained in the Toronto's Red Flags Guide for Infant, Toddler and Preschool Children ("this document") has been provided as a public service. 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 document. The information in this document is provided on an "as is" basis without warranty or condition.

This document cannot substitute for the advice and/or treatment of professionals trained to properly assess the development and progress of infants, toddlers and preschool children. Although this document may help one decide when to seek out professional help, this document should not be used to diagnose or treat perceived developmental limitations and/or other health care needs.

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**Not to be used to diagnose or label a child.**

**It is Strongly Recommended that persons using the guide read pages 4 to 23 before using *The Developmental Red Flags Guide By Age* and the sections that follow it.**

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## What is the “Toronto Red Flags Guide?”

“Red Flags” is a reference guide for Early Years professionals and those working with young children. It can be used in conjunction with a validated screening tool, such as Nipissing District Developmental Screens (the Nipissing Screen<sup>1</sup>) and the Toronto Preschool Speech and Language Services Communication Checklist. The Toronto Red Flags Guide outlines a range of functional indicators or domains commonly used to monitor healthy child development, as well as potential areas of concern for child development. It is intended to assist in the determination of when and where to refer for additional advice, formal assessment and/or treatment at the earliest possible sign.

## Who Should Use the “Toronto Red Flags Guide”

This Reference Guide is intended to be used by any person working with young children and their families. A basic knowledge of healthy child development is assumed as well as an understanding of Child Protection legislation and the duty to report (See section on Abuse). Red Flags will assist persons working with young children in identifying when a child could be at risk of not meeting health and/or developmental milestones, triggering an alert for the need for further investigation by the appropriate service(s). It is not intended for use by parents.

## How to Use this Document

This is a Reference Guide to look at child development by age and stage of development, from birth up to age 6. It is not intended for pre-term infants, regardless of their age. These children should be followed more closely by their primary health care provider or paediatrician as they are at increased risk for developmental delays. Throughout the Guide we have provided advice about indicators of child development that are influenced by cultural variations. The feeding practices across cultures and their significance section should be considered in conjunction with the general nutrition risk factors and other developmental domains, as they are interdependent. After the age and stage sections, other areas that may impact child health, growth and development are discussed such as the dynamics of the parent-child interaction, postpartum mood disorder, abuse and disorders of child development. A description of Early Identification and Early Childhood Services follows this and listings of key resources conclude the guide.

The Red Flags Guide may help those who work with young children to identify earlier children at risk for poor development. Their increased awareness of child development will help them understand when and where to refer for further investigation or treatment in the City of Toronto.

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<sup>1</sup>Nipissing District Developmental Screens refer to 13 parent checklists available to assist parents to record and monitor development of children from birth to age 6. The screens cover development related to vision, hearing, communication, gross and fine motor, social/emotional and self-help and offers suggestions to parents for age appropriate activities to enhance child development. In the City of Toronto, copies of Nipissing District Developmental Screens can be obtained from [www.ndds.ca](http://www.ndds.ca). **Parents are encouraged to call Health Connection at 416 338 7600 if 2 or more items are checked ‘No’.** A Public Health Nurse will review the results of the screen and suggest next steps. It is particularly important for a screen to be reviewed by a professional if a ‘No’ is identified. For more information about Nipissing District Developmental Screens, go to: [www.ndds.ca](http://www.ndds.ca).

- If children are not exhibiting the milestones for their age, further investigation is required. If using Nipissing District Developmental Screens, remember that the Screens are age adjusted; therefore the skills in each screen are expected to be mastered by most children at the age shown. **If there are two or more “No” responses, refer to a Primary Health Care Provider, Toronto Preschool Speech and Language at 416-338-8255 or Toronto Public Health at 416-338-7600 for assessment and referrals.**
- If a Red Flag is solely the result of a cultural variation or lack of opportunity where an opportunity for the skill to be developed has not been provided, it is not considered a red flag. **If you are uncertain** if the red flags noted are a reflection of a cultural variation or lack of opportunity or a real concern, refer for further assessment.
- Note that some of the indicators focus on the parent/caregiver, or the interaction between the parent and the child, rather than solely on the child.
- **Only minimal contact information is indicated at the end of each heading. For a comprehensive listing of services for families with young children, please refer to the Resource List at the end of this guide or [www.211Toronto.ca](http://www.211Toronto.ca)**

If a child appears to have multiple issues requiring formal investigation by several disciplines, we recommend calling CITYKIDS. CITYKIDS is the interagency coordination team for families and their children with special needs. Assessment and services address the child’s developmental challenges and provide support and education to the family. It replaces Toronto’s former cities quadrant interagency coordination teams. The team works

with families and early childhood staff to develop and carry out programs at home and in early childhood settings.

Calling CITYKIDS will open the door to a wide range of services. Referrals can be made by calling 416-920-6543 or by fax at 416-920-1543.

### **Additional Resources:**

- Refer for an In-depth early assessment by primary health care provider (family doctor, nurse practitioner, paediatrician)
- Referral to Healthy Babies Healthy Children by calling Toronto Public Health at **416-338-7600**.
- Refer for further assessment and monitoring at child development clinics
- If referrals are made to private sector agencies, alert families that **all services may not be funded by OHIP.**

# Healthy Child Development





## Healthy Child Development

**Learning skills, coping skills, resiliency and other important human development** outcomes depend on all of the determinants of health - Income and Social Status, Social Support Networks, Education and Literacy, Employment/Working Conditions, Social Environments, Physical Environments, Personal Health Practices and Coping Skills, **Healthy Child Development**, Biology and Genetic Endowment, Health Services, Gender and Culture - to contribute to human flourishing. (*Rioux & Hay cited in Canadian Institute for Health Information, 2004*).

### Importance of Early Childhood Development

Healthy child development during the early years of life is critical for long-term health and well-being. Successful early childhood development depends on a number of factors including good health, good nutrition, positive parenting, strong social supports and positive relationships outside the home. Early childhood development establishes the foundation for learning, behaviour and health, helps build social capital and equality, all of which are crucial for increasing prosperity. If a child has a poor start in life, it not only threatens or delays development but may also result in a chain of poor outcomes. The range of consequences for poor development can include restricted brain development; reduced language development, reduced capacity to communicate and lower literacy level; and decreased physical and mental health throughout life (*Canadian Institute for Health Information, 2004*).

A child's capacity to learn depends on the interplay of their genetic endowment and the kind of care, stimulation and teaching they receive. Early experiences have a decisive impact on the architecture of the brain and on the nature and extent of adult capabilities. The human brain is uniquely constructed to benefit from these experiences, particularly during the first years of life. For brain

development there are prime times for acquiring different kinds of knowledge and skills. The experiences of a child in the early years of life creates a foundation for the development of physical, cognitive, communication and psychosocial skills leading to long term benefits for the child's entire life.

### There are many factors that may adversely impact on a child's growth and development:

- A child's biological/genetic endowment (see sections on Autism Spectrum Disorder, Developmental Coordination Disorder)
- Parenting capacity: e.g. developmental delay in the mother or caregiver
- Knowledge deficit in the mother/caregiver
- Bonding/attachment challenges between the mother/caregiver and the child (see sections on Attachment and Post Partum Mood Disorders)
- Temperament conflicts between the mother/caregiver and the child
- Family discord
- Child experiencing physical, emotional, sexual abuse, and/or neglect (see section on Abuse)
- Child living under prolonged stressful situations
- Influence(s) of the social support system and the environment, both from living in safe neighbourhoods and the presence or absence of environmental hazards such as pollutants. (see sections on Environmental Risk Factors and Family/Environmental Stressors)

**Child development is cumulative in nature. Once one mild delay occurs and is not addressed, it can impact on many areas of development over time.**

## The Inter-Dependent Dimensions of Early Child Development

Child development is holistic; it consists of inter-dependent dimensions. This means that the child's development cannot be compartmentalized into health, nutrition, education, social, emotional, cultural and spiritual variables. All are interwoven in a child's life and are developing simultaneously. Progress in one area affects progress in others. Similarly, when something goes wrong in any one of those areas, it has an impact on all the other areas. This guide is set up by Age and Stage to aid in considering the child holistically.

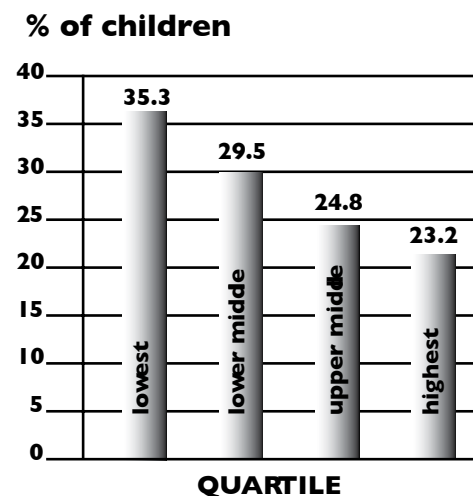
### 1. The Parenting Style Dimension of Early Child Development

In the National Longitudinal Study of Children and Youth, children were identified with difficulties on the basis of learning or behaviour problems. Although family income is not the most powerful influence on how well children are doing socio-economic status of the family has an effect on children.

However, the gradient makes it clear that other factors must be involved. While poverty does increase the incidence of children who have difficulties, risk is spread out across all income levels.

Parenting style varies across cultures and is dependant on the caregivers' cultural values, beliefs and norms. The primary styles of parenting have been identified as authoritarian, permissive, permissive/irrational and authoritative. Authoritarian parenting employs strategies where there is little responsiveness to the child's needs and many demands are placed on the child. Permissive parenting employs strategies where few demands and expectations are placed on the child, and the child is expected or allowed to self-regulate. Permissive/irrational style is unpredictable where parental support is available and at times is not; parent-child interactions are not related to the child's needs but to the needs of the parent.

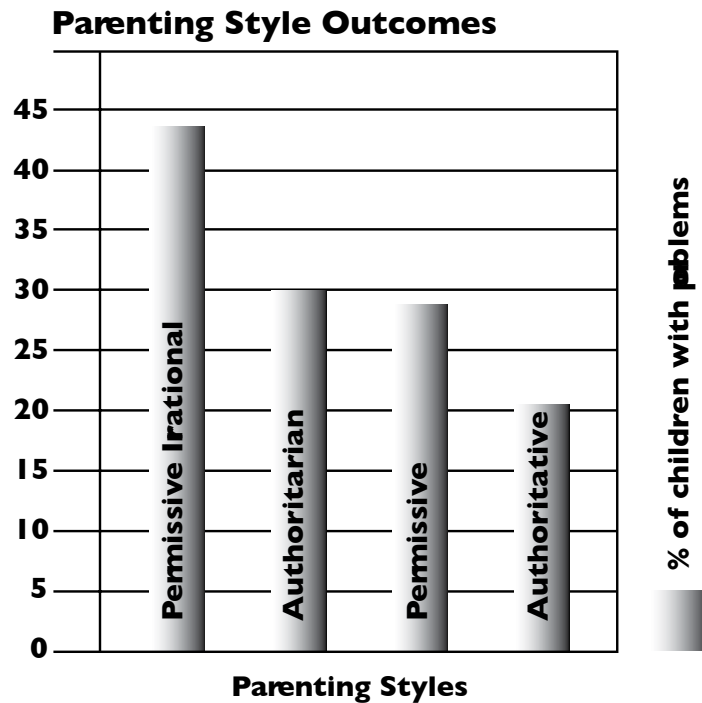
Figure 16: Prevalence of Children with Difficulties by Family Income  
– Adapted from Wilms, 1999



The chart summarizes the relationship between children with difficulties (verbal skills, mathematics and/or behaviour) and family income. Note that 35% of the children in the bottom quartile are in difficulty while more than 20% of the top quartile are in difficulty. The majority of children who are not doing as well as they could be are in lower-middle and upper-middle income families. Such findings support the need for universal programs that encompass all populations.

Authoritative parenting employ strategies where rules and standards are reinforced, there is open discussion between the parent and child, and the child's individuality is encouraged. The research findings from the National Longitudinal Survey of Children and Youth point to parenting practices as a powerful influence on how well children are doing. Reading to children, responding to questions and concerns, and setting limits seem to make a big difference. Both positive and negative parenting practices are found across all socio-economic sectors (Wilms, 1999).

Figure 19: Parenting Style Outcomes  
 – Adapted from McCain and Mustard, 1999



About 15 % of parents have the Permissive Irrational parenting style. Parenting style influences the child’s development more than socio-economic status. A wide range of parenting resources are available to support families including informal play groups to formal instruction on parenting techniques.

*Above from Improving the Odds: Healthy Child Development 4th edition 2007 (with permission)*

## 2. The Cultural Dimension of Early Child Development

Childrearing practices across cultures share these broad goals:

- To promote the child’s physical well-being
- To promote the child’s psycho-social well-being
- To provide the child with the competencies necessary for economic survival in adulthood
- To transmit the values of their culture (*ECCD, 1999; Gross, 1996*).

Families are the first and most important channel for the transmission of culture. Culture and family characteristics effects both resilience and vulnerability in the development of young children and support the attainment of developmental tasks (*Melendez, 2005*). Childrearing practices are embedded in the culture and determine behaviours and expectations surrounding childhood, adolescence, and the way children parent as adults. (*ECCD, 1994*).

A lack of understanding of the various childrearing practices can lead to tension between the dominant culture and the practices of a family. How families or caregivers raise their children varies across cultures. For example, the parenting values of Western societies give importance to independence such as the ability to problem solve independently, being assertive and inquisitive. In contrast, many non-Western societies value interdependence such as cooperation, respect for authority, and sharing. In some cultures parenting is assumed by a single individual, usually the mother, while at the other end of the continuum a child may have multiple caregivers and any adult can assume the care giving role.

The experiences one has during immigration and settlement in the new country may add challenges and stress to families due to varying degrees of disharmony between the native and adoptive cultures. Isolation brought on by language barriers, lack of knowledge on how to access services and resources and other factors can increase the stress and disharmony.

### **3. Community Dimension of Early Child Development**

Children that are raised in a neighbourhood/community that is safe and cohesive such as availability of community resources-parks, family programs etc. are less vulnerable to poor child development than children living in unsafe and non-cohesive neighbourhoods. Various elements of the child's neighbourhood can influence early childhood development. Examples of the types of elements are:

- stressors, such as exposure to toxins or high crime rates, which have negative social and psychological effects;
- institutions, such as function of schools, police, neighbourhood services etc.; and
- social organization (e.g. role models, and shared values).

Families that live in unsafe neighbourhoods will take measures to make sure their children are safe. For instance, parents may prevent their child from playing in neighbourhood playgrounds which may impact participation in physical activities. These limitations can have an effect on the child's opportunity to experience social relationships outside the home. Research by Sampson et al as cited in Knowledge Network (2005) has found that community cohesion may decrease the effects of safety issues, as social networks provide a haven where families feel safe.

### **4. Other Dimensions: Families that may experience social exclusion**

Many families feel some sense of exclusion. This may be due to their sexual orientation (LGBT), people with disabilities, marital status, level of education or other non-traditional family structures. Where there has been a history of marginalization, it is good practice to have a discussion about whether the family feels excluded in any way and the impact that it may have on parenting their child. Some examples of why parents may perceive barriers might be historical belief that a lifestyle or choices are immoral, or exclusion by those who could not navigate across physical barriers such as sidewalks that do not have ramps. Despite the more tolerant society we live in, many families that are seen as non-traditional feel a sense of exclusion. Experiences of exclusion should be explored as it may reduce access to services.

## Importance of Early Identification of Developmental Delays

When a child's development is delayed, interventions in the early years of childhood offer an opportune time to avoid or moderate learning problems, and to bring lasting benefits to individuals and society. Research findings have demonstrated that support of early child development yields fruitful benefits not only in the present, but also over time in terms of the child's ability to contribute to the community. (*ECCD Briefs*)

Parents or primary caregivers are uniquely positioned to screen their own child's development. Parent/Caregiver's role in the surveillance of their child's development requires the use of a screening tool, such as the Nipissing District Developmental Screen, available at [www.ndds.ca](http://www.ndds.ca) and the Communication Checklist available at <http://www.tpsls.on.ca/languages.htm>. When a concern is identified, there are a variety of services available for families to access, some universally available and some targeted.

Professionals, health care providers and those working with young children provide another dimension of assessment to ensure children reach their highest level of development.

**Early identification of the developmentally delayed child is the first step toward providing early intervention.**

**Further assessment is always warranted when a concern is identified. This may include:**

- Referral to Healthy Babies Healthy Children by calling Toronto Public Health at 416-338-7600.
- In-depth early assessment by primary health care provider
- Further assessment and monitoring at child development clinics
- Speech and language referral
- Early infant/child intervention programs
- Early learning and care placement - provides access to assessment and specialized programming

## Can we afford to do early identification?

- It is believed that intervening earlier may reduce the overall length of time of the intervention
- While children who are not identified early are found across all socio-economic groups, greater numbers tend to be from more isolated or marginalized populations, such as new immigrants, lower income families, those with lower education level of caregivers or those whose cultures may attach a label of shame if the child is not developing properly. Providing services to these children improves their chances they will reach their optimum development, thereby reducing health disparities.

## What can we provide while a child is waiting for assessment and treatment?

Providers should ensure families are aware of the range of universal services available to families:

- Attendance at informal play groups, at Ontario Early Years Centres and Family Resource Centres
- Early infant/child intervention programs through childcare settings\*
- Healthy Babies Healthy Children can link families to the appropriate early intervention assessment and services
- Public libraries have programs for young children and books to read to children
- City of Toronto - Parks, Forestry and Recreation have many programs for young children and families\*

**A “wait and see” approach should never occur because one delay can impact on multiple areas over time.**

\*A charge may apply to some services, and charges may be waived based on income

## Play Based Learning

Developmentally age appropriate play based activity is key to learning in early childhood. Play based learning helps young children to experience and make sense of their world. Every experience a child has while exploring all aspects of life can be done in a playful manner. This allows the child to feel safe and supported, while being guided by the caregiver. The right side of the Nipissing District Developmental Screen has age appropriate play based learning suggestions for parents and caregivers. It is available free to Ontarians at [www.NDDDS.ca](http://www.NDDDS.ca). Play based learning is used at Ontario Early Years Centres, Family Resource Centres, Child Care Centres and Best Start Hubs.

### Multicultural perspective on “play”

It is important to note that “play” may be defined differently across cultures. Some cultures value individual exploration, independence and the use of toys to stimulate a child’s development. Other cultures value interdependence and being cooperative and well-behaved. The same effects learned by using toys and games can be learned by involving the child in family routines, such as kneading dough (as opposed to playing with play-dough), fetching vegetables, and helping with daily chores. Discussions about age appropriate play may need to be framed in the context of the family and their values about play and routines. Ask, “What activities do you have your child do to help your child grow and learn?” “Tell me about how you teach your child your family’s values and place in the family?”

### What kind of activities (play or teaching) helps a child develop?

#### They might:

- Stimulate the senses. All learning is through the senses. Touching, tasting, smelling, seeing, hearing are sensory experiences.

Parents/caregivers interacting with their child provide experiences by modeling and guiding their child.

- Teach imitation and turn-taking. Children learn from watching and modeling their parents. Imitation games are a way to explore different perspectives. Taking turns teaches language, cooperation and the basics of sharing.
- Teach communication. Play or sharing household routines are ways children learn to share feelings, ideas, knowledge and language. Play activities can help children learn how to manage emotions and deal with frustrations. Interacting together can help a parent and child establish a positive communication pattern.
- Encourage problem solving. Children develop problem-solving skills when they master a task and feel competent and proud. The parent’s role is to provide support for the child to have success and celebrate those successes together.

Intentionally sharing activities (singing, talking, comforting, feeding) together begins at birth with each child learning in different and unique ways. Although children develop at different rates, there are milestones that all children must meet to be considered on a developmental trajectory that provides them with what they need to be ready to learn at the start of school.

**Active learning depends on a positive adult/child interaction with the parent /caregiver as the child’s first and most important teacher!**

# Toronto Red Flag's Guide in Practice



## The Red Flags Guide

What does this mean for me as someone who works with young children and/or their caregivers?

The information provided so far gives a brief overview of the important aspect of early child development. It is essential that service providers take into account the context (immigration status, culture, income level, sense of safety in neighbourhoods, family structure, etc.) of the family unit when identifying or assessing developmental delays. When a delay is suspected, explore the child's opportunity to develop that skill. For instance, if there are no stairs to climb, a child may not demonstrate stair climbing skills. If culturally there is little value placed on formal play, learning and early child development may be facilitated in other family activities. These may not be true developmental delays and further assessment is required.

Throughout the Red Flags Guide examples of common cultural practices have been provided.

The following points may guide you when observing behaviour or ability that you are concerned about:

- Determine whether this behaviour may limit the development of the child in any way.
- If there is reason to believe this could impact the child's development, explore with the parent/caregiver the reason(s) and/or meaning behind the behaviour.
- A suggested comment/question might be "I noticed that you or your child is doing ... I am unfamiliar with this. Perhaps this comes from your family's background. Can you tell me more about this?" Another question might be: "I notice that doing/not doing ... sometimes works for your child. In other circumstances, it may not work. Can you tell me what you think about this?"
- If the child is meeting his/her milestones and there is not a safety concern, then it may not be considered a red flag.



## How to Talk to Parents about Sensitive Issues

One of the most difficult parts of recognizing a potential concern in a child's development is sharing these concerns with parents/caregivers. It is important to be sensitive when suggesting that there may be a reason to have further assessment done. You want parents/caregivers to feel capable and to be empowered to make decisions. It is particularly important in Toronto's extremely diverse population that cultural perspectives are considered. Many cultural groups have a significant stigma attached to labelling anyone in the family as having a delay, disorder or disability. This creates special barriers to approaching this subject with families. Discussion, acceptance and action may have to be viewed as a process that can only occur over time. There is no one way that always works best but there are some things to keep in mind when addressing concerns.

- Be sensitive to a parent/caregiver's readiness for information. If you give too much information when people aren't ready, they may feel overwhelmed or inadequate. You might start by probing how they feel their child is progressing. Some parents/caregivers have concerns but just have not yet expressed them. Having a parent use a tool such as the Nipissing District Developmental Screen may help open the way for discussion. It may help to specify that the screening tool is available to all parents in Ontario, provided free through community agencies, the Health unit or by going to the website at [www.ndds.ca](http://www.ndds.ca). You might say something such as, "This is something given to many parents to help them look at their child's development and to learn about new activities that encourage growth and development."

- Be sure to value the parent/caregiver's knowledge. The ultimate decision about what to do is theirs. Express what it is that you have to offer and what they have to offer as well. You may say something like: "I have had training in child development but you know your child. You are the expert on your child." When

you try to be more of a resource than an authority, parents/caregivers feel less threatened. Having the parents/caregivers discover how their child is doing and whether or not extra help would be beneficial is best. You may want to offer information you have by asking parents/caregivers what they would like to know or what they feel they need to know.

- Have the family participate fully in the final decision about what to do next. The final decision is theirs. You provide only information, support and guidance.
- Give the family time to talk about how they feel – if they choose to. If you have only a limited time to listen, make this clear to them, and offer another appointment if needed.
- Be genuine and caring. You are raising concerns because you want their child to do the best that he/she can, not because you want to point out weaknesses or faults. Approach the opportunity for extra help positively; "You can get extra help for your child so he/she will be ready for school". Also try to balance the concerns you raise with genuine positives about the child (e.g. "Johnny is a real delight. He is so helpful when things need tidying up. I have noticed that he seems to have some trouble..")
- When a parent becomes aware that their child may have a delay, it may take a while for information to 'sink in' before they are prepared to deal with it. It is important for professionals not to be put off if the parent(s) initially appears resistant, defensive or even angry. Even if parents are not prepared to act on the information the first time they hear about it, they may be more willing to move forward later when the professional brings it up again.

- Your body language is important; maintain an open, friendly but concerned attitude and your body language will naturally conform to that message.
- Parents may already be fearful of the information. Be careful about interpreting body language of caregivers raised in other cultures. Some cultures sit quietly with arms crossed to indicate respectful listening. Some cultures interpret that posture as resistant to hearing the message when it could be quite the opposite.
- Be aware of the importance of the use of translation when a family does not clearly speak and understand English. In these circumstances, some may nod their head affirmatively but not truly understand the message. The use of validating questions to ensure understanding is important.
- Don't entertain too many "what if" questions. A helpful response could be, "Those are good questions. The professionals who will assess your child will be able to answer them. This is a first step to indicate if an assessment is needed."
- Finally, it is helpful to offer reasons why it is not appropriate to "wait and see":

**Early intervention can dramatically improve a child's development and prevent additional concerns such as behaviour issues.**

**The wait and see approach is never appropriate as early assessment and treatment reduces overall time to recover from a lag in development.**

**Early intervention helps parents understand child behaviour and health issues, and will increase confidence that everything possible is being done to ensure that the child reaches his/her full potential.**

# Developmental Red Flag's Guide by Age



**By 6 Months of Age**



# By 6 months of age

## Fine Motor

### Expect the child to:

- Bring hand or toy to mouth
- Turn head side to side to follow a toy or an adult face
- Bang a spoon when given
- Reach for a toy while lying on back
- Use hands to reach and grasp toys
- Make a fist and relax hand

### Red Flags: Failure to meet any of the above or if the following is true

- Infant is unable to hold or grasp an adult finger or a toy/object for a short period of time
- Persistence of grasp reflex
- Consistently ignores or has difficulty using one side of body; or uses one hand exclusively

### Red Flags require investigation by the primary health care provider

## Gross Motor

### Expect the child to:

- Keep head in midline and bring hands to chest when lying on back
- Hold head steady when supported in sitting position
- Roll from back to stomach and stomach to back
- Sit up with support

### Red Flags: failure to meet any of the above or if the following is true

- Does not pull up to sit or does not roll over
- Baby is unable to hold head in the middle to turn and look left and right
- Asymmetry (i.e. a difference between two sides of body or body too stiff or too floppy)

### Red Flags require investigation by the primary health care provider

**Note:** for caregiver influenced factors, such as safety, feeding practices, etc. see next section

# By 6 months of age

## Vision

### **Expect the child to:**

- Try to copy your facial expression
- Reach across the crib for objects/reach for objects when playing with you
- Grasp small objects close by
- Follow moving objects with eyes only (less moving of head)
- Watch your face as you talk
- Begin to examine objects.

### **Red Flags: failure to meet any of the above or if the following is true**

- Turning or tilting head to use only one eye to look at things
- Holding toys close to eyes, or no interest in small objects
- Constant jiggling or moving of eyes side-to-side

**Red Flags require investigation by the primary health care provider**

## Speech and Language

### **Expect the child to:**

- Orient to sounds
- Startle in response to loud noises
- Make different cries for different needs (hungry, tired)
- Watch your face when you talk
- Smile/laugh in response to your smiles and laughs
- Imitate coughs or other sounds (e.g. “ah”, “eh”, “buh”)

### **Red Flags: failure to meet any of the above or if the following is true**

- Early babbling stops
- Does not respond when called
- A lot of colds and ear infections

**Requires assessment by Toronto Preschool Speech and Language Services or a primary health care provider**

# By 6 months of age

## Cognitive

### Expect the child to:

- Explore hands and objects by mouthing
- Bat at and reach for toys
- Recognize familiar voices and brighten to their sounds
- Recognize familiar surroundings and objects
- Show early understanding of cause and effect relationship (for example, banging objects to make noise)
- Coo, chuckle, gurgle when happy
- Express emotions through facial expressions and gestures

**Note:** Some cultures are more likely to involve the child with games, reading, etc. to stimulate cognitive development and others may sing and involve the child in household routines and achieve the same goal.

### Red Flags: failure to meet any of the above or if the following is true

- Unable to follow moving objects with his/her eyes
- Will not reach out to explore/touch objects

**Red Flags require investigation by the primary health care provider**

## Social

### Expect the child to:

- Respond to a familiar voice, for example by turning their head towards a voice
- Imitate facial expressions
- Respond to their own mirror image
- Smile at others

**Note:** some cultures do not have eye to eye contact but do have face to face expression.

### Red Flags: failure to meet any of the above or if the following is true

- Unresponsive to a familiar voice
- No eye contact
- Unresponsive to social situations (i.e., flat affect)
- Not smiling socially

(Also see attachment disorders)

**Red Flags require investigation by the primary health care provider**

# By 6 months of age

## Emotional

### Expect the child to:

- Become attached to their caregivers
- Develop self-calming skills (for example, begin to quiet down on their own after being upset)
- Show a number of different emotions
- Be comforted by a familiar person when upset

### Red Flags: failure to meet any of the above or if the following is true

- Unresponsive to familiar caregivers
- Extreme irritability
- Unresponsive to social situations  
(Also see attachment disorders)

### Red Flags require investigation by the primary health care provider

## Alert: Shaken Baby Syndrome Indicators:

**Any of the following may require investigation. If several of these indicators are present, investigation is required by primary health care provider or emergency room.**

**Note:** Median age for syndrome is 4-6 months old, boys are more often victims of shaken baby syndrome

### Indicators are:

- Continued irritability,
- Sleepiness and lethargy, vomiting
- Interrupted breathing
- Seizures
- Recurrent hospital visits

**Note:** the occurrence of retinal haemorrhages after 1 month old is highly suspicious, assess early as this can resolve in a matter of days.

(Also see section on fetal alcohol spectrum disorder)

**Refer to Child Protection Services as appropriate**



# By 6 months of age

## Developmental Feeding Characteristics

(see General Nutrition Risk Factors for dietary concerns)

### Expect by 4 months the child to:

- Suck well on nipple (breast or bottle)
- Extrusion reflex causes tongue to protrude when solid food or spoon put in mouth up to 4 months
- Feed every 2-4 hours during the day by 2 months
- Finish each feeding within 45 minutes by 4 months

### Expect by 6 months the child to:

#### (signs of readiness for solid food)

- Hold head steady when supported in a sitting position
- Indicate disinterest in food by leaning back, keeping mouth closed and turning head away
- Loose extrusion reflex
- Indicate desire for food by watching spoon (or feeding utensil), opening mouth for spoon, closing lips over spoon and swallowing

**Red Flags: failure to meet any of the above  
Refer to primary health care provider, Registered  
dietitian**

If the concern is regarding communication, contact Toronto Preschool Speech and Language Services at **(416) 338-8255**. If there are any other developmental concerns, contact Toronto Health Connection at **(416) 338-7600**, contact the primary health care provider or paediatrician or to access assessment and developmental services, contact CITYKIDS. CITYKIDS is the interagency coordination team for families and their children with special needs. Referrals can be made by calling **(416) 920-6543** or by fax at **(416) 920-1543**.

For a more complete list of community resources, please see the section titled: **Key Resources and Services in Toronto**.

三つ子の魂百まで

*What a child learns by age three  
Lives in their spirit for a hundred.*

- Japanese proverb

**By 12 Months of Age**



# By 12 months of age

## Fine Motor

### Expect the child to:

- Hold, bite and chew food (e.g. crackers)
- Take things out of a container
- Point with index finger
- Play games like peek-a-boo (not all cultures)
- Hold an object/cup to drink using two hands
- Pick up small objects and/or eat finger food with each hand (in some cultures, caregivers feed child)
- Release objects voluntarily

### Red Flags: failure to meet any of the above or if the following is true

- Consistently ignores or has difficulty using one side of body or uses one hand exclusively

**Red Flags require investigation by health care provider**

## Gross Motor Skills

### Expect the child to:

- Sit on firm surface without support
- Crawl or move self forward on tummy
- Stand with support
- Get up to a sitting position on own (not all cultures)
- Pull to standing position at furniture
- Walk holding onto furniture

### Red Flags: failure to meet any of the above or if the following is true

- Baby is unable to hold head in the middle to turn and look left and right
- Asymmetry (i.e. a difference between two sides of body or body too stiff or too floppy)  
(Also see section on fetal alcohol spectrum disorder)

**Red Flags require investigation by health care provider**

# By 12 months of age

## Vision

### Expect the child to:

- Eyes turn inward as objects move close to the nose
- Watch activities in surroundings for longer time periods
- Look for a dropped toy
- Visually inspect objects and people
- Creep toward favourite toy

### Red Flags: failure to meet any of the above or if the following is true

- Unusually short attention span; will only look at you if he or she hears you
- Turning or tilting head to use only one eye to look at things
- Eyes that cross, turn in or out, move independently
- No interest in small objects and pictures
- Constant jiggling or moving of eyes side-to-side (roving)

### Red Flags require investigation by the primary health care provider

## Speech and Language

### Expect the child to:

- Follow simple one-step directions (e.g. “sit down”)
- Consistently use 3 to 5 words
- Use gestures to communicate (e.g. waves hi/bye, shakes head “no”)
- Get your attention using sounds, gestures and pointing while looking at your face/eyes
- Bring object/toy to show caregiver
- “Perform” for social attention and praise
- Combine lots of sounds together as though talking (e.g. “abada baduh abee”)
- Show an interest in simple picture books (assess if the child has had the opportunity to develop)

### Red Flags: failure to meet any of the above or if the following is true

- Loss of vocalization

### Requires assessment by Toronto Preschool Speech and Language Services or a primary health care provider

# By 12 months of age

## Cognitive

### Expect the child to:

- Respond to their own name
- Identify familiar objects and people by pointing
- Reach for objects out of reach
- Transfer objects from one hand to the other
- Imitate gestures and simple actions
- Repeat actions if they get laughter as a response
- Understand common words when used with gestures
- Try to get something by making sounds

**Note:** see Multicultural perspectives on “Play” in Play Based Learning section.

### Red Flags: failure to meet any of the above or if the following is true

- Does not make sounds to get attention
- Does not search for dropped or hidden objects
- Child does not respond to caregiver interactions

**Red Flags require investigation by the primary health care provider**

## Social

### Expect the child to:

- Seek comfort when distressed
- Recognize the word “no”
- Be able to seek or ‘call out’ for parents attention or help
- Engage in simple activities/games, such as clapping hands, singing, dancing, peek-a-boo

**Note:** Some cultures do not have eye to eye contact but do have face to face expression.

### Red Flags: failure to meet any of the above or if the following is true

- Will not show interest or participate in social situations
- Not laughing in playful situations
- Hard to console, stiffens when approached  
(see child abuse section)

**Red Flags require investigation by the primary health care provider**

# By 12 months of age

## Emotional

### Expect the child to:

- Develop separation anxiety and want to be with their caregiver(s) all of the time (may not be common in all cultures: assess caregiver values, see note)
- Look to their caregiver for reassurance in new or unfamiliar situations (see note)
- Express a variety of emotions, such as fear, anger, dislike and happiness
- Display stranger anxiety (see note)

**Note:** Some cultures value emotional control, being well-behaved and cooperative versus acting autonomously and being explorative. Children can be equally well attached in either situation. (*Zero to Three, May 2007*)

**Red Flags: failure to meet any of the above when it is not due to cultural variations, or if the following is true**

- Will not seek comfort when upset

**Red Flags require investigation by the primary health care provider**

## Alert: Shaken Baby Syndrome Indicators:

**Any of the following may require investigation. If several of these indicators are present, investigation is required by primary health care provider or emergency room.**

**Note:** Median age for syndrome is 4-6 months old; boys are more often victims of shaken baby syndrome.

### Indicators are:

- continued irritability
- sleepiness and lethargy
- vomiting
- interrupted breathing
- seizures
- recurrent hospital visits

**Note:** If there are indicators of Shaken Baby Syndrome, the occurrence of retinal haemorrhages after 1 month old is highly suspicious, **Assess early as this can resolve in a matter of days.**

(See also Fetal Alcohol Spectrum Disorder Indicators)

**Refer to Child Protection Services as required**

# By 12 months of age

## Developmental Feeding Characteristics (see General Nutrition Risk Factors for dietary concerns)

### Expect by 9 months the child to:

- Eat soft food from a utensil or adult's fingers (see note)
- Sit with support or alone
- Feed at regular times
- Can hold a bottle or "sippy" cup
- Drink from a cup held by an adult
- Have increased movement of tongue which allows for more manipulation of food
- Begin chewing with up and down movements
- Begin teething (not a red flag if occurs later)

**Note:** see Multicultural perspectives on "Play" in Play Based Learning section.

### Expect by 12 months the child to:

- Try to use a utensil for feeding self (see note)
- Have improved fine motor skills. Can pick up small items using thumb and first finger (see note)
- Develop rotary chewing movement
- Lick food from lower lip
- Hold cup but may spill contents
- Pick up food in fingers and puts in mouth

**Note:** Some cultures feed children up to school age, therefore some developmental milestones may not be achieved due to lack of opportunity. Some cultures feed child at formal meals and let them self feed snacks. These are not Red Flags provided fine motor control is developed using non-food objects. Assess whether caregiver responds to child feeding cues that the child is full, e.g. turns head away, sticks out the tongue or closes mouth, etc.

### Red Flags: failure to meet any of the Feeding Characteristics provided the child has been given opportunities to develop the skills.

Consider it a red flag if parent ignores cues that the child is full, does not want to eat, or if parent force feeds. Refer to primary health care provider, dietitian or nutritionist.

### Where to go for help:

If the concern is regarding communication, contact Toronto Preschool Speech and Language Services at **416-338-8255**. If there are any other developmental concerns, contact Toronto Health Connection at **416-338-7600**; the primary health care provider or paediatrician; or to access assessment and developmental services, contact CITYKIDS. CITYKIDS is the interagency coordination team for families with children with special needs. Referrals can be made by calling **416-920-6543** or by fax at **416-920-1543**.

For a more complete list of community resources, please see the section titled: **Key Resources and Services in Toronto**



*One Generation plants the trees;  
another gets the shade.*

- Chinese proverb

**By 18 Months of Age**



# By 18 months of age

## Fine Motor

### Expect the child to:

- Help with dressing by pulling out arms and legs or similar action to help when dressing
- Stack two or more blocks or common objects the child has available to them
- Scribble with crayons, with stick in sand or using any object

### Red Flags: failure to meet any of the above or if the following is true

- Infant is unable to hold or grasp an adult finger or a toy/object for a short period of time
- Unable to use hands in a variety of ways, turning, twisting, throwing, etc.
- Consistently ignores or has difficulty using one side of body, or uses one hand exclusively

**Red Flags require investigation by the primary health care provider**

## Gross Motor

### Expect the child to:

- Walk alone
- Crawl up stairs if there is an opportunity
- Play in a squat position
- Pick up toys from a standing position
- Move to music
- Push and pull objects

### Red Flags: failure to meet any of the above or if the following is true

- Child is unable to hold head in the middle to turn and look left and right
- Asymmetry (i.e. a difference between two sides of body; or body too stiff or too floppy)

**Red Flags require investigation by the primary health care provider**

# By 18 months of age

## Vision

### Expect the child to:

- Be visually interested in simple pictures.  
**Note: Some caregivers may not believe children can make sense of pictures in books at this age, so assess opportunity to develop interest.**
- Hold objects very close to eyes to inspect
- Follow objects as they move from above head to feet
- Point to objects or people using words such as “look” or “see” in child’s dominant language.

### Red Flags: failure to meet any of the above or if the following is true

- Eyes that itch or burn; sensitivity to bright light and sun
- Unusually short attention span; will only look at you if he or she hears you
- Avoidance of tasks with small objects
- Turning or tilting head to use only one eye to look at things
- Eyes that cross, turn in or out, move independently
- Constant jiggling or moving of eyes side-to-side

**Red Flags require investigation by the primary health care provider**

## Speech and Language

### Expect the child to:

- Understand the concepts of “in & out” or “off & on”
- Point to several body parts when asked
- Use at least 20 words consistently, if multilingual use at least 20 words in all languages spoken
- Respond with words or gestures to simple questions (e.g. “Where’s teddy?” or “What’s that?”)
- Demonstrate some pretend play with toys/objects (e.g. gives teddy a drink, pretends a bowl is a hat).

**Note: there are variations between cultures regarding the value of play and what types of pretend is appropriate, and within cultures there is variation between what is considered acceptable pretend play for boys and girls. This should be explored if pretend play is not evident.**

- Make at least 4 different consonant sounds (e.g. p, b, m, n, d, g, w, h)
- Enjoy being read to and sharing simple books with you  
**Note: Some caregivers may not believe children can make sense of pictures in books at this age, so assess opportunity.**
- Point to pictures/objects using one finger

**Red Flags: failure to meet any of the above.**

**Red Flags require investigation by Toronto Preschool Speech and Language Services or a primary health care provider**

# By 18 months of age

## Cognitive

### Expect the child to:

- Point to a specific object they want
- Begin to learn body parts, such as eyes and nose
- Look and point to pictures in a book.  
**Note: Some caregivers may not believe children can make sense of pictures in books at this age, so assess opportunity.**
- Participate in familiar games
- Begin to understand functions of certain objects (such as a comb or cup)
- Solve simple problems using tools
- Begin to recognize shapes
- Begin to know and name familiar objects
- Understand simple requests
- Follow directions without gestures (for example, “Bring me your shoes”)

### Red Flags: failure to meet any of the above or if the following is true

- Does not imitate simple actions
- Does not show any understanding of cause and effect
- Does not search for objects when moved from within sight to out of sight

### Red Flags require investigation by the primary-health care provider

## Social

### Expect the child to:

- Like to watch and imitate others
- Be curious and explore
- Fight limit setting
- Begin to show independence
- Enjoys making caregivers laugh
- Look at you when you are talking or playing together

### Red Flags: failure to meet any of the above or if the following is true

- Does not explore the environment
- Very passive responses, does not show preferences and dislikes
- Child ignores, avoids or is hostile with caregiver after separation
- Shows little fear towards a new room or stranger  
(See Attachment Disorder)

### Red Flags require investigation by the primary health care provider

# By 18 months of age

## Emotional

### Expect the child to:

- Be resistant to change
- Express appropriate emotions
- Actively seek comfort in a person or object when distressed

**Note:** Some cultures value emotional control, being well-behaved and cooperative versus acting autonomously and being explorative. Children can be equally well attached in either situation. (*Zero to Three, May 2007*)

### Red Flags: failure to meet any of the above or if the following is true

- Facial expression shows little variation, child shows few emotions
- Does not seek comfort in a person or object when distressed  
(See Attachment Disorder)

### Red Flags require investigation by the primary health care provider

## Developmental Feeding Characteristics

(see General Nutrition Risk Factors for dietary concerns)

### Expect by 18 months the child to:

- Hold, bite and chew crackers or other crunchy foods
- Pick up and eat finger foods by 15 months at snack or meal time
- Swallow without loss of food or saliva but may lose some during chewing
- Attempts to keep lips closed during chewing to prevent spillage

### Red Flags: failure to meet any of the above. Refer to primary health care provider, dietitian or nutritionist

### Where to go for help:

If the concern is regarding communication, contact Toronto Preschool Speech and Language Services at **416-338-8255**. If there are any other developmental concerns, contact Toronto Health Connection at **416-338-7600**; contact the primary health care provider or paediatrician; or to access assessment and developmental services, contact CITYKIDS. CITYKIDS is the interagency coordination team for families and their children with special needs. Referrals can be made by calling **416-920-6543** or by fax at **416-920-1543**.

For a more complete list of community resources, please see the section titled: **Key Resources and Services in Toronto**

**By 24 Months of Age**



# By 24 months of age

## Fine Motor

### Expect the child to:

- Take off own footwear, clothes or hat when given the opportunity
- Stack five or more objects
- Eat with a utensil, cup or bowl with little spilling at snack or meals (not all cultures)
- Put objects into small container
- Scribble with crayons, write with a stick in dirt or other object

### Red Flags: failure to meet any of the above or if the following is true

- Unable to use hands in a variety of ways, turning, twisting, throwing, etc

**Red Flags require investigation by the primary health care provider**

## Gross Motor

### Expect the child to:

- Walk backwards or walk sideways pulling a toy or object
- Jump on the spot
- Kick a ball
- Walk up and down stairs with aid provided they have access to stairs
- Try to run

### Red Flags: failure to meet any of the above or if the following is true

- Unable to walk with heels down  
(see Fetal Alcohol Spectrum Disorder)

**Red Flags require investigation by the primary health care provider**



# By 24 months of age

## Vision

### Expect the child to:

- Look where reaching and grasping for objects within vision
- Look at simple picture in a book
- Point to objects or people
- Look for and point to picture in books
- Look where he or she is going when walking and climbing

### Red Flags: failure to meet any of the above or if the following is true

- Eyes that itch or burn; sensitive to bright light and sun
- Avoidance of tasks with small objects
- Turning or tilting head to use only one eye to look at things

### Red Flags require investigation by the primary health care provider

## Speech and Language

### Expect the child to:

- Follow two-step directions (e.g. “Go find your teddy bear and show it to Grandma”)
- Use 100-150 words
- Use at least two pronouns (e.g. “you” “me” “mine”)
- Consistently combine 2 to 4 words in short phrases (e.g. “Daddy hat” or “truck go down”)
- Enjoy being around other children
- Begin to offer toys to peers and imitate other children’s actions and words
- Use words that are understood by others 50% to 60% of the time
- Form words/sounds easily and effortlessly
- Hold books the right way up and turn pages
- “Read” to toy, imaginary friend, etc.

**Note:** some caregivers may not provide books for economic or cultural reasons, so children who have not had opportunity should not be expected to perform those activities.

### Red Flags: failure to meet any of the above or if the following is true

- Lack of face to face or eye contact
- Loss of speech

### Red Flags require investigation by Toronto Preschool Speech and Language Services or a primary health care provider

# By 24 months of age

## Cognitive

### Expect the child to:

- Begin to develop shape and size discrimination
- Solve simple problems using tools
- Begin to match similar objects
- Recognize and identify familiar objects in their environment with adult assistance
- Distinguish between “you” and “me”
- Begin to have a sense of more than one
- Use skills already learned and develop new ones

### Red Flags: failure to meet any of the above or if the following is true

- Misses small objects when reaching for them
- Does not use trial and error to solve problems

### Red Flags require investigation by the primary health care provider

## Social

### Expect the child to:

- Play along side another child with enjoyment
- Show independence
- Name familiar people, pets or objects
- Begin to be helpful, such as by helping to put things away
- Imitate adult behaviours
- Recognize themselves in pictures or the mirror and smile or make faces at themselves

### Red Flags: failure to meet any of the above or if the following is true

- Does not make face to face contact during play or any interactions
- Does not show affection for familiar people or objects
- Child kicks, bites and scream easily and without provocation
- Rocks back and forth  
(see also Autism Spectrum Disorder and Fetal Alcohol Spectrum Disorder)

### Red Flags require investigation by the primary health care provider

# By 24 months of age

## Emotional

### Expect the child to:

- Begin to talk about feelings
- Show preferences of likes and dislikes
- Show pride and pleasure at new accomplishments
- Express negative feelings

**Note:** Some cultures value emotional control, being well-behaved and cooperative versus acting autonomously and being explorative. Children can be equally well attached in either situation. (*Zero to Three, May 2007*)

**Red Flags: failure to meet any of the above**

**Red Flags require investigation by the primary health care provider**

## Developmental Feeding Characteristics

(see General Nutrition Risk Factors for dietary concerns)

### Expect the child to:

- Eat most foods without coughing and choking
- Chewing motion is rapid and skillful from side-to-side without pausing in the centre
- No longer loses food or saliva when chewing
- Will use tongue to clean food from the upper and lower lips
- Able to open jaw to bite foods of varying thickness

**Red Flags: failure to meet any of the above.  
Refer to primary health care provider, dentist,  
dietitian or nutritionist.**

### Where to go for help:

If the concern is regarding communication, contact Toronto Preschool Speech and Language Services at **416-338-8255**. If there are any other developmental concerns, contact Toronto Health Connection at **416-338-7600**; the primary health care provider or paediatrician or to access assessment and developmental services, contact CITYKIDS. CITYKIDS is the interagency coordination team for families and their children with special needs. Referrals can be made by calling **416-920-6543** or by fax at **416-920-1543**.

For a more complete list of community resources, please see the section titled: **Key Resources and Services in Toronto**

**By 3 Years of Age**



# By 3 years of age

## Fine Motor

### Expect the child to:

- Turn the pages of a book one at a time or similar fine motor dexterity
- Dress or undress with help
- Unscrew the lid of a jar or turn knobs
- Hold a crayon or object to mark using the thumb & fingers
- Draw vertical and horizontal lines in imitation
- Copy a circle already drawn

### Red Flags: failure to meet any of the above or if the following is true

- Unable to play appropriately with a variety of toys/objects
- Avoids complex crafts or the use of tools/objects requiring dexterity

(Also refer to Developmental Coordination Disorder)

### Red Flags require investigation by the primary health care provider

## Gross Motor

### Expect the child to:

- Stand on one foot briefly
- Climb stairs with minimal or no support provided stairs are available to practice with
- Kick a ball forcefully
- Jump in place with both feet together

### Red Flags: failure to meet any of the above or if the following is true

- Unable to walk with heels down

(Also refer to Developmental Coordination Disorder and Fetal Alcohol Spectrum Disorder)

### Red Flags require investigation by the primary health care provider

# By 3 years of age

## Speech and Language

### Expect the child to:

- Understand who, what, where and why questions
- Create long sentences (e.g. using 5 to 8 words)
- Talk about past events (e.g. trip to grandparents' house, day at childcare)
- Tell simple stories
- Show affection for favourite playmates
- Engage in multi-step pretend play (e.g. pretending to cook a meal, repair a car, etc.)
- Be understood by most people outside of the family most of the time
- Be aware of the function of print (e.g. in menus, lists, signs)
- Begin an interest in, and awareness of, rhyming

### Red Flags: failure to meet any of the above or if the following is true

- Frustrated when verbally communicating
- Loss of speech

**Red Flags require investigation by Toronto Preschool Speech and Language Services or a primary health care provider**

## Cognitive

### Expect the child to:

- Sort groups of objects into sets
- Begin to understand the concept of time –“soon” or “in a long time”
- Complete simple puzzles
- Begin to name and match colours, sizes, etc. and match words with what they do
- Talk and sing more
- Become aware of the names of numbers
- Begin to understand the meaning behind numbers
- Play make believe games with actions and words

### Red Flags: failure to meet any of the above or if the following is true

- Is not understood by others
- Does not know own full name

**Red Flags require investigation by the primary health care provider**

**Red Flags require investigation by Toronto Preschool Speech and Language Services or a primary health care provider**

# By 3 years of age

## Social

### Expect the child to:

- Be able to play with more than one child at a time
- Understand and follow simple rules
- Greet familiar people
- Help to dress and undress themselves
- Know gender identity
- Indicate toilet needs most of the time
- Shares some of the time
- Listen to music or stories for 5 to 10 minutes with caregiver

### Red Flags: failure to meet any of the above or if the following is true

- Regression or loss of skills already learned

(See also Autism Spectrum Disorder, Fetal Alcohol Spectrum Disorder, Child Abuse sections)

**Red Flags require investigation by the primary health care provider**

## Emotional

### Expect the child to:

- Show awareness of their own feelings and those of others, and talk about feelings
- Control aggression and tantrums, at least part of the time
- Begins to develop empathy (e.g. expressing an understanding of another's feelings)
- Be able to wait for their needs to be met some of the time
- Cooperate with parent's requests half of the time and is less upset by limits and discipline
- Be able to wait for their needs to be met some of the time

**Note:** Some cultures value emotional control, being well-behaved and cooperative versus acting autonomously and being explorative. Children can be equally well attached in either situation. (*Zero to Three, May 2007*)

### Red Flags: failure to meet any of the above

(See also Autism Spectrum Disorder)

**Red Flags require investigation by the primary health care provider**

# By 3 years of age

## Developmental Feeding Characteristics

(see General Nutrition Risk Factors for dietary concerns)

### Common behaviours:

- Has definite “likes” and “dislikes”
- Insists on doing it “myself” (may not be common to all cultures)
- Food jags—refusal of all but one or two favourite foods over an extended period
- Improved appetite and interest in food
- Influenced by TV commercials

### Expect by 3 years the child to:

- Lift and drink from a cup and replaces it on the table
- Holds handle on cup

**Note:** Some cultures feed children up to school age, therefore some developmental milestones may not be achieved due to lack of opportunity. Some cultures feed child at formal meals and let them self feed snacks. These are not Red Flags provided fine motor control is developed using non-food objects.

**Red Flags: failure to meet any of the above**

**Refer to primary health care provider, registered dietitian**

### Where to go for help:

If the concern is regarding communication, contact Toronto Preschool Speech and Language Services at **416-338-8255**. If there are any other developmental concerns, contact Toronto Health Connection at **416-338-7600**, contact the primary health care provider or paediatrician; or to access assessment and developmental services, contact CITYKIDS. CITYKIDS is the interagency coordination team for families and their children with special needs. Referrals can be made by calling **416-920-6543** or by fax at **416-920-1543**.

For a more complete list of community resources, please see the section titled: **Key Resources and Services in Toronto**



**By 4 Years of Age**



# By 4 years of age

## Fine Motor

### Expect the child to:

- Hold a crayon, pencil or other marking device correctly
- Undo buttons and zippers
- Cut with scissors
- Dress and undress with minimal help (may not be common to all cultures)
- Draw a person with at least 3 body parts

### Red Flags: failure to meet any of the above or if the following is true

- Unable to play appropriately with a variety of toys/objects
  - Avoids crafts or using tools needing dexterity
  - Unable to stack 10 blocks or other stackable items
- (See also Developmental Coordination Disorder)

### Red Flags require investigation by the primary health care provider

## Gross Motor

### Expect the child to:

- Stand on one foot for one to three seconds without support
- Go up stairs alternating feet
- Ride a tricycle using foot peddles
- Walk on a straight line without stepping off
- Hop with two feet together

### Red Flags: failure to meet any of the above

(See also Developmental Coordination Disorder, Child Abuse section)

### Red Flags require investigation by the primary health care provider

# By 4 years of age

## Speech and Language

### Expect the child to:

- Follow directions involving three or more steps (e.g. “First get some paper, then draw a picture, last give it to Mom”)
- Use adult-type grammar
- Tell stories with a clear beginning, middle and end
- Talk with adults and other children to try to solve problems
- Demonstrate increasingly complex imaginative play
- Be understood by strangers most of the time
- Able to generate simple rhymes (e.g. “cat-bat”)
- Match some letters with their sounds (e.g. letter T says ‘tuh’)

### Red Flags: failure to meet any of the above or if the following is true

- Stumbling or getting stuck on words or sounds (stuttering)
- Lack of face to face contact and poor social skills for age (see Child Abuse section)
- Frustrated when verbally communicating
- Loss of speech

**Red Flags require investigation by Toronto Preschool Speech and Language Services or a primary health care provider**

## Cognitive

### Expect the child to:

- Begin to sort and classify objects by characteristics
- Understand and apply concepts of pattern, sequence, order and opposites
- Count objects past 10
- Attach words to numbers
- Draw, name and briefly explain pictures that are meaningful to them
- Ask “why” and “how” questions
- Talk about things that happened today and tomorrow, having developed some understanding of time

### Red Flags: failure to meet any of the above or if the following is true

- Can not pick shorter or longer of two lines
- Does not recognize different shapes
- Does not understand 3-step directions

**Red Flags require investigation by the primary health care provider**

**Red Flags require investigation by Toronto Preschool Speech and Language Services or a primary health care provider**

# By 4 years of age

## Social

### Expect the child to:

- Enjoy games with rules
- Enjoy dramatic play with others
- Comply with requests from parents more often
- Share toys and take turns
- Seek adult approval
- Toilet trained during the day
- \* Play near and talk to other children while continuing with own activity

### Red Flags: failure to meet any of the above or if the following is true

- Does not engage frequently in imaginary games
- In constant motion
- Resists discipline

(see also Autism Spectrum Disorder, Fetal Alcohol Disorder, Child Abuse sections)

### Red Flags require investigation by the primary health care provider

## Emotional

### Expect the child to:

- Begin to cope with frustration and anger better
- Talk more about their feelings
- Persevere on a difficult task for a longer period of time
- Show empathy (e.g., comfort a friend who is upset)

**Note:** Some cultures value emotional control, being well-behaved and co-operative versus acting autonomously and being explorative. Children can be equally well attached in either situation. (*Zero to Three, May 2007*)

### Red Flags: failure to meet any of the above or if the following is true

- Does not separate from familiar surroundings  
(see also Autism Spectrum Disorder, Fetal Alcohol Disorder, Child Abuse sections)

### Red Flags require investigation by the primary health care provider

# By 4 years of age

## Developmental Feeding Characteristics

(see General Nutrition Risk Factors)

### Common behaviours:

- Improved appetite and interest in food
- Favourite foods requested
- Influenced by TV commercials

### Expect by 4 years the child to:

- Use fork (may not be common to all cultures)
- Be able to self-feed well (finishes most meals, self-feeds with little spillage)

### Red Flags: unable to feed self and won't eat a balanced diet over several days

**Note:** Some cultures feed children up to school age, therefore some developmental milestones may not be achieved due to lack of opportunity. Some cultures feed child at formal meals and let them self feed snacks. These are not Red Flags provided fine motor control is developed using non-food objects.

**Refer to primary health care provider, registered dietitian**

### Where to go for help:

If the concern is regarding communication, contact Toronto Preschool Speech and Language Services at **416-338-8255**. If there are any other developmental concerns, contact Toronto Health Connection at **416-338-7600**, the primary health care provider or paediatrician; or to access assessment and developmental services, contact CITYKIDS. CITYKIDS is the interagency coordination team for families and their children with special needs. Referrals can be made by calling **(416) 920-6543** or by fax at **(416) 920-1543**.

For a more complete list of community resources, please see the section titled: **Key Resources and Services in Toronto**

**By 5 Years of Age**



# By 5 years of age

## Fine Motor

### Expect the child to:

- Draw diagonal lines, simple shapes, letters and numbers
- Use scissors to cut along a thick line drawn on paper
- Dress and undress without help except for small buttons, zippers or snaps
- Draw a stick person (with all body parts)

### Red Flags: failure to meet any of the above

(See also Developmental Coordination Disorder)

**Red Flags require investigation by the primary health care provider**

## Gross Motor

### Expect the child to:

- Hop on one foot
- Jump to touch something
- Throw and catch a ball successfully most of the time
- Play on playground equipment without difficulty
- Walk up and downstairs without assistance alternating feet

### Red Flags: failure to meet any of the above

(See also Developmental Coordination Disorder and Child Abuse section)

**Red Flags require investigation by the primary health care provider**

# By 5 years of age

## Speech and Language

### Expect the child to:

- Follow group directions (e.g. “All the boys get a toy”)
- Understand directions involving “if...then” (e.g. “If you’re wearing runners, then line up for gym”)
- Describe past, present and future events in detail
- Seek to please his/her friends
- Show increasing independence in friendships (e.g. may visit neighbour by him/herself)
- Use almost all of the sounds of their language with few to no errors
- Know all the letters of the alphabet
- Identify the sounds at the beginning of some words (e.g. “pop starts with the ‘puh’ sound”)

### Red Flags: failure to meet any of the above or if the following is true

- Stumbling or getting stuck on words or sounds (stuttering)
- Lack of eye contact and poor social skills for age (see Child Abuse section)
- Frustrated when verbally communicating

**Red Flags require investigation by Toronto Preschool Speech and Language Services or a primary health care provider**

## Cognitive

### Expect the child to:

- Identify and name different colours
- Experiment with cause and effect
- Recognize and identify “bigger”, “biggest”, “small” and “smallest”
- Understand the concept of “more” and “less”
- Understand simple addition and subtraction (e.g. there are 2 balloons and one flies away, how many are left?)
- Understand the concepts of direction and opposites
- Understand the concept of the days of the week and season
- Play with language and make up new words

### Red Flags: failure to meet any of the above or if the following is true

- Unable to replicate patterns, sequences and orders
- Can not count sequentially
- Unable to print numbers
- Does not use past, present, future tenses correctly
- Unable to describe personal experiences

**Red Flags require investigation by the primary health care provider**



# By 5 years of age

## Social

### Expect the child to:

- Spontaneously take turns and share
- Recognize another's need for help and give assistance
- Use their imagination to create play experiences
- Gain greater independence with daily routines e.g. dressing and feeding
- Show some understanding of moral reasoning (exploring ideas about fairness, good or bad behaviour)
- Respond verbally to "hi" and "how are you"

### Red Flags: failure to meet any of the above or if the following is true

- Unable to play well in groups for a period of time
- In constant motion
- Resists discipline

(See also Autism Spectrum Disorder and Fetal Alcohol Spectrum Disorder and Child Abuse sections)

### Red Flags require investigation by the primary health care provider

## Emotional

### Expect the child to:

- Separate easily from family in familiar surroundings
- Recognize another's need for help and give assistance
- Identify and talk about feelings in relation to events

**Note:** Some cultures value emotional control, being well-behaved and co-operative versus acting autonomously and being explorative. Children can be equally well attached in either situation. (*Zero to Three, May 2007*)

### Red Flags: failure to meet any of the above or if the following is true

- Does not talk about feelings
- Does not separate from familiar surroundings

(See also Autism Spectrum Disorder and Fetal Alcohol Spectrum Disorder and Child Abuse sections)

### Red Flags require investigation by the primary health care provider

# By 5 years of age

## Developmental Feeding Characteristics

(see General Nutrition Risk Factors for dietary concerns)

### Common behaviours:

- Good self-feeder
- Improved appetite and interest in food
- Favourite foods requested
- Influenced by TV commercials
- Less suspicious of mixtures, but still prefers plain foods
- Food is an important part of special occasions

### Expect by 5 years the child to:

- Hold handle on cup (may not be common to all cultures)
- Use fork and knife (may not be common to all cultures)

**Red Flags: failure to meet any of the above.**

**Refer to primary health care provider, or registered dietitian**

### Where to go for help:

If the concern is regarding communication, contact Toronto Preschool Speech and Language Services at **416-338-8255**. If there are any other developmental concerns, contact Toronto Health Connection at **416-338-7600**, the primary health care provider or paediatrician; or to access assessment and developmental services, contact CITYKIDS. CITYKIDS is the interagency coordination team for families and their children with special needs. Referrals can be made by calling **416-920-6543** or by fax at **416-920-1543**.

For a more complete list of community resources, please see the section titled: **Key Resources and Services in Toronto**

# Additional Factors Influencing Childhood Development



## General Nutrition Risk Factors

There are significant differences between caregivers' views of what is best to feed their children. These beliefs are based on culture, religion, history of the family, understanding of what research tells us and trial and error. All caregivers believe they are providing what is best for their children. Sometimes, these practices may not be the best practice according to current literature. As a service provider you have to assess the situation by:

- Discussing your observations with the caregiver
- Identifying why the caregiver chose the practice (e.g. for cultural or religious reasons, etc.)
- Providing information and support if the caregiver is willing to consider other perspectives

For the most part, caregivers can decide what is right for their child and you have to support their decisions. There are rare situations, however that require consultation with child protection services because it poses a significant risk to the child's welfare.

Consultations with a variety of cultural groups showed a diversity of feeding practices. Some commonalities can be drawn that could provide opportunities for teaching and follow-up.

The following sections explore age specific practices, opportunities for teaching, some red flag situations and cultural perspectives of feeding practices. The Red Flag situations discussed may require follow-up such as consultation with child protection services if the caregiver continues with the risky practice. (e.g. force-feeding.) Specific feeding issues are discussed at the end of the section.

The scope of this guide does not allow for a comprehensive discussion of all issues and variations.

## Age specific common feeding practices

### At 6 to 12 months – Common practices that are opportunities for teaching .....

- Exclusively breastfed infant is not receiving a vitamin D supplement
- Infant partially breastfed and drinking less than 500 ml (16 oz) of artificial baby milk (ABM) per 24 hours is not receiving a vitamin D supplement
- At any age prepared ABM:
  - not prepared according to dilution instructions
  - not using sterilization techniques during first 4 months
  - not refrigerating prepared bottles
  - not discarding unused ABM if left out more than an hour
  - not boiling water used for powdered infant formula (PIF) at >70 degrees Celsius; not using within 30 minutes
- Complementary foods are introduced before the infants displays the readiness cues and is not 6 months
- Not offering a variety of foods that are appropriate for infant's developmental age (e.g. pureed, mashed, lumpy, or finger foods)
- Fruit drink, fruit punch, sport drinks or soft drinks are offered to the infant
- Cereal is added to bottle of ABM or expressed milk
- More than 4 ounces of fruit juice at 12 months
- Holding infant away from the body during feeding of ABM or bottle propping
- ABM or Expressed Breast Milk EBM are heated using microwave ovens
- High mercury fish is offered to the infant
- Unsafe foods are offered to the infant (e.g. egg white, herbal teas)
- Iron rich foods (iron-fortified cereals, meat, fish, chicken, cooked egg yolk, well-cooked legumes, or tofu) has not been introduced at 6 months

### At 12 months to 2 years – Common practices that are opportunities for teaching .....

- Drinking less than 16 oz (2 cups) or more than 24 oz (3 cups) of milk per day
- Drinks more than 6 oz (3/4 cup) of juice per day
- Sugar and corn syrup are added to breast milk, artificial baby milk or solid foods
- Weight has not tripled by one year (12 months)
- Low fat cow's milk (1%, 2% or skim) is given
- Consistently avoids food from one or more food groups
- Drinking from a bottle
- Food restricted when caregiver is concerned about weight

## Common feeding practices that are opportunities for teaching

- Infant/toddler and preschooler is drinking fruit juice more than the recommended daily intake as follows:
  - more than 1/2 cup (4 oz) - 12 months;
  - more than 3/4 cup (6 oz) - 18 months to 5 years
- Child is offered fruit drink, punch, sport drinks, soft drinks or other high sugar drink more than 2 X/week
- Herbal teas is given to an infant
- Goat's milk is offered to an infant before 9 to 12 months (Goat's milk if not fortified with vitamin D is not appropriate milk for children at any age)
- Soy beverage, rice milk and other vegetarian drinks are offered to a child less than 2 years of age\*
- Infant is not offered a variety of foods that are appropriate for the infant's developmental stage
- Parent does not allow child to explore food or have finger foods.  
**Note:** This is highly influenced by culture and some strongly favour parent feeding the child.
- Not eating foods from all 4 food groups of Canada's Food Guide to Healthy Eating
- Frequent consumption of trans fats and/or a diet high in saturated fats
- Child only drinking from a bottle (after 6 months)
- Child eats high mercury fish\*\* and/or breastfeeding mother eats high mercury fish\*\* including white canned (albacore) tuna
- Does not eat at regular times throughout the day (breakfast, lunch, and supper plus 2-3 snacks)
- Child is allowed to eat food all day without limits
- Drinks throughout the day and is not hungry at mealtimes

## Red Flag practices requiring teaching and follow up if continued

- Artificial baby milk (ABM) is not iron fortified
- Breast milk or ABM is not being fed on demand or caregiver is not responding to infant feeding cues
- Not drinking the recommended daily intake of dairy product (See Eating Well with Canada's Food Guide)
- Poor feeding relationships are evident (e.g. infant is force fed, food is used as reward or punishment, mealtimes are unpleasant, parent does not identify signs of readiness or disinterest in food)
- Unsafe foods that can cause choking (e.g. popcorn, hard candies, raisins, peanuts, peanut butter served alone, or other nuts) are given unsupervised (See choking hazard prevention)
- Highly allergenic foods are offered when there is a family history of allergies (e.g. fish, shellfish, nuts, eggs, etc)
- Caregiver is unable to obtain adequate food due to financial constraints
- Food restrictions when parent is concerned about weight but child is within 5% of growth chart
- Frequent constipation and/or diarrhea; or abdominal pain
- Unexpected and/or unexplained weight loss or gain
- Identified as overweight or obese by health care professional
- Eats non-food items
- Mealtimes are rarely pleasant
- Lack of physical activity
- Infant is offered water in place of ABM or breast milk

1. \*Even when fortified with calcium, vitamin D and other nutrients, these types of beverages do not contain the level of protein and fat found in homogenized cow's milk.

2. \*\*For guidelines regarding methyl mercury in fish, see [http://www.toronto.ca/health/boh\\_pastreports/091406\\_boh\\_pastreports.htm#3](http://www.toronto.ca/health/boh_pastreports/091406_boh_pastreports.htm#3)

## Feeding Practice in Cultural Context

For all children, mealtimes should be calm, comfortable and safe. However, there are cultural differences in mealtime arrangements.

### Where a child sits during mealtimes

Cultures place the child differently at mealtime. The child may be sitting in a high chair, seated on the caregiver's lap, or with the family on the floor. Where the child is situated is less important than the child displaying all the signs of readiness to eat solids<sup>2</sup>. Children should be on the same level as those with whom they are eating. This allows for better interaction and development of social skills.

### Introduction of solids

Most cultures use prepared pablum/cereal or modified family foods as the first foods for infants. Usually, family foods are a combination of many ingredients. This could be a concern for infants who are at risk of allergic reactions.

Iron-rich foods such as iron-fortified infant cereals, meat, fish and meat alternatives (such as cooked egg yolk, well cooked legumes and tofu) are the recommended first foods for infants. Cultural foods like rice, cornmeal, bannock, congee, mashed vegetables are not iron-fortified and may be low in iron, so are not appropriate first foods for infants. It is a common practice for some culture to add meat or fish into infant's food to enhance the iron level. However, if high mercury fish species or high sodium broth is used, they may not only be inappropriate but harmful as well.

### Folk remedies

Many cultures use herbal or folk medicine to prevent or treat illness, e.g. common cold, constipation, gas, poor appetite, etc. There are risks as the active ingredients are variable between years/crops, manufacturers, storage, etc. Potency may vary. This may delay treatment, or overtreat the symptoms.

### Hand-feeding children

It is a common practice for some parents to hand feed their children up to school age. Assess the opportunity for the child to develop fine motor skills if they are not allowed to feed themselves. Less formal times like snack times may provide enough opportunity for children to practice self-feeding. The role of the caregiver at these times is to supervise, prevent choking and observe the child's feeding cues (e.g. fullness, likes, dislikes, etc.)

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<sup>2</sup> \* for signs of readiness to eat solids see Developmental Feeding Characteristics at age 6 months.

In some cultures children are given a bone to chew. The safest way to do this is to ensure the bone is soft, cannot splinter and has no sharp edges, is large enough to prevent choking and the child is supervised.

### **Use of utensils**

The use of utensils for eating food is part of one's own culture. The variations can easily be observed when working with people from diverse cultural background. In some cultures, parents encourage their children to use spoons, plates, forks and knives, while in other cultures food is eaten by hand or flat bread is used to scoop mixtures. Some children learn how to use silverware and others learn how to use chopsticks. These variations are part of the diversity of Toronto and in no way indicate developmental delay.

The table shows the appropriate age for a child to learn the use of certain utensils:

| <b>Utensil</b> | <b>Appropriate age</b> | <b>Comments</b>                          |
|----------------|------------------------|--|
| Cup            | 9 to 12 months         | Common among cultures                    |
| Spoon          | 1 year                 | Common among all cultures                |
| Fork           | 4 year                 | Not a common practice for many cultures  |
| Knife          | 4 - 5 years            | Not a common practice among all cultures |
| Chopsticks     | 5 - 6 years            | Not common to all cultures               |

### **Supplements**

Supplements like halibut/cod liver oil, multi-vitamins are used by some cultures. Other products such as Milo, Ovaltine and Horlicks are used. While often unnecessary, they do not generally cause concern.

### **High fat consumption and consuming foods of low nutritional value**

Nutritious foods that contain fat, such as milk, peanut butter or cheese, can provide a concentrated source of calories that are important for the growth and development of children. Caregivers should know the difference between using breast milk, ABM and whole milk which provides necessary fat for brain development, especially in the early years and high intake of saturated and trans fats. Significant amounts of fat come from the use of high fat foods and through cooking methods such as frying. The frequent (more than 2 X weekly) use of fast foods, pop, muffins, doughnuts, chips or chocolates contribute to high intakes of fat, trans fat, sugar and salt. These foods contribute to childhood obesity.



**Choking hazard prevention:**

Children are at increased risk for choking up to age 2 years and should be supervised when eating.

Children are less likely to choke if they chew food thoroughly before swallowing. Teach children to sit quietly during meals and always supervise them while they eat. The following are situations that will put a child at increased risk for a choking episode:

- Talking, laughing or walking, running or jumping with food in the mouth
- Unsupervised snacking
- Incomplete chewing
- Tipping chair backwards

For more information about choking prevention, see:

<http://www.bcchildrens.ca/KidsTeensFam/ChildSafety/SafeStart/Chokingprevention.htm>

**Making mealtimes matter**

Mealtimes are more than just eating. Regardless of cultural background, the optimum mealtime is with the family gathered in a relaxed atmosphere, where social interactions occur and children learn self-regulation as caregivers' model appropriate behavioural limits.

## Dental

Good oral health is necessary for a child's normal development. Oral structures, including teeth, are vital living organs that contribute to many aspects of health. Children less than 6 years of age usually only have baby teeth. These teeth are necessary for the development of proper eating habits, normal speech, and the maintenance of space for incoming permanent teeth. In addition, healthy oral structures affect the appearance of the child, and may influence the development of social skills (*The Health of Toronto's Young Children vol 3: the growing child, 2007*). Parents should prevent the swallowing of toothpaste by supervising their children brushing their teeth up to 6 years of age. Use only a smear of paste up to 3 years of age and paste the size of a pea up to 6 years of age. This prevents overexposure to fluoride.

**The following are risk factors for early childhood tooth decay...the presence of one or more of these risk factors should be considered a red flag:**

|   |  |
|---|--|
| <b>Prolonged exposure of teeth to sugar (includes formula, juice, milk and breast milk)</b> | <ul style="list-style-type: none"><li>• Through the use of bottle, breast, cups, plastic bottles with straws</li><li>• High sugar consumption in infancy</li><li>• Sweetened pacifiers</li><li>• Long-term use of sweetened medication</li><li>• Going to sleep with a bottle containing anything but water</li><li>• Prolonged use of a bottle beyond one year</li><li>• Breastfeeding or bottle feeding without cleaning teeth</li></ul> |
| <b>Physiological Factors</b>  | <ul style="list-style-type: none"><li>• Poor prenatal nutritional status</li><li>• Poor nutritional status of the child</li><li>• Child's lack of exposure to fluoride</li><li>• Transference of oral bacteria from caregiver to the child may occur through sharing of utensils.</li></ul>  |
| <b>Other Risk Factors</b>   | <ul style="list-style-type: none"><li>• Poor oral hygiene</li><li>• Sibling history of early childhood tooth decay</li><li>• Lack of education of caregivers</li><li>• Lower socio-economic status</li><li>• Limited access to dental care</li><li>• Deficits in parenting skills and child management</li></ul>   |

### Where to get help:

Call 416-392-0907, for more information about Toronto Public Health dental services.

For more information, call your nearest Public Health clinic. Staff will answer your specific questions and direct you to a local clinic that fits your needs. Or go to: <http://www.toronto.ca/health/dental/index.htm>

## Environmental risk factors - opportunities for teaching

There is increasing evidence that environmental pollution, even at low exposure levels, can have a major health impact, and that children may be more at risk. Action can be taken to protect children from being exposed to environmental pollutants. This section briefly outlines some of the more common and concerning exposures to environmental toxins and actions that would reduce the risk.

Increased risk of exposure occurs when the caregiver:

- Uses water from hot water tap when making artificial baby milk (contains more lead)
- Living in home older than 1990: not flushing water by running it for 2 minutes every morning before using it to make artificial baby milk and baby food
- Heating ABM or EBM in the microwave
- Heating of ABM, EBM or food in plastic bottles/containers
- Smell of off-gassing in home where baby spends significant time, e.g. from new carpets, glue, paint, mothballs, products with warning labels regarding volatile organic compounds (VOCs)
- Old chipped paint present (may contain lead where the child may have access to the dust paint from pre-1976)
- Pressure treated wood exposed to child's skin (contains significant amounts of arsenic)
- Children (and others) leave footwear on when coming in from outdoors (can track in metals, pesticides, animal droppings)
- Entrance areas of home do not have mats, no regular damp mopping of floors especially around the entrances
- Child uses arts and craft materials that give off strong odours (check for indication that material is non-toxic)
- Use of pesticides or harsh cleaning chemicals in the home

- Environmental tobacco smoke (ETS) in the home
- Infant/toddler has soft plastic toys (may contain Phthalates)
- Use of mercury thermometer
- Lack of awareness of environmental toxins that has increased effects on the child

**For more information about environmental risks important to children:** <http://www.toronto.ca/health/hphe/children.htm>

## Safety concerns

The leading cause of death and disability of children are attributed to unintentional injuries. Young children from birth to age 5 are especially vulnerable to injuries in the home. Caregivers frequently over or under-estimate their child's ability, which can change very quickly. Although general guidelines may demonstrate the progress a child may make, it can not predict when these changes will occur for each child. For example, a child may lie still while a caregiver is reaching for a diaper but the next day that same child could roll out of the bed. Consequences of unintentional injuries and poisonings of the child can range from temporary discomfort, to developmental delays, permanent disability and even death depending on the nature of the injury, age and health of the child and supportive care.

### Red Flags: practices requiring teaching and follow-up is continued

- Parent leaves infant unattended on above ground surfaces e.g. change table, bed, couch, table etc. (0m-1y)
- Caregiver not using or improper use of car seat (0m-4y)
- Parent using baby walker (6m-1y)
- Crib mattress is still in the high position (6m-1y)
- No safety gate at stairs inside home (6m-2y)
- Small objects such as food (hard candy, nuts, popcorn, grapes etc), balloons, beads, coins are within reach of infant (6m-2y)
- Child not wearing safety helmet during bike riding (2y-3y)
- Caregiver not using booster seat in motor vehicle (4y-5y)
- Child not wearing safety helmet during bike riding, roller-blading, and skateboarding (4y-5y)
- No safety devices on windows
- Hot liquids and food are in close proximity of toddler
- Pot handles not turned towards centre of stove
- Parent does not test bath water before putting child in tub
- Cupboards containing poisonous items such as cleansers, soaps, vitamins, and medication are not secure
- Crib placed near windows, curtains, blind cords, lamps, electrical plugs, and extension cords
- Child left unattended near or on balcony
- Child left alone in tub, play-pool or swimming pool
- Electrical cords and blind cords are within reach of child
- Child wearing soother, jewellery, string or skipping rope around neck (could cause choking)
- Child left unattended in playground
- Caregiver using booster seat for child under 40 lbs
- Electrical outlet not covered
- No smoke alarm or carbon monoxide detectors
- Child playing between parked cars or on the road

Adapted from safer Homes for Children: a Guide for Communities

**For further information about child safety, please see:**

[http://www.toronto.ca/health/children/growing\\_up.htm](http://www.toronto.ca/health/children/growing_up.htm)

## **Bed sharing**

The following situations increase the risk of injury and death in babies:

- Infants placed to sleep alone or with someone on waterbeds, couches, sofas, daybeds and armchairs or left alone on an adult bed
- Infant sharing adult bed when adult unaware of infant's presence
- Infant in adult bed where there is a space between mattress and headboard, walls, and other surfaces that may entrap the infant
- Infant placed where it is possible to fall out of bed
- Infant co-sleeping when with an adult who is:
  - Ill or taking medications, or extremely tired
  - Using substances such as alcohol or drugs or if adult is smoking
- Infant co-sleeping with adult where other children are also in the adult bed.
- Infant co-sleeping with adult when there is a pet in the bed

**Even when a caregiver is able and willing to modify condition when safety issues are pointed out, still consider if there is a requirement to consult or report to a child protection agency. See Child Abuse Section or Child Protection legislation: Duty to Report.**

## Family/environmental stressors

Family socio-demographic characteristics and the home environment can have a powerful influence on young children, including how they react to the people and events around them, what they expect from themselves and others, and how and what they learn. Stressors that affect stimulation, support and nurturance of the child, influence all domains of child development (physical, social/emotional, language and cognitive).

**If any one of these stressors is found, this could affect a child's normal development and should be considered a red flag or further assessment is required to ensure healthy, safe childhood development.**

| Parental Factors   | Social/Family Factors   | Economic Factors   |
|--|---|--|
| <ul style="list-style-type: none"> <li>• History of abuse – parent or child</li> <li>• Severe health problems</li> <li>• Substance abuse*</li> <li>• Partner abuse*</li> <li>• Difficulty controlling anger or aggression*</li> <li>• Feelings of inadequacy, low self-esteem</li> <li>• Lack of knowledge or awareness of child development</li> <li>• A young, immature or developmentally delayed parent*</li> <li>• History of postpartum depression</li> <li>• History of crime</li> <li>• Lack of parent literacy</li> </ul> | <ul style="list-style-type: none"> <li>• Family breakdown</li> <li>• Multiple births</li> <li>• Several children close in age</li> <li>• A special needs child</li> <li>• An unwanted child</li> <li>• Personality and temperament challenges between child and caregiver</li> <li>• Mental* or physical illness, or special needs of a family member</li> <li>• Alcohol or drug abuse*</li> <li>• Lack of a support network or caregiver relief</li> <li>• Inadequate social services or supports to meet family's needs</li> <li>• Prematurity and low birth weight</li> <li>• Newcomer status</li> </ul> | <ul style="list-style-type: none"> <li>• Inadequate income to provide for family</li> <li>• Unemployment</li> <li>• Business failure</li> <li>• High debt load</li> <li>• Inadequate housing or eviction*</li> </ul> |

**\*call child protection services**

**Where to go for help:** encourage family to contact Toronto Health Connection at 416-338-7600 or their Primary Health Care Provider.

*Adapted from Early Identification in York Region Red Flags Guide, 2004*

*There can be no keener revelation of a society's soul  
than the way in which it treats its children.*

- Nelson Mandela

## Postpartum Mood Disorders

Postpartum Mood Disorders (PPMD) not only affects the mother but her child, her partner and other family members. PPMD can affect any mother. Approximately 13% of new mothers will suffer a moderate to major episode of postpartum depression. More mothers will experience other mild to moderate or severe mood or personality disorders such as anxiety, obsessive compulsive disorder, mania, neurosis and others. Up to 80% of mothers will experience postpartum blues; up to 20% will experience a mild to severe PPMD; and 1-2 in 1,000 will suffer a postpartum psychosis.

Children of mothers who suffer from PPMD are at an increased risk for developmental delays as well as behavioural and learning problems. If the mother has experienced any of the following symptoms for more than two weeks the primary health care provider should be notified.

### Mother states that she may:

- **Have thoughts about harming herself or her baby\***
- **Hear or see things that are not there\***
- **Believe people or things are going to harm her or her baby\***
- **Feel confused or out of touch with reality\***
- Not feel herself
- Be sad and tearful
- Feel exhausted, but unable to sleep
- Have changes in eating or sleeping pattern
- Feel overwhelmed and can't concentrate
- Have no interest or take pleasure in activities you used to enjoy
- Feel hopeless or frustrated
- Feel restless, irritable or angry
- Feel extremely high and full of energy
- Feel anxious—may feel this as aches, chest pain, shortness of breath, numbness, tingling or “lump” in throat
- Feel guilty and ashamed, thinking she is not a good mother
- Not bonding with baby, or be afraid to be alone with the baby
- Have repeated scary thoughts about the baby

### Mobile Crisis Programs:

- East region  
(Scarborough regional crisis program)  
416-289-2434
- South region and York  
(Gerstein Crisis centre)  
416-929-5200
- North region and Etobicoke  
(St. Elizabeth crisis response program)  
416-498-0043

\*Immediately call Primary Health Care Provider, go to local emergency department or call a crisis intervention line.

*Adapted from Best Start: Life with a baby is not what you expect brochure 2007*



## Child Abuse

Child abuse is a complex multi-faceted issue that has detrimental effects on young children. Child abuse occurs when a caregiver, guardian, or other adult mistreats or neglects a child, resulting in injury, emotional or psychological harm, or substantial risk of harm to the child. There are five general categories of abuse: physical abuse, emotional abuse, neglect, sexual abuse and exposure to domestic violence (*The Health of Toronto's Young Children vol 3: the growing child, 2007*). The following information is provided with the understanding that indicators do not occur in isolation. This means when one is identified, it is necessary to explore for others. The duty to report applies to anyone who has reason to believe that a child has been or is likely to be abused or neglected, or may need protection, to promptly report the matter to a child protection worker.

### Possible Indicators of Neglect

| Physical Indicators in Children  | Behavioural Indicators in Children  | Behaviours Observed in Adults Who Neglect Children  |
|--|---|---|
| <ul style="list-style-type: none"> <li>• infants or young children may display abnormal growth patterns; weight loss; wizened “old man’s” face; sunken cheeks; dehydration; paleness; lethargy; poor appetite; unresponsiveness to stimulation; very little crying; delays in development (which may be suggestive of failure to thrive syndrome)</li> <li>• inappropriate dress for the weather</li> <li>• poor hygiene; dirty or unbathed state</li> <li>• severe/persistent diaper rash or other unattended skin disorder</li> <li>• consistent hunger</li> <li>• untreated physical/dental problems or injuries</li> <li>• lack of routine medical or dental care</li> <li>• signs of deprivation (e.g., diaper rash, hunger) which improve in a more nurturing environment</li> </ul> | <ul style="list-style-type: none"> <li>• does not meet developmental milestones</li> <li>• appears lethargic; undemanding; cries very little</li> <li>• unresponsive to stimulation</li> <li>• uninterested in surroundings</li> <li>• demonstrates severe lack of attachment to parent; unresponsive; little fear of strangers</li> <li>• may demonstrate indiscriminate attachment to other adults</li> <li>• may be very demanding of affection or attention from others</li> <li>• assumes parental role</li> <li>• independence and self-care beyond the norm</li> </ul> | <ul style="list-style-type: none"> <li>• maintains a chaotic home life, with little evidence of regular, healthful routines (e.g., consistently brings the child to care very early, picks up the child very late)</li> <li>• overwhelmed with own problems and needs; puts own needs ahead of those of the child</li> <li>• may indicate that the child is hard to care for, hard to feed; describes the child as demanding</li> <li>• may indicate that the child was unwanted, continues to be unwanted</li> <li>• fails to provide for the child’s basic needs</li> <li>• fails to provide adequate supervision: may be frequently unaware of or has no concern for the child’s whereabouts; leaves the child alone, unattended, or in the care of others who are unsuitable</li> <li>• cares for or leaves the child in dangerous environments</li> <li>• may display ignoring or rejecting behaviour to the child</li> <li>• has little involvement in the child’s life: appears apathetic toward child’s daily events; fails to keep appointments regarding the child; unresponsive when approached with concerns</li> <li>• may ignore child’s attempts at affection</li> </ul> |

**Where to get help:** Contact child protection services (see key resource list)

## Possible Indicators of Physical Abuse

| Physical Indicators in Children   | Behavioural Indicators in Children   | Behaviours Observed in Adults Who Abuse Children  |
|---|--|---|
| <ul style="list-style-type: none"> <li>• injuries on questionable sites</li> <li>• bruise patterns, clustered bruising, or welts (e.g., from a wooden spoon, hand/finger print marks, belt)</li> <li>• burns from a cigarette; patterned burns (e.g., iron, electric burner); burns suggesting that something was used to restrain a child (e.g., rope burns on the wrists, ankles, neck); hot water immersion burns</li> <li>• head injuries: nausea; absence of hair in patches; irritability</li> <li>• skull fractures: possible swelling and pain; vomiting; seizures; dizziness; unequal pupil size; bleeding from scalp wounds or nose</li> <li>• fractures, dislocations, multiple fractures all at once or over time; pain in the limbs, especially with movement; tenderness; limitation of movement; limping or not using a limb; any fractures in children under 2 yrs</li> <li>• fractures of the ribs: painful breathing; difficulty raising arms</li> <li>• distorted facial appearance with swelling, bleeding, bruising</li> <li>• human bite marks</li> <li>• lacerations and abrasions inconsistent with normal play</li> <li>• evidence of recent female genital mutilation (e.g., difficulty voiding, chronic infections, “waddling”)</li> </ul> | <ul style="list-style-type: none"> <li>• cannot recall or describe how observed injuries occurred</li> <li>• avoids or offers inconsistent, incomplete explanations; is distressed explaining injuries or denies injury</li> <li>• wary of adults generally, or of a particular gender or individual</li> <li>• may cringe or flinch with physical contact</li> <li>• may display over-vigilance, a frozen watchfulness, or vacant stare</li> <li>• extremes in behaviour: extremely aggressive or passive; unhappy or withdrawn; extremely compliant and eager to please or extremely non-compliant (provokes punishment)</li> <li>• tries to take care of the parent</li> <li>• may be dressed inappropriately to cover injuries</li> <li>• poor peer relationships</li> <li>• evidence of developmental lags, especially in language and motor skills</li> <li>• self-destructive behaviour (e.g., self-mutilation)</li> <li>• discloses abuse</li> </ul> | <ul style="list-style-type: none"> <li>• gives harsh, impulsive or unusual punishments</li> <li>• shows lack of self-control with low frustration tolerance; is angry, impatient</li> <li>• may provide inconsistent explanations as to how the child was injured</li> <li>• socially isolated; little support or parenting relief</li> <li>• may have little knowledge of child development and/or have unrealistic expectations of the child</li> <li>• may often express having difficulties coping with the child or makes disparaging remarks; describes child as different, bad, or the cause of own difficulties</li> <li>• may demonstrate little or no genuine affection, physically or emotionally for the child</li> <li>• may state that the child is accident-prone or clumsy</li> <li>• may delay seeking medical attention</li> <li>• may appear unconcerned, indifferent, or hostile to child and injury</li> </ul> |

**Where to get help:** Contact child protection services (see key resource list)

## Possible Indicators of Emotional Abuse

| Physical Indicators in Children   | Behavioural Indicators in Children  | Behaviours Observed in Adults Who Abuse Children  |
|---|---|---|
| <ul style="list-style-type: none"> <li>• child fails to thrive</li> <li>• frequent psychosomatic complaints – headaches, nausea, abdominal pain</li> <li>• wetting or soiling</li> <li>• dressed differently from other children in the family</li> <li>• has substandard living conditions compared to other children in the family</li> <li>• may have unusual appearance (e.g., bizarre haircuts, dress, decorations)</li> </ul> | <ul style="list-style-type: none"> <li>• developmental lags</li> <li>• prolonged unhappiness, stress, withdrawal, aggressiveness, anger</li> <li>• regressive behaviours and/or habit disorders (e.g., toileting problems, thumb-sucking, constant rocking)</li> <li>• overly compliant; too well mannered</li> <li>• extreme attention-seeking behaviours</li> <li>• fearful of the consequences of one’s actions</li> <li>• runs away</li> <li>• discloses abuse</li> </ul> | <ul style="list-style-type: none"> <li>• consistently rejects the child</li> <li>• consistently degrades the child, verbalizing negative feelings about the child to the child and others</li> <li>• blames the child for problems, difficulties, disappointments</li> <li>• treats and/or describes the child as different from other children and siblings</li> <li>• identifies child with a disliked/hated person</li> <li>• consistently ignores the child; actively refuses to help the child or acknowledge the child’s requests</li> <li>• isolates the child; does not allow the child to have contact with others both inside and outside the family (e.g., locks the child in a closet or room)</li> <li>• corrupts the child; teaches or reinforces criminal behaviour; provides antisocial role modeling; exploits the child for own gain</li> <li>• terrorizes the child (e.g., threatens the child with physical harm or death, threatens someone or something the child treasures)</li> <li>• forces the child to watch physical harm being inflicted on a loved one</li> <li>• withholds physical and verbal affection from the child</li> <li>• makes excessive demands of the child</li> <li>• exposes the child to sexualized/violent media (e.g., videos, TV)</li> </ul> |

**Where to get help:** Contact child protection services (see key resource list)

## Possible Indicators of Exposure to Family Violence

| Physical Indicators in Children  | Behavioural Indicators in Children  | Behaviours Observed in Adults Who Abuse Children   |
|--|---|--|
| <ul style="list-style-type: none"> <li>• child fails to thrive</li> <li>• frequent psychosomatic complaints (e.g., headaches, stomach aches)</li> <li>• physical harm, whether deliberate or accidental, during or after a violent episode, including while trying to protect others; as a result of objects thrown</li> </ul> | <ul style="list-style-type: none"> <li>• aggressive; acting-out, temper tantrums</li> <li>• re-enactment of parental behaviour</li> <li>• exhibits withdrawn, depressed, and anxious behaviours (e.g., clingy, whining, excessive crying, separation anxiety)</li> <li>• cuddles or manipulates in an effort to reduce anxiety</li> <li>• overly passive, patient, compliant, and approval seeking</li> <li>• fearful (e.g., of self/family members being hurt/killed, of being abandoned, of the expression of anger by self or others)</li> <li>• low tolerance for frustration</li> <li>• sleep disturbances (e.g., insomnia, resists bedtime, fear of the dark, nightmares, bed-wetting)</li> <li>• self-destructive behaviour</li> <li>• clumsy; accident-prone</li> <li>• assumes responsibility to protect/help other family members</li> <li>• poor peer relationships</li> <li>• runs away from home</li> <li>• cruelty to animals</li> <li>• child may act out sexually; becomes involved in prostitution</li> <li>• child expresses the belief that s/he is responsible for the violence</li> <li>• discloses family violence</li> </ul> | <ul style="list-style-type: none"> <li>• abuser has poor self-control, social skills and/or communication skills</li> <li>• abuser controls using threats and violence (e.g., terrorizes with threats of harm or death to others or to something the person treasures; cruelty to animals)</li> <li>• exposes the child to physical/emotional harm inflicted on parent/partner</li> <li>• excessive monitoring of partner's activities</li> <li>• abuser publicly degrades, insults, blames or humiliates partner</li> <li>• jealous of partner's contact with others</li> <li>• isolates the child/family members from friends, other family and supports</li> <li>• parent/partner neglects children due to inaccessibility to resources, isolation, depression or focus on self-survival</li> <li>• expresses strong belief in traditional male/female roles</li> <li>• abuser makes excessive demands of partner</li> <li>• substance abuse</li> <li>• discloses family violence</li> <li>• victim appears fearful</li> <li>• discloses that the abuser assaulted or threw objects at someone holding a child</li> </ul> |

**Where to get help:** Contact child protection services (see key resource list)

## Possible Indicators of Sexual Abuse

| Physical Indicators in Children  | Behavioural Indicators in Children  | Behaviours Observed in Adults Who Abuse Children   |
|--|---|--|
| <ul style="list-style-type: none"> <li>• unusual or excessive itching or pain in the throat, genital or anal area</li> <li>• odor or discharge from genital area</li> <li>• stained or bloody underclothing</li> <li>• pain on urination, elimination, sitting down, walking or swallowing</li> <li>• blood in urine or stool</li> <li>• injury to the breasts, genital area redness; bruising; lacerations; tears; swelling; bleeding</li> <li>• poor personal hygiene</li> <li>• sexually transmitted disease</li> </ul> | <ul style="list-style-type: none"> <li>• age-inappropriate sexual behaviour with toys, self, others</li> <li>• re-enactment of adult sexual activities</li> <li>• age-inappropriate explicit drawings, descriptions</li> <li>• sexualized behaviours with other children, adults</li> <li>• sexual behaviour with other children involving force or secrecy</li> <li>• reluctance or refusal to go to a parent, relative, friend for no apparent reason; mistrust of others</li> <li>• recurring physical complaints with no physical basis</li> <li>• unexplained changes in personality (e.g., outgoing child becomes withdrawn, global distrust of others)</li> <li>• nightmares, night terrors and sleep disturbances</li> <li>• clinging or extreme seeking of affection or attention</li> <li>• regressive behaviour (e.g. bed-wetting, thumb-sucking)</li> <li>• resists being undressed, or when undressing, shows apprehension or fear</li> <li>• runs away</li> </ul> | <ul style="list-style-type: none"> <li>• may be unusually overprotective, over-invested in the child (e.g. clings to the child for comfort)</li> <li>• is frequently alone with the child and is socially isolated</li> <li>• may be jealous of the child's relationships with peers or adults</li> <li>• discourages, disallows child to have unsupervised contact with peers</li> <li>• states that the child is sexual or provocative</li> <li>• shows physical contact or affection for the child that appears sexual in nature</li> <li>• relationship with the child may be inappropriate, sexualized or spousal in nature</li> <li>• may abuse substances to lower inhibitions against sexually abusive behaviour</li> <li>• permits or encourages the child to engage in sexual behaviour</li> </ul> |

**Where to get help:** Contact child protection services (see key resource list)

## Children's Sexual Behaviour in Context

Children's sexual behaviour must be considered along a continuum, like other areas of growth. Many behaviours are to be expected, are healthy and within the normal range for children. Some behaviour, however is certainly of concern. The concerning behaviours have been divided into two categories, labelled Consult Child Protection and Report Child Protection. Those that likely require consultation with a Child Protection Agency and should not be ignored or seen as child's play are in the Consult column. These behaviours require some degree of redirection and intervention. More concerning behaviours are red flags and appear under the Report column. They may be dangerous physically or psychologically to the child and others. The duty to report is required in these cases and these children may need professional help. The behaviours outlined in this chart are predominantly seen in the preschool years, but may also be observed in older children.

| Type of Behaviour           | Within Normal Limits   | Consult Child Protection  | Report to Child Protection   |
|-----------------------------|--|---|--|
| <b>Curiosity Behaviours</b> | <ul style="list-style-type: none"> <li>• asks age appropriate questions about where babies come from, sexual characteristics</li> <li>• children learn to name body parts</li> </ul>   | <ul style="list-style-type: none"> <li>• shows fear or anxiety around sexual topics</li> </ul>  | <ul style="list-style-type: none"> <li>• asks almost endless questions on topics related to sex</li> <li>• knows too much about sexuality for age and stage of development</li> </ul>                                    |
| <b>Self-Exploration</b>     | <ul style="list-style-type: none"> <li>• likes to be nude</li> <li>• has erections</li> <li>• explores own body with curiosity and pleasure</li> <li>• touches own genitals as a self soothing behaviour (e.g., when going to sleep, when feeling sick, tense or afraid)</li> <li>• toilet training highlights the child's awareness of genital area</li> <li>• puts objects in own genitals or rectum without discomfort</li> </ul> | <ul style="list-style-type: none"> <li>• self-stimulates on furniture, toys, uses objects to self-stimulate</li> <li>• imitates sexual behaviour with dolls or toys</li> <li>• continues to self-stimulate in public after being told that this behaviour should take place in private</li> <li>• puts something in genitals, rectum, even when it feels uncomfortable</li> </ul> | <ul style="list-style-type: none"> <li>• self-stimulates publicly or privately to the exclusion of other activities</li> <li>• self-stimulates on other people</li> <li>• causes harm to own genitals, rectum</li> </ul> |

| Type of Behaviour                               | Within Normal Limits  | Consult Child Protection  | Report to Child Protection  |
|---|---|---|---|
| <b>Behaviour with others</b>                    | <ul style="list-style-type: none"> <li>• through play, inspects the bodies of other children, explores differences</li> <li>• looks at nude persons when the opportunity arises</li> <li>• wants to touch genitals to see what they feel like</li> <li>• may show his/her genitals or buttocks to others</li> <li>• may strip in public</li> <li>• emotional tone of behaviour is fun, silly, may be embarrassed</li> </ul> | <ul style="list-style-type: none"> <li>• continues to play games like “doctor” after limits set</li> <li>• confused about male and female differences, even after they have been explained</li> <li>• continually wants to touch other people</li> <li>• tries to engage in adult sexual behaviours</li> <li>• simulates sexual activity with clothes on</li> </ul> | <ul style="list-style-type: none"> <li>• forces, bullies other children to disrobe, engage in sexual behaviour</li> <li>• dramatic play of sad, angry or aggressive scenes between people</li> <li>• demands to see the genitals of other children or adults</li> <li>• manipulates or forces other children into touching of genitals, adult sexual behaviours, simulating sexual activity with clothes off, oral sex</li> </ul> |
| <b>Bathroom, Toileting and Sexual Functions</b> | <ul style="list-style-type: none"> <li>• interest in urination, defecation</li> <li>• curious about, peeks at people performing all bathroom functions, including shaving, putting on makeup</li> <li>• some preschoolers want privacy in the bathroom and when changing</li> <li>• uses inappropriate language or slang for toileting and sexual functions</li> </ul>  | <ul style="list-style-type: none"> <li>• smears feces</li> <li>• purposefully urinates in inappropriate places</li> <li>• often caught watching others perform intimate bathroom functions</li> <li>• continues to use inappropriate language or slang after limits are set</li> </ul>  | <ul style="list-style-type: none"> <li>• repeatedly smears feces</li> <li>• continues to urinate in inappropriate places</li> <li>• continually uses inappropriate language or slang without regard for limits set</li> </ul>   |

| Type of Behaviour             | Within Normal Limits  | Consult Child Protection  | Report to Child Protection   |
|-------------------------------|---|---|--|
| <b>Relationships</b>          | <ul style="list-style-type: none"> <li>• plays house with peers</li> <li>• will role play all aspects of male/female lives to learn, explore, rehearse</li> <li>• kisses and hugs people who are significant to them</li> <li>• may exchange information on sexual discoveries</li> <li>• may imitate sex in a rudimentary fashion</li> </ul> | <ul style="list-style-type: none"> <li>• focused on sexual aspects of adult relationships</li> <li>• afraid of being kissed or hugged</li> <li>• talks or acts in a sexualized manner with others</li> <li>• uses sexual language even after limits set</li> <li>• talks or engages in play about sex to the exclusion of other topics</li> </ul> | <ul style="list-style-type: none"> <li>• graphically imitates or re-enacts adult sexual behaviour</li> <li>• displays fear or anger about babies and giving birth</li> <li>• physical contact with others causes anxiety</li> <li>• talks in a sexualized manner with others, including unfamiliar adults</li> <li>• sexualizes all interactions with other children and adults</li> </ul> |
| <b>Behaviour with Animals</b> | <ul style="list-style-type: none"> <li>• curiosity about how animals have babies</li> </ul>   | <ul style="list-style-type: none"> <li>• touches genitals of animals</li> </ul>   | <ul style="list-style-type: none"> <li>• sexual behaviour with animals</li> </ul>  |



*If we wish to create a lasting peace  
we must begin with the children.*

- Mohandas K. Gandhi (Mahatma Gandhi),  
Indian leader and pacifist (1869-1948)

# Developmental Disorders



## Attachment Disorders

Children's Mental Health research shows that the quality of early parent-child relationships has a significant impact on a child's development and his/her ability to form secure attachments. A child who has secure attachment feels confident that he or she can rely on the parent to protect him or her in times of distress. This confidence gives the child security to explore the world and establish trusting relationships with others throughout life. As a result, current mental health practice is to assess the quality of the parent-child interactions.

The following items are considered from the **parent's perspective**, rather than the child's.

If a parent states that one or more of these statements describes their child, the child may be exhibiting signs of an insecure attachment; **consider this a red flag requiring follow up. (See where to go for help)**

|                            |  |
|----------------------------|--|
| <b>0-8 months</b>          | <ul style="list-style-type: none"><li>• Is difficult to comfort by physical contact such as rocking or holding</li><li>• Does things or cries just to annoy you</li></ul>                      |
| <b>8-18 months</b>         | <ul style="list-style-type: none"><li>• Does not reach out to you for comfort</li><li>• Easily allows a stranger to hold him/her</li></ul>   |
| <b>18 months – 3 years</b> | <ul style="list-style-type: none"><li>• Is not beginning to develop some independence</li><li>• Seems angry or ignores you after you have been apart</li></ul>                                 |
| <b>3-4 years</b>           | <ul style="list-style-type: none"><li>• Easily goes with a stranger</li><li>• Is too passive or clingy with you</li></ul>  |
| <b>4-5 years</b>           | <ul style="list-style-type: none"><li>• Becomes aggressive for no reason (e.g. with someone who is upset)</li><li>• Is too dependent on adults for attention, encouragement and help</li></ul> |

**Problem Signs–If a mother or primary caregiver is frequently displaying any of the following, consider this a red flag:**

- Being insensitive to a baby's communication cues
- Often unable to recognize baby's cues
- Provides inconsistent patterns of responses to the baby's cues
- Frequently ignores or rejects the baby
- Speaks about the baby in negative terms
- Often appears to be angry with the baby
- Often expresses emotions in a fearful or intense way

\*Adapted from Early Identification York Region Red flags Guide, 2004

**Where to go for Help:** Toronto Health Connection at **416-338-7600**, contact the primary health care provider or paediatrician or to access assessment and developmental services, contact CITYKIDS. CITYKIDS is the interagency coordination team for families and their children with special needs. Referrals can be made by calling **416-920-6543** or by fax at **416-920-1543**.

## Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) refers to a group of neuro-developmental disorders that affect the way the brain functions. For many individuals with ASD, difficulty with social interactions and communication with others is commonly seen. Other signs include a tendency towards repetitive behaviours, and unusual or severely limited activities and interests. ASD includes autism (also known as autistic disorder), Asperger syndrome and other related conditions. The types of ASD cover a wide variety of symptoms and levels of impairment. ASD develops differently from person to person, and the effects can range from relatively mild to debilitating. Unlike some health conditions, there is no “typical” person with ASD. (*Health Canada, 2007*) [http://www.hc-sc.gc.ca/dc-ma/autism/asd-tsa\\_e.html](http://www.hc-sc.gc.ca/dc-ma/autism/asd-tsa_e.html)

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

- Resistance to change
- Odd repetitive motions
- Preference for being alone
- Aversion to cuddling
- Avoidance of eye contact
- Inappropriate attachments to objects
- Hyper-activity or under-activity
- Over-or under-active sensory responsiveness
- Uneven gross/fine motor skills, such as difficulty grasping objects or dressing themselves
- Repeating words or phrases
- Laughing, crying, or showing distress for unapparent reasons
- Unresponsive to verbal cues
- Tantrums and possible aggressive and/or self-injurious behaviour

Adapted from Geneva Centre for Autism <http://www.autism.net/>

**Where to go for Help:** Toronto Health Connection at **416-338-7600**, contact the primary health care provider or paediatrician or to access assessment and developmental services, contact CITYKIDS. CITYKIDS is the interagency coordination team for families and their children with special needs. Referrals can be made by calling **416-920-6543** or by fax at **416-920-1543**.

## Developmental Coordination Disorder

Developmental Coordination Disorder (DCD) is a medical condition in which there is marked impairment in the development of motor coordination, and the impairment significantly interferes with academic achievement or activities of daily living. This may be manifested by marked delays in **acquiring** motor milestones (e.g. walking, crawling, sitting), dropping things, clumsiness, poor performance in sports, or poor hand writing. Developmental Coordination Disorder may exist in isolation or may co-occur with other conditions such as learning disabilities, speech and language impairments and/or attention deficit disorder. The cause of DCD is unknown; however, it is known that difficulties arise in the processing of information between the brain and the body which affects the child's ability to move effectively. Studies suggest that DCD is believed to affect 5-6% of children who are school aged and tends to occur more frequently in boys. It is important to note that children do not out grow DCD, therefore early diagnosis and intervention is essential for both child and family.

It is also important to recognize that children with DCD are a very mixed group. Some children may experience difficulties in a variety of areas while others may have problems only with specific activities.

**If a child exhibits any number of the following characteristics and if these problems are interfering with the child's ability to participate successfully at home, at school, or on the playground, then considerate this a red flag and have the child be seen by a family doctor or paediatrician.**

### Physical Characteristics - the child may:

- appear to be clumsy or awkward in his/her movements
- experience difficulty with gross motor skills, fine motor skills or both
- be delayed in developing certain motor skills such as tricycle or

bike riding, ball catching, doing up buttons and printing

- have difficulty learning new motor skills. Once learned, certain motor skills may be performed quite well while others may continue to be performed poorly
- find activities that require the coordinated use of both sides of the body difficult (e.g., cutting with scissors, swinging a bat, or handling a hockey stick)
- have more difficulty with activities that require constant changes in body position or adaptation to changes in the environment (e.g., baseball, tennis, or jumping rope)
- exhibit poor balance and or may avoid activities which require balance
- have difficulty with printing or handwriting

### Emotional/Behavioural Characteristics - the child may:

- appear to be uninterested in or avoid particular activities, especially those which require a physical response
- experience secondary emotional problems such as low frustration tolerance, decreased self esteem, and lack of motivation due to problems coping with activities which are required in all aspects of his/her life
- avoid socializing with peers, particularly on the playground
- seem dissatisfied with his/her performance (e.g., erases written work, shows frustration with work product)
- be resistant to changes in his/her routine or in the environment

### Other Common Characteristics - the child may:

- have difficulty with activities of daily living (e.g., dressing, using a knife and fork, tying shoelaces, doing up buttons and zippers)
- have difficulty balancing the need for speed with the need for accuracy (e.g., handwriting may be very neat but extremely slow)
- have difficulty with academic subjects such as math, spelling, or written language which require handwriting to be

- accurate and organized on the page
- have difficulty completing work within a normal time frame (since tasks require much more effort, children may be more willing to be distracted and may become frustrated with a task that should be straightforward).

*Adapted from Can Child Centre for Childhood Disability Research*

**Where to go for Help:** Toronto Health Connection at **416-338-7600**, contact the primary health care provider or paediatrician or to access assessment and developmental services, contact CITYKIDS. CITYKIDS is the interagency coordination team for families and their children with special needs. Referrals can be made by calling **416-920-6543** or by fax at **416-920-1543**.

## Fetal Alcohol Spectrum Disorder

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term for the range of harm that may be caused by alcohol use during pregnancy. The following are characteristics of children with Fetal Alcohol Spectrum Disorder. The primary impact of prenatal alcohol exposure is to the development of the brain or central nervous system. Children exposed prenatally to alcohol, who do not show the characteristic physical/external or facial characteristics of FASD, may suffer from equally severe central nervous system damage.

|                                  |  |
|----------------------------------|--|
| <b>Infants</b>                   | <ul style="list-style-type: none"> <li>• Facial dysmorphology – the characteristic facial features include small eye openings, flat mid-face, thin upper lip, flattened ridges between base of nose and upper lip; ear anomalies</li> <li>• Low birth weight; failure to thrive; small size; small head circumference, and slow growth</li> <li>• Disturbed sleep, irritability, persistent restlessness</li> <li>• Problems with regulation, including difficulty establishing routines around sleeping and feeding</li> <li>• Prone to infections</li> <li>• May be floppy or too rigid because of poor muscle tone</li> <li>• May have one of the following birth defects: congenital heart disease, cleft lip and palate, anomalies of the urethra and genitals, spina bifida</li> <li>• Sensory sensitivity and sensory integration problems</li> </ul> |
| <b>Toddlers and Preschoolers</b> | <ul style="list-style-type: none"> <li>• Facial dysmorphology – as above</li> <li>• Developmental delays</li> <li>• Slow to acquire skills</li> <li>• Sleep and feeding problems persist</li> <li>• Sensory hyper-sensitivity (irritability, stiffness when held or touched, refusal to brush hair or teeth, over-reaction to injury)</li> <li>• Late development of motor skills – clumsy and accident prone</li> </ul>   |
| <b>JK/SK</b>                     | <ul style="list-style-type: none"> <li>• Facial dysmorphology – as above</li> <li>• Learning and neurobehavioral problems (distractible, poor memory, impaired learning, impulsive)</li> <li>• Discrepancy between good expressive and poor receptive language (is less capable than he/she looks)</li> <li>• Hyperactivity; extreme tactile and auditory defensiveness</li> <li>• Information processing problems</li> <li>• Difficulty reading non-verbal cues; unable to relate cause and effect; poor social judgment</li> </ul>   |

*Adapted from the Early Identification in York Region Red Flags guide 2004*

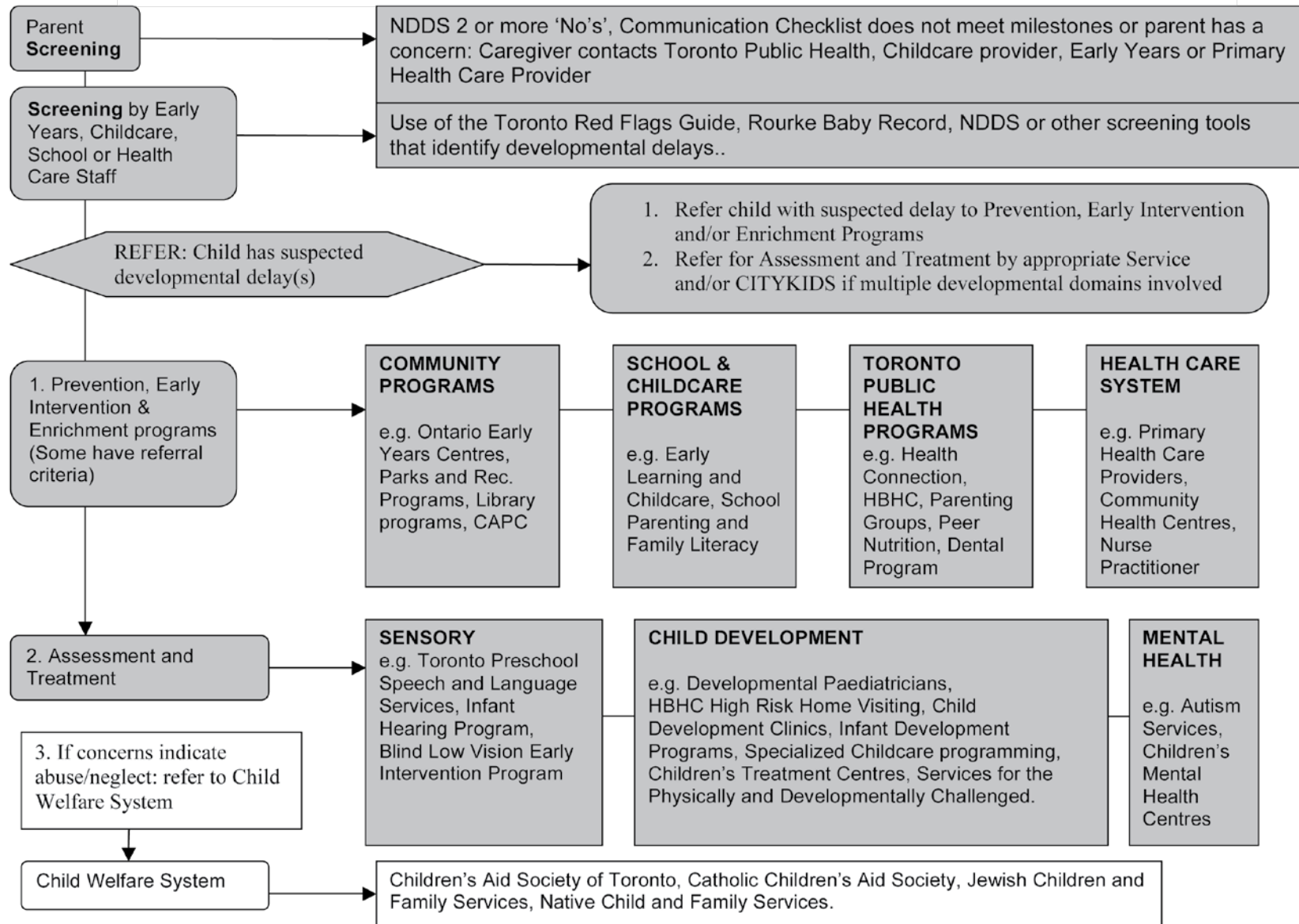


**Where to go for Help:** Toronto Health Connection at **416-338-7600**, contact the primary health care provider or paediatrician or to access assessment and developmental services, contact CITYKIDS. CITYKIDS is the interagency coordination team for families and their children with special needs. Referrals can be made by calling **416-920-6543** or by fax at **416-920-1543**.

# Early ID and Early Childhood Services



## Early Identification of Developmental Delay(s) in Children 6 Weeks to 6 Years



# Key Resources, Services in Toronto, References and Further Reading



## Key Resources and Services in Toronto

For help in finding resources in your local area or neighbourhood we recommend <http://www.211toronto.ca/splash.jsp> or dial 211 on your touch tone phone.

### Universal Programs

These programs enhance healthy child development and parents should be encouraged to access them on a consistent basis. Most are available for free. No referrals are needed.

### Programs in the Community

#### ConnectABILITY.ca

ConnectABILITY.ca is a virtual community intended to provide a level of supports and services to the approximately 200,000 individuals with an intellectual disability who otherwise don't have the resources to access these services.

This site is an ideal source of skill development and information not only for children, youth and adults with an intellectual disability, but also their families, caregivers and support networks.

#### Ontario Early Years Centres

1-866-821-7770 | [www.ontarioearlyyears.ca](http://www.ontarioearlyyears.ca)

Community-based parenting resource centres throughout Ontario, including 22 local lead centres and 100 satellite centres in Toronto. Parents have access to other parents, early child development professionals and community resources, early learning and literacy programs, including reading circles, school readiness programs and learning through play.

#### Toronto Public Library

416-393-7131 | [www.torontopubliclibrary.ca](http://www.torontopubliclibrary.ca)

Provide a variety of literacy programs for all ages, including parenting programs.

#### Toronto Public Health: Toronto Health Connection

416-338 7600

Provide free, confidential health information and advice from a Public Health professional. Receive information about Toronto Public Health programs and services such as Healthy Babies Healthy Children, Parenting Programs, Peer Nutrition Programs, and Dental Program.

#### Toronto Parks, Forestry and Recreation

416-392-1111 | [www.toronto.ca/parks](http://www.toronto.ca/parks)

Physical, social, cultural and recreation activities for all ages including seniors and people with disabilities\* caregivers and child programs (\*fees for some programs).

#### Community Action Program for Children (CAPC) programs

[http://www.phac-aspc.gc.ca/dca-dea/programs-mes/npf\\_projects\\_e.html](http://www.phac-aspc.gc.ca/dca-dea/programs-mes/npf_projects_e.html)

#### Best Start Network

Information about the development of Best Start Hubs  
[http://www.toronto.ca/children/bs\\_network.htm](http://www.toronto.ca/children/bs_network.htm)

#### Aboriginal Healing and Wellness Strategy

<http://ahwsontario.ca>

#### Aboriginal Healthy Babies Healthy Children

(Native Child and Family Services of Toronto)

416-969-8510

## School and Child Care System

### Child Care Resources

The KIDSLINE 416-392-KIDS(4576)  
<http://www.toronto.ca/children/>

### Family Resource and Early Childhood Programs in Schools Toronto District School Board

[http://www.tdsb.on.ca/parents/parenting\\_and\\_family\\_literacy/find-er.asp](http://www.tdsb.on.ca/parents/parenting_and_family_literacy/find-er.asp)

### Toronto Catholic District School Board

<http://www.tcdsb.org/services/familyresourcecentres.html>

### Conseil Scolaire de District du Centre-Sud Ouest

<http://www.csdco.on.ca/>

### Conseil Scolaire de District Catholique Centre-Sud

<http://www.csdccs.edu.on.ca/>

## Targeted Programs

### Developmental Assessment, Diagnosis & Early Intervention Programs

#### CITYKIDS (CITYKIDS Kids Included in Developmental Supports) 416-920-6543

CITYKIDS is the interagency coordination team for families and their children with special needs. Assessment and services address the child's developmental challenges and provide support and education to the family. It replaces Toronto's former cities quadrant interagency coordination teams. The team works with families and early childhood staff to develop and carry out programs at home and in early childhood settings.

Calling CITYKIDS will open the door to a wide range of services. fax at 416-920-1543.

#### Toronto Preschool Speech and Language Services

416-338-8255 | <http://www.tpsls.on.ca/>

#### Adventure Place Child and Family Centre (former North York)

416-744-7650 | [www.adventureplace.ca](http://www.adventureplace.ca)

Children birth to 6 years currently, or at risk of, experiencing behavioural, social, emotional, communication and/or developmental difficulties, day treatment program -- children 4-6 years experiencing severe difficulties and their families

#### Autism Society Ontario

416-246-9592 | [www.autismontario.com](http://www.autismontario.com)

Provides comprehensive resources and services for children with autism.

#### Geneva Centre for Autism

416-322 7877 | [www.autism.net](http://www.autism.net)

Provides comprehensive resources and services for children with autism.

#### Bloorview Kids Rehab (Toronto area)

416-425-6220 (formerly Bloorview MacMillan Children's Centre)  
[www.bloorview.ca](http://www.bloorview.ca)

Bloorview Kids Rehab assesses and treats children born with disabilities and special needs and those who acquire disabilities through serious illness or accidents; nursery school programs.

#### Centennial Infant and Child Centre

416-935-0200 | [www.cicc.on.ca](http://www.cicc.on.ca)

Programs for children birth-6 years with a diagnosed developmental-

ly delayed, Down Syndrome and other chromosome abnormalities, cerebral palsy, other motor delays, cognitive, neurological, visual, auditory impairments, also delays due to unknown causes, as well as infants at risk for developmental delay due to low birth weight.

### **Child Development Institute (Toronto west)**

(416) 603-1827 | [www.childdevelop.ca/public\\_html/home/index.html](http://www.childdevelop.ca/public_html/home/index.html)  
Multiservice agency providing child development, parenting, children's mental health, early intervention and family violence services.

### **Centre Francophone de Toronto**

(416) 922-2672 ext. 274 | [www.centrefranco.org](http://www.centrefranco.org)

### **The Hanen Centre (Toronto area)**

(416) 921-1073 | [www.hanen.org/web/Home/tabid/36/Default.aspx](http://www.hanen.org/web/Home/tabid/36/Default.aspx)  
The Hanen Centre's Activities and Services: Training and Resources for Speech-Language Pathologists, Early Childhood Educators/Teachers and Family Support Professionals. Provide resources and Presentations for Healthcare Professionals and Academics and Programs and Resources for Parents.

### **Hinks-Dellcrest Centre**

(416) 924-1164 | [www.hincksdellcrest.org](http://www.hincksdellcrest.org)  
Family, couple, individual and parent/child psychotherapy and counselling, provided at the centre or in the home, developmental clinic -- assessment and consultation on issues related to child development, parenting and health (see website for further services).

### **Mothercraft Parent Infant Program (Toronto area)**

(416) 364-9887 | [www.mothercraft.ca](http://www.mothercraft.ca)  
Through unique service collaborations, comprehensive programs, and flexible and responsive approaches, Mothercraft early childhood intervention programs deliver interventions to support young

children and their parents experiencing risks due to substance use problems and related issues.

### **Parents for Better Beginnings**

(416) 364-2261 Ext. 4002

Child Development Clinic (Regent Park, Moss Park & Oak Street)

### **Rouge Valley Health System (Scar. Ajax, Pickering)**

#### **Shoniker Clinic**

416-281-7301 | [www.excellentcare.com](http://www.excellentcare.com)

Community mental health service for children, adolescents and their families.

### **St. Joseph's Health Centre Child Development Clinic**

416-530-6000 Ext. 4435 | [www.stjoe.on.ca](http://www.stjoe.on.ca)

To assess children under age six with a suspected delays or autism faster and to provide intervention by working closely with existing community services.

### **St. Michael's Hospital (Toronto area) Paediatric**

#### **Ambulatory Clinic**

416-867-3655 | [www.stmichaelshospital.com](http://www.stmichaelshospital.com)

Offer a wide range of services: antenatal consultation, developmental assessment, dietetic/nutritional support, fetal alcohol spectrum disorder diagnostic, general paediatric consultation, inner city youth and neonatal follow-up.

### **Surrey Place Centre (Toronto area)**

416-925-5141 | [www.surreyplace.on.ca](http://www.surreyplace.on.ca)

Developmental Programs serves individuals of all ages who have or are suspected of having a developmental disability. We also support their families, caregivers and other service providers.

### **Toronto East General Hospital (Former East York)**

#### **Child Development Centre**

416-469-6580 x6590 | [www.tegh.on.ca](http://www.tegh.on.ca)

Community based diagnostic clinics for children experiencing developmental concerns, and their families. A comprehensive service plan is mapped out for the child and their caregivers identifying community service providers that are close to their homes. Referral criteria for children: under the age of 6; live in the TEGH catchment area ;suspected of having delays in two or more areas of their development, autism, spectrum disorder, ADHD or other cognitive concerns or require assessment by a developmental paediatrician in collaboration with an interdisciplinary team.

### **Toronto Public Health Blind Low Vision Program**

416-338-8255

To access services of CNIB and OFVIC and other services for children with vision loss a referral must be made through the Blind Low Vision Program.

### **CNIB**

1-800-563-2642 | [www.cnib.ca](http://www.cnib.ca)

A source of support and information for individuals affected by vision loss. Offer intervention services to children birth to 7yrs of age who are blind or visually impaired.

### **Ontario Foundation for Visually Impaired Children**

(416) 767-5977 | [www.ofvic.org](http://www.ofvic.org)

Preschool services offered (The High Park Forest School) a developmental curriculum is individualized for each child, with emphasis placed on the development of visual, tactile, and auditory senses and specific adaptive skills including: visual efficiency, orientation and mobility, and pre-braille skills; Family and Community Resource Program.

### **Vision Institute of Canada (NY central)**

(416) 224-2273 | [visioninstitute.optometry.net](http://visioninstitute.optometry.net)

Vision assessment by optometrists, special tests for infants and children, persons with learning disabilities, developmental disabilities and multiple disabilities, vision care services for the elderly, including visits to institutions, diagnosis and treatment of eye coordination problems, contact lens consultations, including children and those with special needs, assessment and therapy for the partially sighted.

### **Children's Mental Health - Assessment & Treatment**

#### **Aisling Discoveries Child and Family Centre (Toronto east)**

(416) 321-5464 | [www.aislingdiscoveries.on.ca](http://www.aislingdiscoveries.on.ca)

#### **Centre for Addiction and Mental Health (Toronto east)**

(416) 979-4747

#### **Better Behaviours Service (BBS)**

416-535-8501 ext 4366

Assessment and treatment for children 3-17 years who have behaviour problems at home and/or at school

#### **Mood and Anxiety Service**

416-535-8501 ext 6248

Assessment, treatment recommendations and treatment for children 4-17 years with anxiety and mood problems

#### **Psychiatric Consultation Service**

416-535-8501 ext 6248

Assessment of children with attention deficit hyperactivity disorder or oppositional behaviour, also children with adjustment or family problems, by referral from family doctor, paediatrician or psychiatrist.



**Psychotic Disorders Service**

416-535-8501 ext 6248 | [www.camh.net](http://www.camh.net)

Assessment and consultation for children and adolescents 5-13 years with a referral diagnosis of a psychotic disorder, by referral from family doctor, paediatrician or psychiatrist.

**Child Development Institute (Toronto east)**

416-603-1827 | [www.childdevelop.ca](http://www.childdevelop.ca)

Child Development Institute provides a range of counselling services specifically for families of young children with respect to attachment issues, child abuse and trauma, parenting and child development. Services are available for children with social, emotional, developmental and/or behavioural challenges and their parents; Speech and language assessment and intervention, psychological assessment, and psychiatric assessment are available to support the individual plans for some of the children and families receiving service through Child Development Institute.

**Etobicoke Children's Centre (former Etobicoke)**

416-240-1111 | [www.etobicokechildren.com](http://www.etobicokechildren.com)

Help families and children who are experiencing emotional or behavioural problems, difficulties with family and peer relationships trauma from abuse, family violence, loss, family problems, parenting challenges, difficulties at school/day care, delays in communication, motor and learning skills and autism.

**The George Hull Centre for Children and Families (former Etobicoke)**

416-622-8833 | [www.georgehullcentre.on.ca](http://www.georgehullcentre.on.ca)

Community-based children's mental health centre with resource programs in several locations.

**Hincks-Dellcrest Treatment Centre (Toronto area)**

Downtown

416-924-1164

North York Site

416-633-0515 | [www.hincksdellcrest.org](http://www.hincksdellcrest.org)

The Treatment Centre serves infants, children, and youth who have mental health problems. It also provides mental health prevention and early intervention programs.

**North York General Hospital (former North York)****Child & Adolescent Ambulatory Health Service**

416-756-6642 | [www.nygh.on.ca](http://www.nygh.on.ca)

Services include: Child and Adolescent Mental Health (0-19 years), Medical Psychiatry (6-19 years), and the Adolescent Health Service (Harrison Teen Clinic, 12-19 years).

**Hospital for Sick Children**

416-813-7005 | [www.sickkids.ca](http://www.sickkids.ca)

Psychiatric Emergency Crisis Service- Monday-Sunday 8 am-11 pm telephone consultation for children at imminent risk of harm to themselves or others, ongoing risk assessment, crisis service -- initial assessment through Emergency Department.

**Yorktown Child & Family Centre (former city of York)**

416-394-2424 | Crisis Line: (416) 394-2999

[www.yorktownfamilyservices.com](http://www.yorktownfamilyservices.com)

Yorktown Family Services is a community based non-profit social services agency providing effective, accessible, quality mental health treatment, prevention and out-reach services to children, youth and families in the former City of York.

## **Child Protection Services**

### **Catholic Children's Aid Society of Toronto**

416-395-1500 | ([www.ccas.toronto.on.ca](http://www.ccas.toronto.on.ca))

### **Children's Aid Society of Toronto**

416-924-4646 | ([www.torontocas.ca](http://www.torontocas.ca))

### **Jewish Family and Child Service of Greater Toronto**

416-638-7800

### **Native Child and Family Services of Toronto**

416-969-8510 | ([www.nativechild.org](http://www.nativechild.org))

### **Toronto Child Abuse Centre**

416-515-1100 | ([www.tcac.on.ca](http://www.tcac.on.ca))

## **Child care Services with Integrated Special Needs Services**

### **Bob Rumball Centre for the Deaf**

416-449-9651 | [www.bobrumball.org](http://www.bobrumball.org)

The Happy Hands Preschool runs an American Sign Language based program for deaf and hard of hearing children, hearing children with a deaf immediate family member, and hearing children with hearing parents who work in the deaf community. They provide an American Sign Language and English Literacy Program. They are partnered with the Canadian Hearing Society and Toronto Preschool Speech and Language Services to offer Speech Pathology and Auditory Skills Training.

### **Centennial Infant and Child Centre**

416-935-0200 | [www.cicc.on.ca](http://www.cicc.on.ca)

Preschool program -- integrated nursery school program\* curriculum covers gross motor and fine motor skills, play and learning, speech and language, early self care, social development and music.

## **Community Living Toronto**

647-426-3219 | ([www.communitylivingtoronto.ca](http://www.communitylivingtoronto.ca))

Early Childhood Services is available to all children from birth to 12 years of age who require additional support to participate in an early childhood setting. Settings include licenced group or home child care programs, nursery and family resource programs. Early Childhood Consultation and Intensive Resource support facilitates the inclusion of children in early childhood environments across of City of Toronto. The Early Childhood Services department also provides access to specialized supports, such as occupational therapy and Behavioural Management Consultation.

### **Humber College Humber Child Development Centre (former Etobicoke)**

416-675-6622 ext 4484

Integrated program for children with developmental, physical or emotional disabilities birth-5 years, children with special needs 2-5 years.

### **Macaulay Child development Centre (former City. of York)**

416-789-7441 | [www.macaulaycentre.org](http://www.macaulaycentre.org)

Home and centre-based integrated child care programs provided in a variety of languages.

### **Silver Creek Nursery School with Handicaps**

416-249-9770

Licensed child care centre - intergrated nursery school program for children with physical disabilities.

### **Toronto Children's Services (Toronto area)**

416-392-5437 | [www.toronto.ca/children](http://www.toronto.ca/children)

Responsible for planning and managing a broad range of child care services. Child care services includes placements for children with special needs.

## **Community Health Centres**

### **Access Alliance Multicultural Community Health Centre**

416-324-8677 | [www.accessalliance.ca](http://www.accessalliance.ca)

### **Anishnawbe Health Toronto**

416-360-0486 | [www.aht.ca](http://www.aht.ca)

### **The Anne Johnston Health Station**

416-486-8666 | [www.ajhs.ca](http://www.ajhs.ca)

### **Black Creek Community Health Centre**

416-249-8000 | [www.bcchc.com](http://www.bcchc.com)

### **Centre Francophone de Toronto**

416-922-2672 | [www.centrefranco.org](http://www.centrefranco.org)

### **Central Toronto Community Health Centres**

416-703-8482 | [www.ctchc.com](http://www.ctchc.com)

### **Davenport-Perth Neighbourhood Centre**

416-656-8025 | [www.dpnc.ca](http://www.dpnc.ca)

### **East End Community Health Centre**

416-778-5858

### **Flemingdon Health Centre**

416-429-4991 | [www.fhc-chc.com](http://www.fhc-chc.com)

### **The Four Villages Community Health Centre**

416-604-3361

### **Lakeshore Area Multi-Service Project (LAMP)**

416-252-6471 | [www.lampchc.org](http://www.lampchc.org)

### **Lawrence Heights Community Health Centre**

416-787-1661

[www.actoronto.org/website/referrals.nsf/pages/referrals.0064](http://www.actoronto.org/website/referrals.nsf/pages/referrals.0064)

### **Parkdale Community Health Centre**

416-537-2455

### **Planned Parenthood of Toronto**

416-961-0113 | [www.ppt.on.ca](http://www.ppt.on.ca)

### **Regent Park Community Health Centre**

416-364-2261 | [www.regentparkchc.org](http://www.regentparkchc.org)

### **Rexdale Community Health Centre (former Etobicoke)**

416-744-0066 | [www.actoronto.org](http://www.actoronto.org)

### **South Riverdale Community Health Centre**

416-461-2494

### **Stonegate Community Health Centre (former Etobicoke)**

416-231-7070 | [www.stonegatechc.org/](http://www.stonegatechc.org/)

### **West Hill Community Health Centre (Toronto east)**

416-284-5931 | [www.westhill-cs.on.ca](http://www.westhill-cs.on.ca)

### **Women's Health in Women's Hands**

416-593-7655 | [www.whiwh.com](http://www.whiwh.com)

### **York Community Services (former city of York)**

416-653-5400

## **Family Violence**

### **Assaulted Women's Hotline**

416-863-0511 | [www.awhl.org](http://www.awhl.org)

Telephone crisis counselling, information and support.

\*referral to emergency shelters, legal information and community services, as well as culturally appropriate resources for abused women \*liaison with diverse communities \*confidential and anonymous

### **Barbara Schlifer Commemorative Clinic**

416-323-9149 | [www.schliferclinic.com](http://www.schliferclinic.com)

The Barbra Schlifer Commemorative Clinic provides free and integrated legal, counselling, interpretation, information and referral services for women who have experienced violence – including partner assault, incest/childhood sexual abuse and sexual assault.

### **South Quadrant -Child Development Institute (former Toronto, East York)**

416-603-1827 | [www.childdevelop.ca](http://www.childdevelop.ca)

Working in partnership with parents and youth, CASAT functions to develop support and treatment services for child and youth victims of sexual abuse, their families and offenders. CASAT works to ensure that these services are responsive to the diverse needs of individuals affected by sexual abuse and that these services are based in research and established best practice.

### **North Quadrant-Jewish Family & Child Service (former North York)**

416-638-7800 | [www.jfandcs.com](http://www.jfandcs.com)

Woman abuse -- counselling, emergency financial assistance, court accompaniment, groups for assaulted women, abusive men, Here to Help -- group program for children (and their mothers) exposed to woman abuse, community outreach, short term accommodation with kosher kitchen for one assaulted woman, with or without children.

### **West Quadrant-Yorktown Family Services (Former Etobicoke, York)**

416-394-2950 | [www.yorktownfamilyservices.com](http://www.yorktownfamilyservices.com)

Yorktown Shelter for Women a shelter for women and their children who are fleeing an abusive relationship.

### **French speaking Community Centre- Francophone de Toronto**

416-922-2672 ex 233 | (T) 416-492 2672 (NY)

[www.centrefranco.org](http://www.centrefranco.org)

### **The Violence Against Women Program**

416-595-9230

[www.fsatoronto.com](http://www.fsatoronto.com)

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