

**Niagara Children’s Planning Council Research Group (NCPC-RG)
March 2, 2016 – Pathstone Mental Health**

Attendees: Donna Dalgleish, Sandy Dupuis, Debra Harwood, Trudy Hill, Sandra Noel, Amy Romagnoli, Stephanie Tukonic, Karina Armstrong (recorder)
 Regrets: Christine Battagli, Jeff Biletski, Michelle Knapman, Sinead McElhone, Linda Morrice, Jennifer Smith

ITEM	DISCUSSION	ACTION
Previous Minutes	<ul style="list-style-type: none"> - February 11, 2016 meeting minutes were reviewed and approved without change. 	
Niagara Data and Developmental Indicators Follow-Up Discussion	<ul style="list-style-type: none"> - S. Tukonic gave a summary of the data comparison from the February 11th Research Group meeting. She explained the intention to identify gaps in regional data and opportunities for the NCPC to improve developmental indicators in Niagara. She explained the chart of priority indicators created from the meeting and its rating scale, highlighting the main developmental issues in Niagara, and she identified data gaps in the chart, as well as organizations known to be addressing these issues or conducting research in each developmental category. See Chart Here. - Data from many local organizations have not been accessed by the Research Group, including the Francophone and Indigenous communities. D. Dalgleish will look into acquiring data from the Emergent Literacy Consortium. - The table discussed bringing this data comparison chart to the NCPC meeting on March 4th and sharing it with the other Pillar tables. This information would guide Pillars that intend to use Knowledge Translation. The table also suggested asking each Pillar for a list of current and upcoming projects to compare with priority indicators, and that A. Romagnoli give the data comparison presentation to each table at future meetings. Compiling the list of projects and corresponding indicators would clearly display which areas are not being addressed. - The table revisited the themes of “Empathy” and “Play” as potential campaigns for future projects, as these are significant developmental issues in Niagara. It was suggested that all Pillars keep these in mind when the discussion of Collective Impact progresses. The table discussed the importance of outdoor exploration to increase play and being in touch with nature while taking risks. The table identified primary barriers to outdoor play, including misconceptions about child centre rules and laws regarding playing with children, and restrictive weather conditions. - T. Hill shared stories from the Fort Erie Aboriginal Head Start centre where children were given freedom to play outdoors, and the centre’s methods to encourage exploration of nature. The behavioural benefits of this activity were acknowledged by the table, noting the barrier of getting ECEs on board with taking more risks outdoors. Phasing in naturalized play with similar strategies to the Fort Erie Aboriginal Head Start centre was suggested as a way to encourage more nature exploration and eliminate the notion that naturalized play requires an expensive new playground. 	<p>Plan to have A. Romagnoli give the data comparison presentation to each Pillar table at future meetings.</p>
Collective Impact Discussion	<ul style="list-style-type: none"> - S. Noel gave a summary of the Collective Impact (CI) presentation given by Maggie Penca at the NCPC Executive Committee meeting on February 19th. The purpose of the presentation was to give thought as to whether Niagara is poised to adopt a Collective Impact. There were interesting conversations with differing perceptions of the structure of the NCPC and how CI relates to the NCPC mandate. This presentation will be given at Friday, March 4’s Niagara Children’s Planning Council meeting for all NCPC members to hear. - The table discussed potential funding options in the event that the NCPC adopts the CI model. Innoweave was discussed as a primary CI funding and coaching organization that would benefit the NCPC in its CI future. See more on Innoweave Here. 	

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	<ul style="list-style-type: none"> - The Research Group will continue to discuss the NCPC focus of CI and will research applying for assistance from Innoweave in future meetings. The NCPC meeting on March 4th may serve as a guide for direction following Maggie Penca’s presentation to the larger Committee. 	
Pillar Committee Updates/Coverage	<p>Children are Safe</p> <ul style="list-style-type: none"> - Mary Gordon has given her permission to publicly share the videos from her lecture on bullying and teasing. The first set of videos will be available for viewing after the next Children are Safe meeting. - It was suggested that the table seek help advertising from local school boards to increase use of the videos. The table discussed the importance of tracking video views and who is using it. BEC will look into methods of tracking these hits. <p>Children are Learning</p> <ul style="list-style-type: none"> - Photos of infants at the Niagara Falls Public Library have been taken, and more photos continue to be collected. The table will soon organize a committee to select pictures for the final calendar product. <p>Children are Healthy</p> <ul style="list-style-type: none"> - The Pillar looked at using Knowledge Translation for reducing screen time, but have changed it due to Healthy Kids Community Challenge likely taking it on as a future message. Instead, Children are Healthy will focus on “Play” as it contributes to health and wellbeing. - The Professional Development Task Group is looking at condensing their training sessions into a one-day session and are considering the pros and cons associated with that change. This training will highlight building positive relationships with food and cooking, menu planning, etc. The venue will dictate how this will be executed. Children are Healthy also discussed recording the modules to show at the centres for the staff meetings and prompt discussion. This is not a general interest session, it is designed to help meet legislation and aligns with public health regulations. <p>Families are Strong, Stable and Connected</p> <ul style="list-style-type: none"> - The StoryWalk work plan is being improved and refined, and feedback is being collected on designing key measures for the project Objectives. This feedback will be used to create the project funding proposal. - The table also is adding projects to its “Parking Lot” to be addressed in the future, including developing a Niagara Region Parenting Strategy, the Niagara Fathering Network, and the Infant Mental Health initiative. <p>Niagara Indigenous Children’s Planning Council</p> <ul style="list-style-type: none"> - Several new members have joined the NICPC, and so they are planning to give a history of the Committee for everyone to emphasize its mission. Every member will also sit on one of the NCPC Pillars. 	<p>BEC will look into methods of tracking Mary Gordon video hits.</p>
Updates	<ul style="list-style-type: none"> - The table discussed outcomes from the Healthy Kids Community Challenge summit that took place in February. The individual municipalities are expected to submit their proposals this week. - D. Dalgleish announced that McMaster University is conducting a study on early childhood development, engaging early year centres and families to rate their children’s development using the Developmental Temperature Taking Tool. These ratings will be compared to the Bayley Scales of Infant and Toddler Development assessment. Niagara locations will begin participating this month. 	

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	<ul style="list-style-type: none"> - D. Dalgleish also announced that Ontario family centres are now joining together with literacy and early years centres, including Centre de Santé, to create the Ontario Early Years Child and Family Centres (OEYCFC). - S. Dupuis announced that data collection is complete for the Voice of the Customer study for expansion of the Parent Resource Guide. Using focus groups, over 120 parents were asked about their use of the Guide, and how they seek information for their parenting questions. Groups included high risk families, FACS, and child and family centres. A qualitative analyst has been hired for the next steps of this research. 	
MEETING SCHEDULE	<p>Unless otherwise noted, all meetings will take place from 2:00pm to 4:00pm at Pathstone Mental Health.</p> <p>Wednesday April 6, 2016 Wednesday May 4, 2016 Wednesday June 1, 2016</p>	

Rating Scale

3	Good
2	Caution
1	Urgent

NCPC Research Group
Data Planning and Evaluation

Indicator	Age Range	Parent Knowledge Data	Rating	External Data/Sources	Rating
Eye Health	NA	NA	NA	KPS (2011) - % of SK that had their vision check by an eye doctor (52.2%)	1
				Vision Loss in Canada (2011; National Coalition of Vision Health) - Approximately 60% of children with literacy problems have an undiagnosed vision problem	1
Oral Health (Dental)	0 to 6 months	Majority of parents (78.4%) know that a child's first dental visit should be soon after their first tooth, or by the age of one year.	2	Public Health <ul style="list-style-type: none"> 4 to 6 year old dental decay surveillance 	1
	7 to 12 months	While only 61.5% of parents know that a child's first dental visit should be soon after their first tooth, or by the age of one year.		KPS (2011) - % of SK that had their teeth checked by a Dentist or Dental Hygienist (96.8%)	3
		Two-thirds of parents (67.5%) know that you should never put a soother, bottle nipple, or child's utensils in your own mouth for any reason.			
	13 to 18 months	Less than half of parents (47.2%) know that a child's first dental visit should be soon after their first tooth, or by of one year			
Mental Health	0 to 12 months	Majority of parents (83.6%) of 0 to 6 month olds know that picking up an infant every time she cries will not spoil them.	2	Infant Mental Health Pilot Project	?
		Majority of parents (89.7%) of 7 to 12 month olds know that picking up an infant every time she cries will not spoil them.			
		Two-thirds of parents (65.5%) of 0 to 6 month olds know that it is possible to recognize poor mental health during infancy.	1		
		Less than half parents (43.2%) of 7 to 12 month olds know that it is possible to recognize poor mental health during infancy.			
		Approximately half of parents (48.1%) know that an infant does not know how to influence parents to get what they want.			

Indicator	Age Range	Parent Knowledge Data	Rating	External Data/Sources	Rating
Nutrition and Healthy Eating	13 to 18 months	Majority of parents (86.1%) know that fruit juice is not a good way for children to get their vitamins.	1	Health Kids Community Challenge (HKCC) – Drink Water!	?
		If a child only eats pasta, 65.3% of parents know that this is not okay.		Public Health <ul style="list-style-type: none"> Trust Me Trust My Tummy (TMTMT) 	?
	3 to 4 years	If a child does not want to eat what is offered at meal time, 78.1% of parents know to respect the child's decision and let them leave the table.		KPS--% parents who find it hard to get their SK child to eat healthy (55.7%)	1
	4 to 6 years	Majority of parents (76.9%) of parents would turn on the TV during meal and snack time.		KPS (2011) - % of SK that always: (a) eat breakfast (25%)	2
				(b) % SK that always or most of the time eat 4 servings of fruit and vegetables/day (77%)	2
				(c) eat or drink 2 servings of milk products always or most of the time (96.4%);	3
				(d) eat meals with family always or most of the time (95.2%)	3
7 to 12 years	If a child does not want to eat what is offered at meal time, 55.0% of parents know to respect the child's decision and let them leave the table.	(e) eat restaurant food only sometimes (92.7%)	3		
		(f) SK drink pop and sweetened drinks always, often and sometimes (55.3%)	1		
Early Childhood Literacy	7 to 12 months	Majority of parents (87.5%) would encourage their partner to keep reading to their child, even if they were reading a magazine.	1	Emergent Literacy Group	?
				EDI--% of children not meeting expectations in basic and advanced literacy skills (16%)	3
18 Month Well-Baby Visit	13 to 18 months	Majority of parents (77.8%) know that the 18 month well-baby visit is a longer, more in-depth and important visit with your child's doctor or health care provider.	2	Public Health <ul style="list-style-type: none"> Proportion of children screened for well-baby visit 	3
	19 to 36 months	Most parents (97.2%) know that the 18 month well-baby visit is a longer, more in-depth and important visit with your child's doctor or health care provider.			
Structured and Unstructured Play	13 to 18 months	One-third of parents (37.3%) know that an appropriate age to expect a child to play with other children is generally around 18 months.	1	HKCC – Run. Jump. Play.	?
	19 to 36 months	Majority of parents (74.0%) know that young children do not need to be involved in organized sports (like playing on hockey, soccer or baseball team) from a very young age to develop their muscles and coordination.		KPS--% SK children who participated in a sport with a coach once per week or more (in past year) (73.6%)	1

Indicator	Age Range	Parent Knowledge Data	Rating	External Data/Sources	Rating
		Few parents (7.9%) know that around 2 years of age, children should hardly ever enjoy playing and sharing with other children.		KPS (2011) - % of parents that find it challenging to motivate their child to be physically active (17.6%)	2
	3 to 4 years	Approximately half (59.0%) know that a child does not need an opportunity to play organized sports, like playing on an expensive hockey, soccer or baseball team.		KPS (2011) --% SK children who participated in a sport or physical activity WITHOUT a coach once a week or more (85.7%)	3
	4 to 6 years	Majority of parents (74.2%) know children do not need to participate in organized sports, like playing on a hockey, soccer, or baseball team to get the full benefits of physical activity.			
	7 to 12 years	Most parents (74.2%) know that children do not need to participate in sports to get the full benefit of physical activity.			
Empathy	13 to 18 months	When your child has just fallen. She looks at you and begins to cry. She isn't hurt, and you're sure she just scared herself. Less than half of parents (46.7%) would go to her and comfort her.	1	EDI--% SK children not meeting expectations in prosocial and helping behaviour subdomain (67.6%)	1
	3 to 4 years	Half of parents (50.9%) would expect a 3 year old to understand other people's feelings.			
	4 to 6 years	Majority of parents (73.6%) would expect a 4 year old to be able to comfort someone who is upset.			
	7 to 9 years	One-fifth of parents (17.4%) thought that bullying was a part of growing up.			
		Over half of parents (58.4%) know that not all teasing will lead to bullying.			
10 to 12 years	One-fourth of parents (24.0%) thought that bullying was a part of growing up.				
Hitting and Biting	13 to 18 months	Two-third of parents (69.0%) know that hitting and biting is a common behaviour when a child does not get what they want or is told no.	2	KPS (2011) - % of parents that find it challenging to encourage appropriate behaviour and discourage inappropriate behaviour (54%)	1
	3 to 4 years	While playing your 3 year old starts to hitting her friend, majority of parents (69.5%) would help their child use their words.		EDI--% SK children not meeting expectations regarding aggressive behaviour (16.4%)	1
Toilet Learning	19 to 36 months	Potty training does not seem to working, 78.8% of parents say to take a break because the child may not be ready.	2	Public Health	?
		Majority of parents (64.2%) know that if your child is potty/toilet training and has been accident free during the day, when you start night time potty/training you can resort to using diapers again.			

Indicator	Age Range	Parent Knowledge Data	Rating	External Data/Sources	Rating
Screen Time	4 to 6 years	Majority of parents (76.9%) of parents would turn the TV during meal and snack time.	1	KPS—% SK children having 2 or more hours per day of screen time (65.2%)	1
	7 to 12 years	Few parents (27.0%) know that it is important to have no electronics in the children's room in conjunction with establishing ground rules (95.9%), to limit the amount of screen time.		HKCC – Phase 3 (Screen Time)	?