



Prevention of Youth Violence Can Start During Pregnancy

Conference: “Can Early Learning
Prevent Youth Violence?”

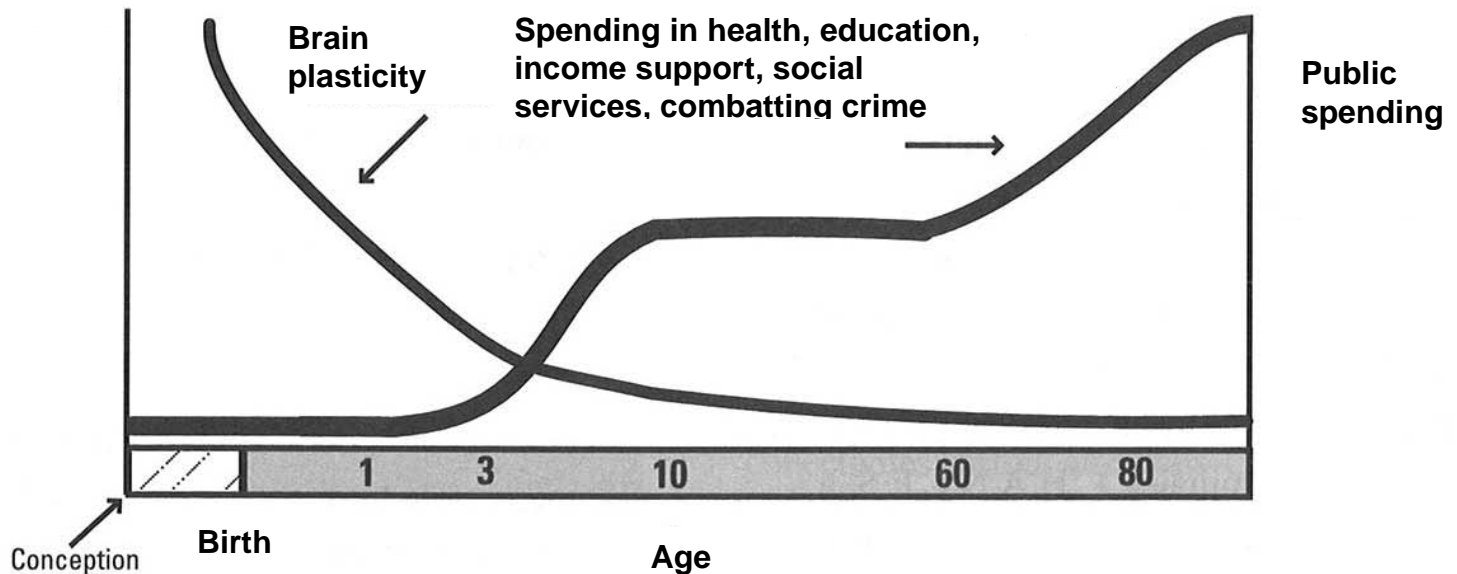
September 17, 2008

What we know: Brain development

4.2 - BRAIN DEVELOPMENT – POTENTIAL AND INVESTMENT

Wiring and development of the brain

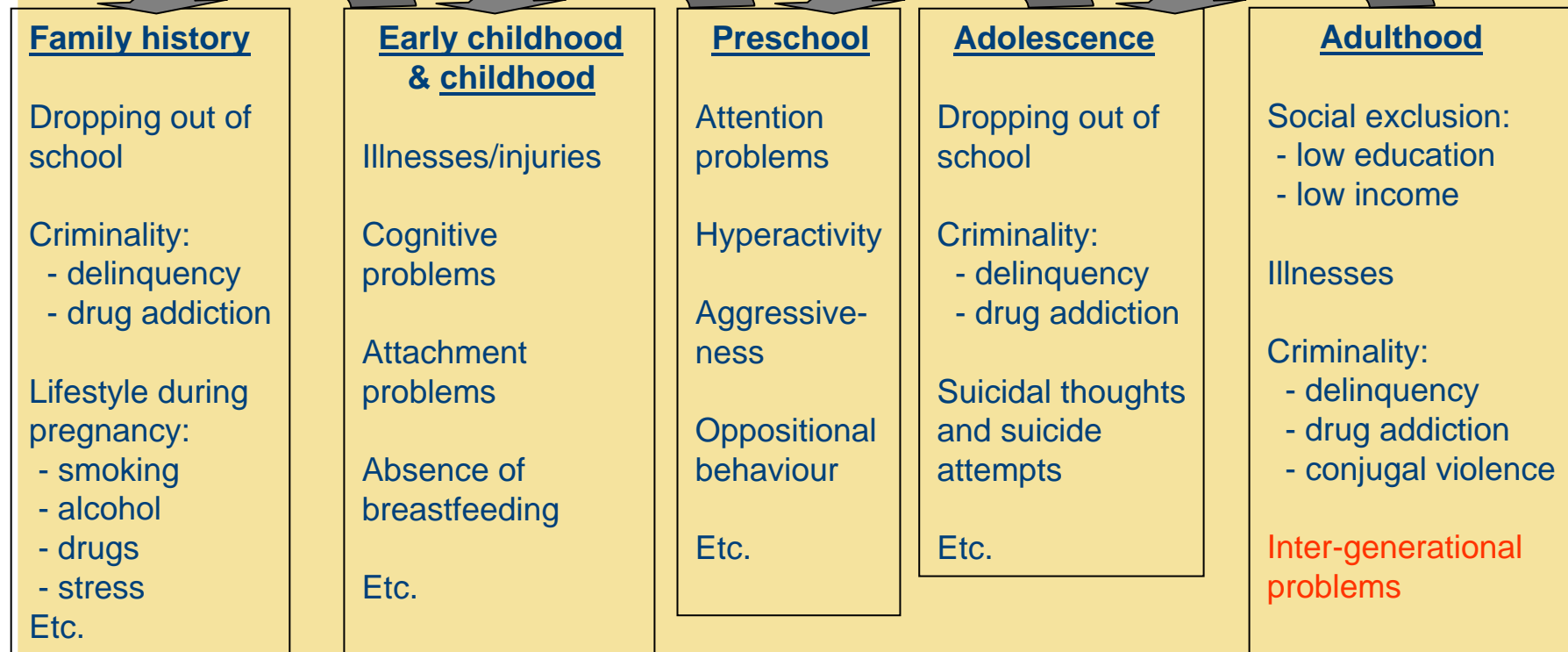
Intensity of brain development



Perry (1996)

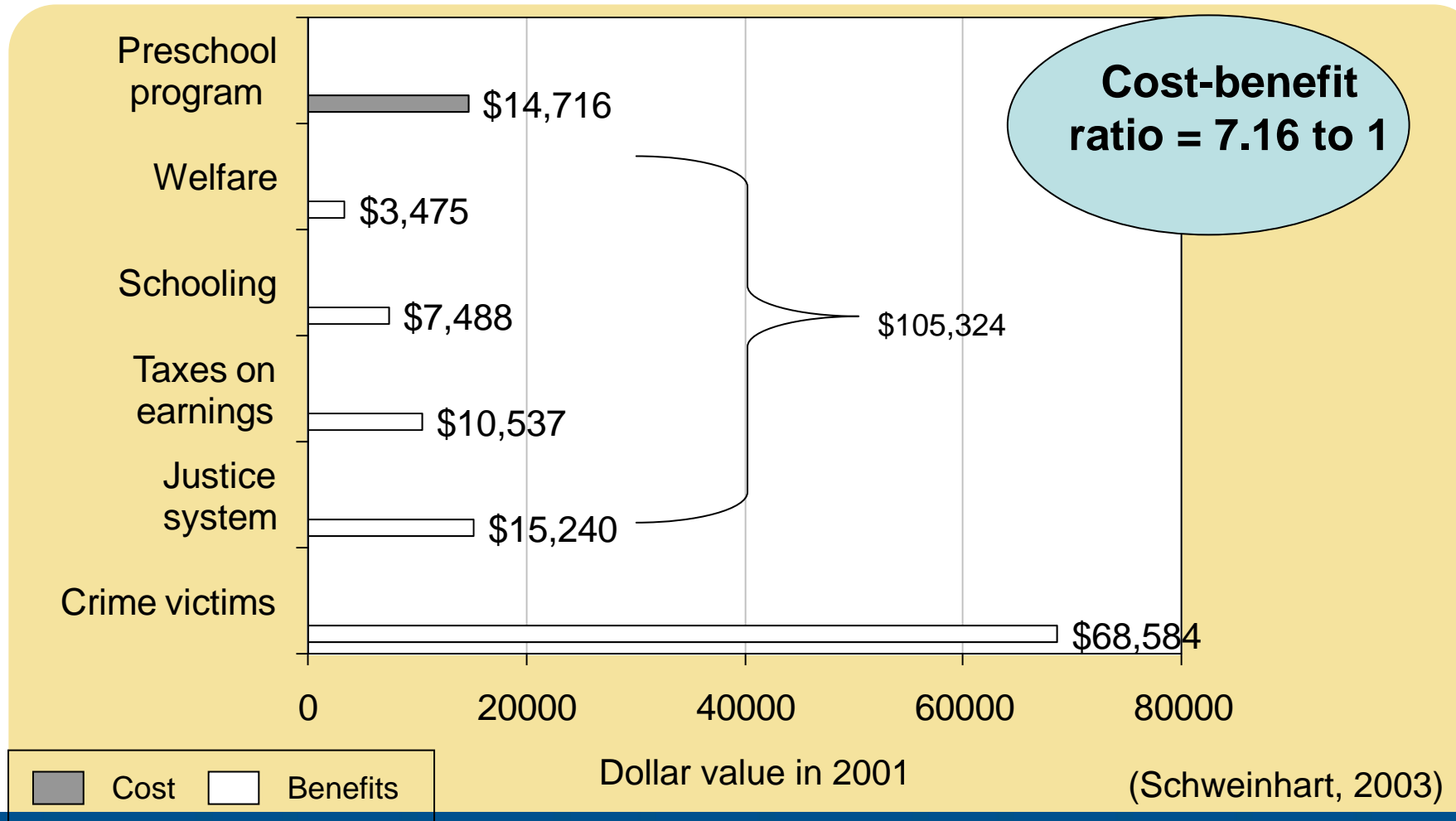
What we know: Risk factors and violence

Linking of **problems**



What we know: Cost-benefit ratio

High/Scope Perry Preschool Study: Public cost / Benefits per participant



Social environment

Pregnant women

**Infants
0-18/24 months**

**Toddlers
24- 48 months**

**Preschoolers
4 -5 years**

**Children
6-12 years**

**Adolescents
13-17 years**

Nutrition

Stress

Lifestyle

- Smoking
- Alcohol
- Drugs

Knowledge of infant's needs

Development of a life project

- Improvement \$
- Social support
- Daily routine
- Stimulating and safe environment

Health

- Birth
- Early childhood

Nutrition

- Breastfeeding
- Nutritional security

Secure attachment

Cognitive development

Temperament/behaviour

Cognitive and language development

Fine/gross motor skills

Psychosocial skills

Health & well-being

- Trauma/accidents
- Acute/chronic problems
- Oral-dental problems

Cognitive dev.

- Reading
- Writing
- Counting

Psychosocial skills

- Self-control
- Conflict res.
- Emotional expression

Health & well-being

- Lifestyle**
- Nutrition
 - Motor skills
 - Physical activity

Cognitive dev.

- Reading
- Writing
- Mathematics
- Motivation

Psychosocial skills

- Self-control
- Social behaviour

Health & well-being

- Depression
- Self-esteem

- Lifestyle**
- Nutrition
 - Physical activity

Cognitive dev.

- Reading
- Writing
- Mathematics
- Motivation
- Educational and prof. aspirations

Social skills.

- Peer group affiliation
- Social behaviour

Health & well being

- Depression
- Self-esteem
- Academic self-esteem

Lifestyle

- Smoking/alcohol/ drugs
- Balancing work and school
- Nutrition
- Physical activity

SUCCESSFUL SCHOOL ENTRY →

ACADEMIC PERSEVERANCE →

Summary chart of best practices: Early prevention/ intervention (birth-5 years)

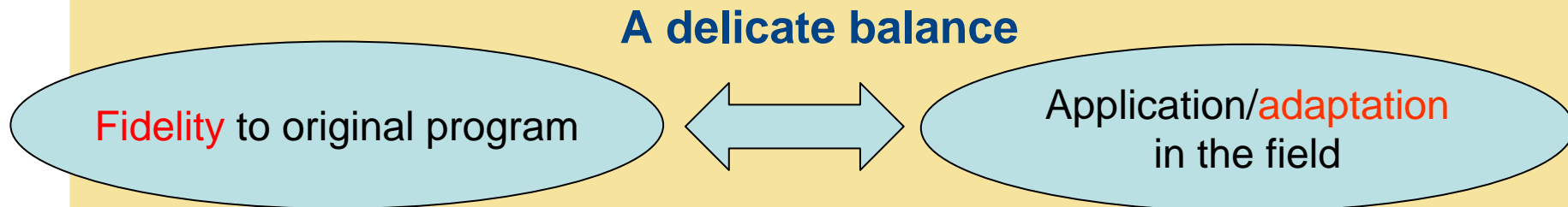
Legend :

- | Effect on cognitive development
- | Effect on school performance
- | Effect on behaviour
- | Effect on parent-child relationship
- | Effect on physical development
- | Effect on mother (health, SES, behaviour)

	-9 months	Birth	1 year	2 years	3 years	4 years	5 years
Programs for parents		PROBIT (Kramer, MS)	Breast-feeding		COPE (Cunningham, CE)		Parent groups (Social skills training)
	Effect on cognitive development	Effect on behaviour		Effect on parent-child relationship	Effect on school performance		
Programs for children			(Olds, DL)	Home visits			
				(Webster – Stratton, C)		The Incredible Years	Social skills training and parent groups
					High / Scope Preschool Curriculum Study (Schweinhart, LJ) CPE (Home visits)		
		Carolina Abecedarian Project			(Ramey, CT) CPE (Home visits)		

Best programs: Challenges for implementation

- **Knowledge and practices** derived from research and found **effective** (best) in promoting the optimal development of young children are **poorly disseminated** and **largely inaccessible** within circles of practice (health and social service professionals) and within the child's social environment (family).
- Such knowledge and practices are **rarely adapted** to these environments.
- As such, **implementing** effective programs and practices in the field is difficult, especially within communities.



Guidelines for effective interventions

1. Take action **as soon as possible** in the child's life, targeting him **directly**, while promoting and supporting actions within the family.
2. Take action that involves **significant people** from the various contexts of the child's life; combine **various intervention strategies** (multimodal).
3. Build on the **intensity** (duration, frequency, regularity) and continuity of activities and actions.
4. Promote and develop **family and community responsibility** towards optimal child development.
5. Provide **quality human resources** (academic training and continuing education) and the necessary support.
6. Propose **actions that are tailored** to target individuals (age, ethnicity, socio-economic level) and communities.
7. Offer **comprehensive** and **longitudinal** interventions that bring about real change in behaviour and attitudes and that foster the **empowerment** of individuals and communities in a sustainable manner.

Nurse-Family Partnership (Olds et al.) vs. SIPPE

Program	Nurse-Family Partnership	SIPPE
History (selective prevention)	Randomized studies; programs set up by region (1977-NY, 1990-Memphis, 1994-Denver)	Clinical program set up throughout the province (since 2004, NÉGS/PSJP, 1991-2002)
Type and length of intervention	Home visits (first-time mothers < 25-30 gest. weeks, single parents/low SES or < 19 years). Pregnancy to 2 years (approx. 23 visits)	Home visits and group activities (low SES or < 19 years) Pregnancy to 5 years (varies)
Staffing	Nurses trained in the program (BA) and under supervision (4:1) 25 families/nurse	Health professionals, multidisciplinary teams No. families/health professional (varies)
Objectives and strategies	Improving pregnancy, child development and health, family financial security. Emphasis on health of mother, quality of care, life project for parents	Reduce infant mortality/morbidity, promote global child development, improve life conditions Maximize the health/well-being and empowerment of families and include childbirth as part of life project.
Evaluation and results	Effects: behaviour, cognitive and language development, school performance, safety/injuries, abuse, parent-child relationships, pregnancy, social network, physical health, education/employment for mother (4 to 1)	NEGS: effective in terms of support, mental health, and nutrition of mothers, but little effect on children SIPPE: currently under assessment

Mission

**Prevention of
 illness and
 poverty**

Distribution of grant monies
 according to strategic plan

Target

Educational success

Strategy

**Mobilization of
 society**

Strategy

**Mobilization of
 communities**

25%

75%

Citizen participation
 and advocacy

Communication with
 media and Internet

Voluntary participation
 of companies

Transfer of knowledge,
 networking, leaders
 outreach

**Support for
 mobilization**

**QEF
 QE**

*Academic
 perseverance*

Local and regional
 positioning

Tools

Training

Innovation

Profiles and
 observatories

Fondation Lucie et André Chagnon

MANDATE – MAIN OBJECTIVE– TARGET GROUP

MANDATE:

Contribute to the overall development of children by **mobilizing communities** to develop and implement courses of action that address the Foundation's objectives and target group.

MAIN OBJECTIVE:

Ensure that communities and all stakeholders in society **adopt a preventive approach** that promotes the overall development of children and their parents in a **sustainable** manner.

TARGET GROUP:

- Children for conception to 17 years
- Their parents
- Especially from disadvantaged neighbourhoods

BROAD OBJECTIVES

- Strengthen the ability of local communities to **formulate and carry out** courses of action that benefit children and their parents in a sustainable manner.
- Ensure that children in Québec are **ready to enter school** and that the great majority of them **persevere** until they have reached a level of education that allows them to become independent and productive citizens.
- Ensure that children in Québec adopt and maintain a **healthy lifestyle**.

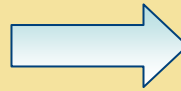
Fondation Lucie et André Chagnon: Examples of early childhood projects that are supported

- Experimentation of various prevention strategies
- Development and dissemination of knowledge and practices
- Training
- Portraits and tools

- *Centre premier berceau*, in partnership with MESS
- *Portage mère-enfant*, in partnership with MSSS
- Hospitals: *Baby-friendly Initiative*
- Montreal Diet Dispensary
- *Fondation de la Visite*
- *From Tiny Tot to Toddler...*(prenatal)-INSPQ
- *Grandir Ensemble*, in partnership with MFA
- *Odyssée*
- *Eurêk@*
- *En route vers l'école* (IMDPE-EDI), in partnership with DSP Montréal
- Mapping of disadvantaged areas
- QLSCD

“Family Kit” Project

CONTINUUM OF KITS



New medium for conveying key messages to vulnerable families

Description of the 4 kits in the continuum:

- **Kit 1 – Pregnancy (12th-18th week of pregnancy - ultrasound)**
 - **Kit 2 – Birth (given soon after arrival of child)**
 - **Kit 3 – Toddler (given to parents of children aged 1-3)**
 - **Kit 4 – Towards Kindergarten (given to parents of children aged 4)**
- Easy-to-understand material containing key messages for each developmental period
 - Proposed “common core” that is customizable for each social setting
 - Family assistance and support provided by the health professionals who distribute the kits
 - Phase 1 of project: Kits 1 and 2 (n=1,500); distribution to institutions and community organizations associated with *Québec Enfants* and the *Fondation*; evaluation.

Preliminary themes covered in the first two kits

Developmental milestones Themes covered	Pregnancy Kit	Birth Kit (0-12 months)
Lifestyle	<ul style="list-style-type: none"> • Diet • Breastfeeding • Smoking/drinking/drug abuse • Stress/health/well-being • Physical activity 	<ul style="list-style-type: none"> • Breastfeeding • Infant's diet • Safe, secure and smoke-free environment • Postnatal care for the mother (physical and psychological) • Conjugal support • Physical activity (parent)
Parental Skills	<ul style="list-style-type: none"> • Physical and psychological adaptation to pregnancy • Preparation for the baby's arrival (childbirth, welcoming the baby, parents' expectations) • Role changes of family members (mother, father, couple, siblings) and adaptation to the new family routine • Importance of the social support network 	<ul style="list-style-type: none"> • Care of the infant (hygiene, physical and oral-dental health, disease prevention) • Parental attentiveness (infant's needs and appropriate responses from the adult) • Stable routines and quality of the environment (sleep, meals, home/car safety) • Parental skills and stimulation of the whole child (cognitive/linguistic, psychomotor, socio-affective)
Child Development	<ul style="list-style-type: none"> • Knowledge concerning the development of the foetus • Knowledge concerning child development 	<ul style="list-style-type: none"> • Characteristics, rapid growth, and infant's abilities (reflexes, brain development, overall development, vision, hearing, crying, colic) • Bonding and need for physical/emotional security and stimulation
General Information and Resources	<ul style="list-style-type: none"> • Prenatal monitoring and screening • Dietary and psychosocial support • Childcare/daycare services • Required/safe equipment (infant carrier, car seat, crib, playpen, highchair) • Local resources 	<ul style="list-style-type: none"> • Medical/vaccination follow-up • Support for breastfeeding, recovery from childbirth, psychosocial, return to work, parental skills • Childcare/daycare services • Local resources

Longitudinal studies are essential to understanding

Longitudinal data FOR... obtaining benchmark measurements

- setting realistic and common goals
- monitoring the effects of existing programs
- distinguishing between short, medium and long term effects
- evaluating various courses of action that have been taken

Longitudinal data FOR... mapping the developmental trajectories of children in order to provide effective PREVENTION

Longitudinal data FOR... verifying the “strength” of predictors used in determining SUCCESSFUL SCHOOL ENTRY and EDUCATIONAL SUCCESS

Longitudinal data that is UP TO DATE (cohort every 10 years) and taken from SEVERAL longitudinal studies to account for social changes.