



## Embedding the Science of Infant Mental Health in Practice and Policy

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# COMMUNITY REPORTS

## A Collaborative Approach to Embedding the Science of Infant Mental Health and Enhancing Infant Mental Health Services

### Volume 2

Algoma, ON  
East York, ON  
Langley, BC



A program of

**SickKids**

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# Embedding the Science of Infant Mental Health in Practice and Policy

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## Executive Summary

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Ontario is a vibrant province diverse in its communities ranging from large urban settings to rural communities that span a great geographic distance. The diversity of Canadian communities underscores the need to work locally with agencies and experts to determine how the science and best practices for infant mental health can be effectively embedded into policies, programs and services.

While some aspects of mental health services may be well designed or under construction in some regions, an inclusive and coordinated system of infant mental health services is in itself in its infancy. Building on the findings of an environmental scan conducted by IMHP of a sample of Ontario communities and subsequent recommendations included in the recent *Supporting Ontario's youngest minds: Investing in the mental health of children under 6* report, (Clinton, et al., 2014 p. 21) it is evident that:

- Practitioners in the field of infant mental health come from a wide range of backgrounds and sectors that may be outside of traditional mental health services. The level of training among staff delivering services varies, and there is an inconsistent understanding of what infant and early childhood mental health means.
- The types of early mental health care, including a variety of access points, tools, and interventions available to young children and families in direct service settings varies among agencies. The extent to which these services are accessible also varies.
- Agencies use a variety of screening and assessment instruments to understand family needs and develop treatment plans. A systematic protocol for regular screening and assessment to support mental health and typical development is not consistently in place, and initiatives vary between agencies and sectors.
- While internal referrals for service delivery within agencies appear to be relatively fast, wait times for referrals between agencies to obtain external assessments and mental health services are reportedly an average of four to six months, with wait times for services ranging from six weeks to a full year. This poses significant barriers to access to services, with young children often “aging” out and losing eligibility for the recommended services during the early years.

In December, 2014, the Public Health Agency of Canada (PHAC) provided funding to Infant Mental Health Promotion at the Hospital for Sick Children to create a collaborative, community-based process to further explore the issues at play for direct service delivery agencies.

Through this project, IMHP consulted with five communities in Ontario (Niagara, Simcoe, Muskoka and Parry Sound, Ottawa, and Regent Park Toronto) to gain a better understanding among all agencies and sectors concerned with infant mental health as to the existing gaps or barriers, opportunities for improved service delivery, and potential solutions for inter-systemic supports. Common themes emerged across communities about infant mental health practices, policies, services and in relation to the knowledge and competencies of those working with this young population and their families.

## Key Findings/ Recommendations

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### 1. The current system of supports for families is fractured. Increased communication and transparency between sectors is imperative.

- Each sector would benefit from clearly defined roles (i.e. prevention, intervention, treatment) and a common language across sectors.
- Adopt the Zero to Three Infant Mental Health Task Force (2014) definition of infant mental health and an understanding of core concepts:
  - "Infant mental health" is defined as the healthy social and emotional development of a child from birth to 3 years; and a growing field of research and practice devoted to the:*
    - *promotion of healthy social and emotional development;*
    - *prevention of mental health problems; and*
    - *treatment of the mental health problems of very young children in the context of their families.*
- Create and implement the dissemination of a universal brief/ pamphlet for physicians and practitioners to use with families that informs of key messages about developmental milestones, the importance of early mental health and responsive caregiving relationships for babies. Encourage all agencies in the region to use these documents to support a common language and understanding.
- Explore how to strengthen coordinated, targeted messaging around parenting, child development and infant-early mental health to reach families more effectively in the public. The location of these messages is essential in reaching the families who may not otherwise access services or be aware of services available. Leverage existing parent and professional education initiatives.

### 2. Practitioners working with infants and families often do not have specific expertise or knowledge of infant mental health and early development.

- Build capacity and enhance the skills of frontline practitioners and clinicians to make observations of infant and toddler development, recognize the risk for early mental health and respond to concerns with appropriate services.
- Explore and identify both strengths and limitations in infant mental health expertise in your region's services. Look to engage children's mental health services in a collaborative discussion on building capacity for infant mental health treatment.

- Promote existing and/ or implement more multi-sector opportunities for staff to be coached on communicating and sharing information with parents about normal development and developmental concerns.
- Engage and begin a conversation with the post-secondary sector and professional associations to share knowledge of early mental health and encourage the inclusion of key topics in curricula across disciplines, for example, working with parents with unresolved trauma and how it can affect their parenting capacity. Explore the development and delivery of an Infant Mental Health Program at your local college/ university.
- Explore building capacity specific to infant mental health as new staff are hired.

### **3. Screening initiatives, protocols and tools for developmental screening and observation including social and emotional aspects of mental health are not consistently available or used.**

- Increase early screening opportunities across sectors (physicians, early learning and care settings, child welfare, public health, etc.). Explore existing initiatives that could be adopted or adapted in your community, e.g., implementation of developmental screening clinics.
- Ensure that the tools used are robust and include a strong social-emotional component. Explore the inclusion of the *Ages & Stages Questionnaires®, Third Edition (ASQ-3™) A Parent-Completed Child Monitoring System* (Squires & Bricker, 2009) and the *Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE™) A Parent Completed Child Monitoring System for Social-Emotional Behaviors* (Squires, Bricker & Twombly, 2002) tools in developmental assessments. Explore how existing tools and resources can include a stronger focus on infant and early childhood mental health concerns.
- Review admissions and follow-up forms (which document the child's history) and explore if possible how to embed infant mental health/ screening and/ or assessment components.

### **4. Agencies are often unaware of existing programs and services.**

- Conduct environmental scans to identify current prevention and early intervention programs, service availability, mandates, efficacy, and capacity for infant/ preschool development in the community with a focus on those addressing early mental health and parent support.
- Ensure that all community agencies, sectors and disciplines are included in environmental scans. Working documents should be shared with the community to ensure the inclusion of services as they are being mapped. As a community, review the environmental scan and referral pathways together once they are complete.
- Coordinate existing scans between the Mental Health Transformation Table and public health agencies to determine overlaps or gaps.

### **5. Transparency is key to collaboration and effective referral.**

- Develop a “local developmental services pathways” reference document for parents/ families and community partners (i.e. health and social services) outlining local services available for prenatal to three years of age for early development, screening, assessment, prevention, intervention and treatment. Included in the pathways document should be:



- ✓ Agencies and programs serving infants, toddlers, and families
- ✓ Screening tools and initiatives being used in your region.
- ✓ Intervention and treatment services that require a formal referral from a physician.
- ✓ Services/tools that can be accessed by front-line practitioners.
- ✓ A clear protocol for referral and transitions between services.

## **6. Wait lists are a significant barrier to effective access to intervention and treatment.**

- Explore opportunities to strengthen co-located models/services for mental health and addictions for vulnerable populations.
- Implement interim strategies and provide resources for families while transitioning into/ between services.
- Explore what strategies can be presented to families, including implementation of a developmental support plan and/ or systematic referrals to supportive services such as HBHC, while they wait for specialized care.
- Broaden mandates of agencies to include prenatal components.

## **7. Existing protocols do not facilitate effective follow up with clients.**

- Identify strategies including but not limited to the use of a shared record system to increase system capacity for follow up and coordination of referrals for universal, early indicated intervention, and treatment. Explore how a shared record system can be used to enhance coordinated referrals, early intervention and treatment.
- Develop a form of passport document and/ or shared electronic record for families for when they visit physicians, nurses, and other support services. Explore existing models of developmental passports from other sectors (e.g. health care) that could be replicated for early mental health services.

## **8. There is little existing data on early mental health, prevalence, and program efficacy.**

- Explore evaluation of programs, services and tools used to serve infants, toddlers, and families. Measure critical outcomes for children, not just quantitative measurement. Evaluate the number of referrals from one year to the next.

## **9. Each child and family is different and client engagement is a key concern.**

- Explore ways for parents/families with young children can better inform practitioners/ professionals of their needs (e.g., through a checklist document families fill out, etc.). This could include questions regarding the child's temperament and/ or the familial/ caregiving structure, for instance.
- Use the documents parents complete as an opportunity to engage, open conversation, dialogue, motivate families and to build relationships with staff. For example, the early learning and child care (ELCC) sector could look to create an "intake" resource for

practitioners to learn more about a child, facilitate discussion between staff and families, and support families on a daily basis.

- Increase practitioner/ agency capacity for providing socially inclusive, empathetic, culturally and linguistically competent practices.

#### **10. There needs to be more information regarding organizational policies and practices that support infant mental health in order to identify gaps and opportunities.**

- Survey front-line practitioners and staff to gain a better understanding of staff perceptions and of the organizational policies and practices of agencies working with infants and toddlers in each community.
- Adopt a reflective supervision model that is specific to an infant mental health context.
- Develop a “Community of Practice” amongst peers and agencies to establish and support the implementation of early screening, assessment, prevention and early intervention practices.

It is evident across all communities that there is a passion and commitment to strengthen infant mental health from all perspectives and in all areas of services – policies, practice, and knowledge of those delivering service. Practitioners are excited by the science of infant mental health and are eager to integrate and embed it into their work with infants and families. There is both evidence and will for a shift in our understanding and support of infant and early childhood mental health. This is an exciting time with potential for significant change of paradigm.

#### **References**

Clinton J, Kays-Burden A, Carter C, Bhasin K, Cairney J, Carrey N, Janus M, Kulkarni C & Williams R. (2014). Supporting Ontario's youngest minds: Investing in the mental health of children under 6. Ontario Centre of Excellence for Child and Youth Mental Health. Retrieved from [http://www.excellenceforchildand youth.ca/sites/default/files/policy\\_early\\_years.pdf](http://www.excellenceforchildand youth.ca/sites/default/files/policy_early_years.pdf)

Zero to Three Infant Mental Health Task Force (2014) Early Childhood Mental Health. (webpage) retrieved July 1, 2015) from ([http://main.zerotothree.org/site/PageServer?pagename=key\\_mental](http://main.zerotothree.org/site/PageServer?pagename=key_mental))

# Project Overview

Across Canada attention to mental health has never been greater. While significant efforts focus on adolescent and adult mental health, there is a growing awareness of how significant early mental health is to physical and mental health outcomes across the life span. The prevailing definition of infant mental health used in the United States and in many parts of Canada states:

*Infant and early childhood mental health, sometimes referred to as social and emotional development, is the developing capacity of the child from birth to five years of age to form close and secure adult and peer relationships, experience, manage and express a full range of emotions, and explore the environment and learn – all in the context of family, community, and culture (Cohen, Oser & Quigley, 2012, pg. 1).*

As the availability of scientific research supporting early mental health and development and our understanding of this science grows, how is it influencing the design and delivery of our programs and services for this young age group? Do practitioners and clinicians working with this young age group and their families have the knowledge and skill to embed this science into daily practice? Are the policies that support programs, services and those delivering and developing these reflective of this science? While many continue to provide leadership in knowledge translation activities, are we effectively translating the science to practice or is there potential to be doing more in light of what we now know? It is evident that early development including mental health can influence a child's developmental trajectory, their capacity to learn, their physical and mental health, and their behaviour throughout their life. What happens during the early years doesn't just "count" - it shapes outcomes throughout an individual's life.

*Childhood is an extremely sensitive period in human development, during which the brain, especially the circuitry governing emotion, attention, self-control and stress, is shaped by the interplay of the child's genes and experiences. As children grow, the biological and environmental factors that determine their development become increasingly intertwined. When the environment is a secure, positive one, these factors join forces to help maximize their potential (Boivin & Hertzman, 2012, pg. 2).*

While some aspects of mental health services may be well designed or under construction in some regions, a system of infant mental health services is in development leading to a variety of access points, tools, and interventions available to families. In an environmental scan that surveyed a sample of Ontario communities (Clinton, Kays-Burden, Carter, Bhasin, Cairney, Carrey, Janus, Kulkarni, & Williams, 2014, p. 21) it was found that:

- The type of early mental health care available to young children in direct service settings varies among agencies. The extent to which these services are accessible also varies.
- Agencies use a variety of screening and assessment instruments to understand family need and develop treatment plans.
- The level of training among staff delivering services varies, and there is an inconsistent understanding of what infant and early childhood mental health means.
- Agencies typically have, or are working on, referral arrangements with other agencies to provide complementary and mental health specialty services, with varying degrees of

coordination between schools and community partners. Special Needs Resourcing funding appears to help facilitate internal agency referrals.

- Internal referrals appear to be relatively fast but average wait times for assessments and mental health services were reported at four to six months, with wait times ranging from 6 weeks to a year.

Practitioners are excited by the science and eager to integrate and embed it into their practice – there is both science and will for change in how we understand and support infant and early childhood mental health.

## Methodology

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### Selection of Communities

Ontario is a vibrant province diverse in its communities ranging from large urban settings to rural communities that span a great geographic distance. As a pilot, the goal was to select five communities that represented the diversity of Ontario. The following criteria were used to guide the selection of communities:

- Presence and leadership of a strong Community Action Program for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP) in the community;
- Participation by some community partners in the online Infant Mental Health Community Training Institute offered by IMHP during the past three years;
- A willingness among community partners to commit 3 days toward discussions at a community table;
- Support for infant mental health and the process to identify strengths and opportunities from:
  - ✓ the local Medical Officer of Health or LHIN;
  - ✓ at least one child welfare agency in the community;
  - ✓ regional/municipal child care body;
  - ✓ board of education;
  - ✓ an existing early years or best start table in the community;
  - ✓ three local champions of infant mental health;
  - ✓ some practitioners who had participated in the training provided by IMHP, with attendance from at least one person in three sectors.

### Establishing Community Tables

Once the five communities were selected a local champion of infant mental health was identified as the lead for organizational purposes. Each community champion was asked to assist with scheduling to organize 2.5 days of face to face meetings. The following is a list of the communities that were selected in 2015 for the pilot:

- Niagara
- Ottawa

- Simcoe County
- The Districts of Muskoka and Parry Sounds
- Regent Park, Toronto

In 2016, eight community tables were held across Canada. The communities who hosted a table include:

- Langley, British Columbia
- The Lac La Ronge Tri-Community (La Ronge, Air Ronge, Lac La Ronge Indian Band), Saskatchewan
- The Indigenous and Métis Community of Simcoe County, Ontario
- Timiskaming District, Ontario
- Algoma, Ontario
- Etobicoke, Ontario
- East York, Ontario
- Durham Region

In all communities a CAPC and/or CPNP site was the champion either on their own or in partnership with another agency. The champions were asked to reach out to all sectors and to ensure that the community table was diverse from a systems perspective. They were also asked to ensure that those at the community table were in management positions within their agencies with the hope that this would ensure a rich source of information gathered and effective communication back to each agency.

## Data Collection: Learning About Each Community, Their Policies, Practices, and State of Knowledge Specific to Infant Mental Health

A standard template was created to guide discussions and examine core prevention and intervention activities, competencies and organizational policies. The *Infant Mental Health Promotion Best Practice Guidelines* (2011) were the framework that guided these discussions. The information gathered was organized into the categories below.

- **Current programs and/or services** that the community considered to be part of their system of infant mental health services that were available to all families or targeted toward high risk families.
- **Current strategies for developmental screening** and what aspects of this looked at mental health.
- **Current early intervention programs** with a focus on those addressing infant mental health.
- **The current state of knowledge and skill of practitioners** in the community working with this age group within the following sectors:
  - ✓ Education
  - ✓ Child Protection

- ✓ Early Learning and Care
- ✓ Children's Mental Health
- ✓ Public Health
- ✓ Rehabilitation Services
- ✓ Speech and Language Services
- ✓ Existing collaboration among agencies

- **Short term opportunities to strengthen practices, services, and policies.** These were identified as activities the community felt could be achieved within one year.
- **Long term opportunities to strengthen practices, services and policies.** These were identified as activities the community felt would require more than one year to achieve.
- **Organizational policies and procedures** specific to infant mental health. For instance, were caseloads within agencies reflective of the intense work often required when an infant's mental health is vulnerable or did staff receive regular supervision that offered opportunities for reflection and also provided support to the trauma some staff witnessed?

Infant Mental Health Promotion was the lead on recording all information and writing the final reports. As information was gathered and organized it was sent back to each community for review, edits and suggestions. It was essential that all community partners agreed with the information that was documented. The editing phase was often conducted through email and at least one teleconference call with each community.

It is important to note that within each community the level of honesty and candour was impressive. Speaking about strengths was easy and enriching to hear, often with moments of clarity among partners as they gained insight into what others were doing. Identifying where services could be better, or policies needed to be refined because of the science, was more challenging. Within each community table there were members who helped to create a safe environment in which these conversations could take place. These more difficult conversations were honest and positive and were not riddled with blame or judgments from one sector to another, but were guided by what the science is telling us - how that science is shaping local infant mental health efforts, and ultimately how infant and early childhood mental health can be better supported and vulnerability responded to more effectively.

## The Rationale for a Focus on Infant Mental Health: What Science is Telling Us

The Center on the Developing Child at Harvard University is a leader in translating decades of complex brain and behavioral science into information that can and should be influencing and guiding the practice of any practitioner or clinician working with young children and their families. This translation has led to the articulation of the following core concepts that should guide practice, program development and policy for young children (Center on the Developing Child, 2015):

**Brains are built over time in a bottom up sequence.** The brain begins to develop before birth and continues to develop into adulthood. Simple circuits are formed first with every level of circuitry that follows taking on more complex tasks.

**The brain's capacity to change decreases over time.** While it is never too late to influence brain development, we now know that earlier is better and easier. In the early years of development the brain is most plastic creating an exciting opportunity to support a child's development.

**Serve and return experiences are essential to early learning, health and well-being over the lifespan.** Babies are born relationship ready and in fact, their development depends on the immediate relationships in their world. We now understand how these daily interactions influence gene expression and the wiring of the brain in the early years. Positive interactions support positive development. Unreliable and inconsistent interactions are more likely to lead to poor brain development and poor developmental outcomes for a child.

**Toxic stress derails development in young children.** Toxic stress is triggered when an infant, toddler or preschooler experiences prolonged activation of the stress response system in the absence of a protective relationship that can buffer the stress and the negative impact it can have on a child's development. Neglect, abuse, unresponsive and inconsistent care are just some of the experiences that can lead to toxic stress in young children.

**Social, emotional, and cognitive development are connected with each other and cannot be pulled apart.** Social and emotional development together provides the foundation for cognitive development. Collectively, they will influence developmental outcomes over the life of a child include school achievement.



## Embedding the Science of Infant Mental Health in Practice and Policy

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# Supporting Infant Mental Health in Algoma District

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**Embedding the Science of Infant Mental Health in Practice and Policy COMMUNITY  
REPORT: A Collaborative Approach to Embedding the Science of Infant Mental  
Health and Enhancing Infant Mental Health Services in Algoma**

Infant Mental Health Promotion (IMHP), The Hospital for Sick Children, Toronto  
June 2017

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A New Link  
Algoma Family Services  
Algoma Public Health  
Algoma Public Health - Infant and Child Development Program  
All Star Children Services  
Community Living Algoma – Children’s Services  
Huron Superior Catholic District School Board  
Indian Friendship Centre  
Sault College – Child Care  
Sault College - Nursing Faculty  
Superior Children’s Centre  
THRIVE Child Development Centre  
Waabinong Head Start Family Resource Centre  
Waterfront Child Development Centre

## About the District of Algoma

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The District of Algoma is the smallest region in Northern Ontario yet spans 51,206 square kilometers with a total population of approximately 115,870, of whom 5,210 are under the age of 5 (Statistics Canada, 2011). Algoma borders on two of the Great Lakes, Superior and Huron. Its inland geography with its old growth forests and countless rivers, lakes and streams means Algoma is home to astounding wildlife as well as fishing and hunting opportunities (Algoma Kinniwabi Travel Association, 2016).

The cities & towns are linked by scenic highway routes like the world renowned Wawa to Sault Ste. Marie, known as one of the Top Ten Drives in all of Canada. Algoma's Deer Trail Touring Route allows for an abundance of opportunities for wildlife viewing (Algoma Kinniwabi Travel Association, 2016).

The participants of the Algoma Table came together in Sault St Marie, a city on the St. Mary's River in Ontario and touted as the center of the Algoma District. Sault St. Marie is one of the oldest settlements in North America and the third largest city in Northern Ontario, after Sudbury and Thunder Bay (Tourism Sault Ste. Marie, 2016).

In recent events impacting services in Algoma, The Federation of Northern Ontario Municipalities (FONOM) have responded favorably to the release of the 2016 federal budget with announcements of infrastructure commitments over the next 10 years to public transit, water and wastewater systems, affordable housing and protecting infrastructure from the effects of climate change (The Federation of Northern Ontario Municipalities, 2016).

Despite some promising commitments, the District of Algoma experiences challenges due to its vast area, expanding over thousands of miles encompassing the city of Sault Ste. Marie, the city of Elliot Lake, as well as twenty incorporated municipalities and unincorporated townships which has consequently resulted in challenges to accessibility of various services. Algoma is also home to many First Nation reserves: Batchewana, Chapleau, Cree First Nation, Garden River, Goulais Bay, Gros Cap, Michipicoten First Nation, Missanabie, Mississaugi First Nation, Obadjiwan, Rankin Location, Sagamok, Serpent River, Thessalon, and Whitefish Island.

This prevalent Indigenous population experience isolation and a general feeling that a greater understanding is required of traditional and cultural practices. Outpatient services were used less often in regions such as Algoma that were at the greatest social disadvantage. Indigenous populations in particular had higher prevalence of mental health and addictions problems and school-related behavioural issues, and yet they access physician-based mental health care less than other groups. This suggests an imbalance between the need for and the availability of services.

In Northern Ontario as a whole, there are higher reported prevalence rates for a number of serious mental health issues, including: mental health and addictions problems, school-related behavioural issues, deliberate self-harm and death by suicide. Social determinants of health, such

# Algoma District

as gender, socio-economic status, ethnicity and place of residence are important to consider when measuring mental health performance. Using this lens, it is revealed that children and youth in Algoma, on average, face more challenges related to socio-economic status and geographic isolation (access to services) than the average child or youth in Ontario.

Current economic climate and job loss in the resource-dependent communities of Algoma may have an immediate, profound, and lasting impact on the health and well-being of their citizens and families. The expansion of Tele-Mental Health services across the north has provided better access to psychiatric consultations and mental health care, yet there continues to be a correlation between higher socioeconomic status and access to physician mental health services (Cairney et al., 2015).

Further, many participants at the table disclosed the need for enhanced knowledge, training opportunities and services that support the birth to 3 population. This report aims to provide a snapshot of current infant mental health activities in the Algoma District and ways to support integration and collaboration efforts.

## **The Algoma Community Table included the following agencies:**

- A New Link
- Algoma Family Services
- Algoma Public Health
- Algoma Public Health - Infant and Child Development Program
- All Star Children Services
- Community Living Algoma – Children’s Services
- Huron Superior Catholic District School Board
- Indian Friendship Centre
- Sault College – Child Care
- Sault College - Nursing Faculty
- Superior Children’s Centre
- THRIVE Child Development Centre
- Waabinong Head Start Family Resource Centre
- Waterfront Child Development Centre

# Algoma District Core Prevention & Intervention for the Early Years

## What is Happening in Algoma Today

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**Note: This is not an exhaustive list of all programs, services, initiatives and projects present for children under five and their families in the Algoma community. It is solely based upon the participation of the identified community partners over the two day event.**

### Universal Programs for All Children and Families

**In this area, any programs and services that are intended for all parents/caregivers and children to attend are listed.**

#### Algoma Family Services (AFS)

- Child and Youth Mental Health Core Services include:
  - Brief services/Indigenous outreach
  - Crisis services (crisis follow-up)
  - Targeted prevention
  - Family and caregiver capacity building and support
  - Counselling and therapy
  - Intensive treatment services
  - Specialized assessment and consultation
  - Service coordination
  - Access/Intake service planning
  
- **Triple P:** provides a proven and well-established approach to parenting that is meant to give consistent information to parents across Algoma District for mild to moderate behaviour problems expressed by children and youth. Triple P provides parents and adult caregivers with tips, techniques and strategies for positively interacting with and redirecting a child or youth when she/he is engaging in mildly to moderately challenging, harmful or otherwise inappropriate behaviour.

#### Algoma Public Health (APH)

- Offers programming through 3 streams: Reproductive Health, Family Health and Healthy Babies, Healthy Children (HBHC).
  
- **You and Your Baby:** A six week program for mothers, offered once a week. Moms attend with their young infants, ideally 6 weeks to 4 months of age. Meet other Moms, learn and share knowledge about nutrition, safety, sleep, attachment, growth and development.

- **Young Parents Connection:** for teens up to 21 who are on Ontario Works/LEAP (Learning, Earning and Parenting).
- **The Parent-Child Mother Goose Program:** group experience for parents and their babies and young children. The program introduces adults and children to the pleasure and power of using rhymes, songs, and stories together. Parents gain skills and confidence which can enable them to create positive family patterns during their children's crucial early years. Children benefit from enjoyable, healthy early experiences with language and communication.
- **Make the Connection:** This program helps parents support their child's development during the first year. This program combines hands-on activities, parent reflection and discussion to help you to continue to build a positive relationship with your child.
- **Gift of Motherhood:** Web based program that supports postnatal mothers with various topics such as attachment, pregnancy, labour and delivery, breastfeeding, and the newborn. Face to face classes also available.
- **Parent Coffee Break:** Provides opportunity to learn about services and opportunities as well as share experiences about parenting a child with special needs.
- Ongoing work with physicians to discuss 18 month well baby screens (effectiveness, impact, recommendations).

## All Star Children Services

- Operates a licensed early learning and child care program for infants, toddlers and children.
- Service is offered through 7 childcare centers and 1 Best Start Hub.
- Through the Blind River Best Start Hub, offer the following programs for babies:
  - ✓ Infant Massage,
  - ✓ Infant Picasso,
  - ✓ Connect with your Baby and
  - ✓ From Lullabies to Literacy
- Blind River Best Start Hub have two qualified registered Early Childhood Educators, one part time staff and many dedicated volunteers to assist with programs. They are open during the week and including Saturdays.

## Best Start Hubs

- Early Years/Best Start programs operate like Ontario Early Years Centres (OEYCs) and offer parenting programs and resources, age appropriate early learning activities for children, school readiness programs, professional resources and referrals and many more services aimed to foster the healthy development of children and help families achieve better outcomes.

## Community Living Algoma – Children’s Services

- Community Living Algoma is a not-for-profit organization that provides supports and services to over 800 children, youth and adults with a developmental disability and their families throughout Sault Ste. Marie and the District of Algoma.
- Provides a number of services including the following:
  - ✓ Assessment of strengths and needs of the child and family
  - ✓ Early intervention and crisis prevention support to preserve family unity
  - ✓ Support for parents to enhance self advocacy goals
  - ✓ Inventory of needed resources and services
  - ✓ Liaison to other community services
  - ✓ Evaluation of current services and effectiveness
  - ✓ Assistance for families to develop and implement individual plans
  - ✓ Assistance with transition planning for children and youth
  - ✓ Inter-agency collaborations when appropriate for resource development and advocacy

## Parenting and Family Literacy Centres (PFLCs)

- Offered throughout the school year, children ages newborn to six and their caregivers are invited to the centres to explore, play and learn together at the following locations:
  - ✓ Northern Heights Public School
  - ✓ H.M. Robbins Public School
  - ✓ River View Public School
  - ✓ Pinewood Public School
- The program is FREE, requires no pre-registration and runs every school day morning, Monday to Friday. (Centres are closed when schools are closed including holidays and professional development days)

## Sault College

- Sault College offers two convenient daycare facilities on campus. The licensed Child and Family Centre is staffed by qualified early childhood educators who are assisted by students. The daycare can facilitate up to 62 children aged 18 months to 4 years old.
- There are currently 5 licensed child care programs; 3 before and after school programs and 2 child care centres with the capacity of 31 children each.
- All programs are LABs for the Early Childhood Education Program. The child care programs offer full child care service, 5 days a week, and 12 months a year for children 18 months to 3.8 years.

## Superior Children's Centre

- A non-profit, multi-service child care organization that offers a number of child care programs in the North Algoma area, and work in partnership with other Best Start Hubs in the Algoma-Manitoulin riding.
- Offer infant programs such as Infant Massage, Baby Picasso, Signing with your Baby.

## The Indian Friendship Centre in Sault Ste. Marie

- The Indian Friendship Centre is a not-for-profit corporation for urban and migrating Indigenous people.
- The Indian Friendship Centres' objectives are to provide a meeting place for Native and non-Native people, to stimulate and help Native self-expression and the development of Native leadership, to help encourage study of Native needs and help in the planning of services with Native people in both public and private agencies.
- Utilize cultural teachings within First Nations to enhance cultural awareness, enhance parenting confidence, understanding of roots and making linkages to parenting strategies.
- **Prenatal Nutrition Program:** The Aboriginal Prenatal Nutrition Program was launched in 1997 and is federally funded by Ka:nen Our Children Our Future. The program is guided by four key components: Cultural Development and Retention, Child Development and Nutrition, Parenting and Caretaking Skills, and Community Development.
- The program is geared towards improving the healthy wellbeing of our Aboriginal mothers living off-reserve, by offering community-based, holistic and culturally relevant programming. The program is guided by the philosophy, which asserts that focusing on the young children, their families and the communities can be strengthened, empowered and healed.
- The Aboriginal Canadian Prenatal Nutrition Program offers education and prevention support to mothers and their infants in a safe, secure and nurturing environment, where they can express themselves freely.
- All the programs that are offered through the Aboriginal Prenatal Nutrition Program, target the traditional teachings of our Elders and Spiritual beliefs. We put the emphasis on our mothers to acknowledge where they came from and who they are as a person.
- Smudging is offered to the mothers that are interested and sharing circles to ensure a positive growing environment. Traditional medicines are offered at all programs: sage, tobacco, sweet grass and cedar. Cultural activities are available such as placenta burial, feasts, gatherings, sweet grass picking, and many more. Facilitators believe that everything needs to be balanced in order to have a healthy lifestyle.
- **Additional Services:** The goal of the Aboriginal Prenatal Nutrition Program is to improve the health and well-being of Aboriginal pregnant mothers living off reserve, program will provided additional services to the mom and fetus that consist of the following:
  - ✓ Free Pregnancy Testing
  - ✓ Counseling

- ✓ Support
  - ✓ Emergency Food and Infant Supplies
  - ✓ Transportation
  - ✓ Family Advocacy
  - ✓ Home & Hospital Visits
  - ✓ Accompany to Appointments
  - ✓ Referrals to Elders
  - ✓ Hospital Tours
  - ✓ Support Groups
  - ✓ Access to Additional Programs
- Some activities such as the use of moss bags have seen increased father involvement, including single dads.
  - Drumming occurs weekly to build relations between fathers and sons.
  - Spiritual Advisory group helps bring culture into various teaching modalities for pregnant mothers with unborn baby as well as parenting mothers.
  - Community Gardens - teaching gardening and harvesting through 'Three Sisters' teachings. The Three Sisters are the three main agricultural crops of corn, beans and squash.
  - Walks in Bush, Gymnastics, and Swim programs are offered for toddlers and young children.
  - Medicine Wheel is used with pregnant mothers as an additional teaching for health and healing. It embodies the Four Directions, as well as Father Sky, Mother Earth, and Spirit Tree all of which symbolize dimensions of health and the cycles of life. It also represents harmony and connections and is considered a major symbol of peaceful interaction among all living beings on Earth.

## **The Waterfront Child Development Centre, Inc.**

- A non-profit licensed day care centre that is located in downtown Sault Ste. Marie. They accept children from the district of Sault Ste. Marie. Enrollment consists of children from 3 months to 3.8 years.

### Waabinong Head Start

- A licensed Pre-School Learning Centre for Aboriginal children within the City of Sault Ste. Marie who are 2 years of age and up.
- Among those staffed are General Manager who is a Registered Early Childhood Educator, Program Services Coordinators, Two Child Development Specialists who are Registered Early Childhood Educators and Nutrition Specialist.



## Targeted Support for Families with a Focus on Those at Risk

*This section will look at the programs and services directed towards infants, toddlers and families who have moderate risk (4-8 risk factors) and few protective factors. For example, programs such as child protection and home-visiting services would be included here.*

### Algoma Family Services (AFS)

- AFS is the sponsoring agency for the Community Action Plan for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP), and is the flow-through agency for the funding from Public Health Agency Canada.
- CAPC and CPNP are delivered by six partner organizations across the district, in many various locations. The partner organizations, along with AFS, the District of Sault Ste. Marie Social Services Administration Board (DSSAB), and the Algoma District Services Administration Board (ADSAB) make up the Algoma Cooperative Children's Services Coalition. The six partner organizations are Superior Children's Centre, Prince Township Best Start Hub, Algoma Public Health, Child Care Algoma, All Star Children's Services and North Star Family Resource Centre.
- CAPC is a community-based service delivering programs that address the health and development of children aged 0 to 6 years who are living in conditions of risk. The CAPC program provides parents with support and information they need to raise their children. Through programs, activities, and services, CAPC addresses Public Health issues including, but not limited to, healthy weight/nutrition, injury prevention, mental health, child health and development, and prenatal/postnatal/infant health.
- In the District of Algoma, in 2015-2016, more than 2,200 parents/caregivers participated in CAPC programs, and more than 3,200 children 0-6 participated in CAPC programs.
- CPNP assists pregnant women and new mothers living in conditions of risk. CPNP aims to reduce the incidence of unhealthy birth weights, fetal alcohol spectrum disorder, and to improve the health of both mother and infant. Mothers are also encouraged to breastfeed their babies.
- In 2006, the CPNP evaluation results indicated that the program reaches:
  - ✓ 60% of all low income pregnant women
  - ✓ 37% of Aboriginal women, and
  - ✓ 40% of teens delivering live births
- CPNP is available in the District of Algoma, offering food supplements, nutrition information, support, education, referral, and counselling on public health issues including, but not limited to, alcohol abuse, tobacco use reduction/cessation, healthy weight gain in pregnancy, healthy infant/child growth/development, post-partum depression, stress, healthy relationships, parent-child attachment, home environments safety, and family violence.
- In the District of Algoma, in 2015-2016, 288 women participated in CPNP programs, 186 of them new to the program.

- AFS provides supervised access for child-focused visits/exchanges.
- AFS Adult Services include:
  - ✓ Adult Counselling Services
  - ✓ Employee Assistance Program
  - ✓ Partner Assault Response
  - ✓ Violence Against Women Services (MCSS)

## **Algoma Public Health (APH)**

### **Preschool Speech and Language Services (APH)**

- Offer support to children with possible speech and language delays. A child with a speech delay has trouble producing sounds. A child with a language delay has difficulty understanding or putting words together to express ideas.
- The benefits of early therapy can improve child's readiness for school, improve self-esteem and confidence, prevent problems from getting worse, help child get along with others, decrease frustration and reduce behaviour problems

### **Healthy Babies, Healthy Children (HBHC) (APH)**

- HBHC is mandated through the Ontario Public Health Standards to be offered by all public health units throughout the province. The Ministry of Children and Youth Services provides 100% funding for the Program. HBHC is delivered through Algoma Public Health.
- HBHC is a voluntary program for women and their families in the prenatal period and families with children from birth until their transition to school, identified with risk that will be provided with opportunities to achieve their potential.
- HBHC postpartum screening aims to reach all consenting women who give birth in Ontario hospitals and birthing centers. The screens are after the birth of the baby to identify those who may be at risk very early on in their children's development
- Every child and parent identified with risk in Ontario will have access to evidence-informed programs and services that support healthy child development and effective parenting (Ministry of Children and Youth Services, HBHC Guidance Document, 2012).
- In home visits with women and their families in the prenatal period and families with children from birth until their transition to school by a public health nurse and a lay home visitor.
- HBHC offers support in the home (assessment, teaching, referral and service coordination) for every child and parent identified with challenges to provide opportunities to achieve healthy pregnancy, nutrition and feeding (including breastfeeding), healthy child development, safety, adjusting to parenthood, accessing community resources, and more. These visits are done by public health nurses and lay home visitors who work with families, offer health information and support, and connect families to parenting services in the community.
- Public Health Nurses (PHN) and Family Home Visitors (FHV) work with families to complete the NDDS to help start discussion of healthy child development.

- The Nursing Child Assessment Satellite Training (NCAST) “Promoting Maternal Mental Health during Pregnancy” and “Keys to Caregiving” are used to provide tools for staff to promote positive growth and development with a special emphasis on maternal and infant mental health promotion and parent-child attachment.
- The NCAST Parent -Child Interaction Feeding and Teaching Scales are used by PHNs to provide valid and reliable assessments for measuring parent-child interactions. The results from the strength based tools are discussed with families and guides interventions for enhancing parent-child relationship.
- Algoma Public Health also offer **Prenatal Education** in a 4 session program focusing on Healthy Lifestyle, Labour and Delivery, Breastfeeding, and After the Birth.

## **Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP)**

The Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) programs are federally funded initiatives through Public Health Agency of Canada (PHAC) that are committed to promoting healthy birth outcomes and the healthy development of children. These programs are typically embedded within community based agencies.

- Both programs are committed to promoting healthy birth outcomes and the healthy development of children.
- **Community Action Program for Children (CAPC)** provides family resource programming, parenting education and information, child development information, drop in programs, community kitchens, children’s activities, family support programming, lifestyle counselling,
- Also have a **Community Closet** for CPNP participants.
- Both CAPC/CPNP programs occur in multiple settings within an interactive group setting, mini-sessions, 1:1 and online sessions.
- **The Canada Prenatal Nutrition Program (CPNP)** assists pregnant women and new mothers living in conditions of risk. CPNP aims to reduce the incidence of unhealthy birth weights, fetal alcohol spectrum disorder, and to improve the health of both mother and infant. Mothers are also encouraged to breastfeed their babies. It is intended for pregnant and breastfeeding women and their children up to 6 months of age.
- CPNP participants are provided with a variety of supports including a Public Health Nurse, weekly workshops, food supplements, nutrition information, education and support, parenting education and information, child development information, community kitchens, counselling on lifestyle issues such as substance abuse, smoking, stress and family violence.
- CPNP and CAPC services are available in French as well as for First Nations communities.

## The Indian Friendship Centre (IFC)

- Offer families clinical supports from doctors and nurses.
- **Aboriginal Healthy Babies Healthy Children:** The purpose is to assist all Aboriginal families to provide the best opportunities for healthy development for children up to 6 years of age.
- An equally important goal is to ensure that children at risk have access to services and support that will address their needs.
- The program is voluntary and open to any Aboriginal family that requests the service. Aboriginal families may also access the provincial program via the local public health unit.
- Program Components:
  - **Preparing for Parenting and Care-giving:** healthy relationships and sexuality, roles and responsibilities, and preparing for healthy pregnancy.
  - **Prenatal Support:** Referrals as needed
  - **Postpartum Support:** Establishing contact/offering services, Nutrition and healthy eating, and caring for infants and children including extended family
  - **Assessing Strengths and Identifying Needs:** Family strengths assessment process, identifying service and support needs, and developing service plans.
- Program Delivery/ Client-based Services:
  - **Home visiting:** Intake and information gathering; providing family support, information and education to the family; provide post-natal contact within 72 hours of return home; and recording baby's weight.
  - **Family Service Plan:** Intended to identify and build program/ service linkages; identify additional support or resources that may be required; referring the client/ family to other screening services and support services. Service Plans are reviewed and updated as required.
  - **Service coordination:** Connect or linking the family to programs and services to support baby/ child healthy development. Some examples are: CAPC, CPNP, Aboriginal Headstart, Nurses, Elders, Social Service Workers, Midwives, Early Years, CHR's, Community Wellness Workers; Case Management / Case Conferencing Participant-based services
- **Participant-based activities:** Focused on groups rather than individuals. They may be open to the community-at-large (e.g. community awareness events) or targeted to a group of people (e.g. youth, moms, dads, parents, grandparents, aunties, uncles) within the community.
- **Networking:** These activities involve gathering information about and developing contacts with Aboriginal and non-Aboriginal organizations / services and their representative to increase the client / family knowledge of and access to services.

- **Family Support:** The Urban Aboriginal Family Support Program strongly promotes holistic healing for parents and children in conjunction with traditional teachings of the Anishinaabe people; Honesty, Wisdom, Love, Respect, bravery, humility and truth.
- **Services provided:** The Urban Aboriginal Family Support Program provides services to parents with children ages 0 months to 6 years. The following can be accessed (but not limited to):
  - ✓ Spousal Abuse Support
  - ✓ Substance Abuse Support
  - ✓ Cultural Teachings
  - ✓ Family Healing
  - ✓ Parenting Classes
  - ✓ HIV/AIDS Prevention & Support
  - ✓ FASD Prevention & Support
  - ✓ Child Development Education
  - ✓ Milk Program
  - ✓ Clothing Depot
  - ✓ Collective Kitchen
  - ✓ Nutrition Education
  - ✓ Community Resource Referrals
  - ✓ Parent & Child Advocacy
  - ✓ Appointment Assistance
  - ✓ Short Term Counseling

## Early Screening and Assessment Activities

***This section identifies screening and assessment practices in the community. Items identified include developmental screening tools such as the Ages and Stages Questionnaires or parental mental health scales such as the Edinburgh Scale.***

### Physician Enhance 18-month well-baby visit

- Eighteen months is a milestone in a child's development and a visit to a family physician or other health care provider at this time is important. Ontario has recognized the importance of the 18-month well-baby visit by funding a longer, more in-depth visit. This visit an opportunity to discuss your child's development and ask any questions you may have. During this visit you and your health care provider will discuss your child's development. You will complete a checklist, such as the Nipissing District Developmental Screen, which provides a snapshot of your child's development and starting point for your discussion.

## Algoma Family Services (AFS)

- AFS uses the following tools for screening:
  - ✓ Marschak,
  - ✓ Achenbach,
  - ✓ Connors,
  - ✓ Nipissing, and
  - ✓ the Working Model of the Child Interview.

## Algoma Public Health, Infant & Child Development Program (ICDP)

A complete list of screenings and assessments available for the zero to three population through Algoma Public Health:

- **Help at Home (0 to 3 years old):** includes assessment, intervention, curriculum, and strategies in the following areas - cognitive, language, gross motor, fine motor, social, self-help.
- **Brigance Screening (0-35 months):** quick and accurate screen to identify potential learning delays, giftedness, and strengths and weaknesses in language, motor, self-help, social-emotional, and cognitive skills.
- **Brigance Developmental Inventory (Birth -7 years old):** Easily monitor individual progress toward learning standards and plan developmentally appropriate, individualized instruction, including objectives for IEP/IFSP's.
- **DISC-Diagnostic Inventory for Screening Children (Birth – 5 years old):** Assesses skills in the area of fine motor, gross motor, receptive language, expressive language, auditory attention and memory, visual attention and memory, self-help, and social.
- **CDAS- Child Development Assessment Tool (0 to 5 years old):** The tool is new to the program and is used to assess the development of young children aged 0 to 5 on 3 dimensions: cognitive/language, motor and social-emotional.
- **TABS: Temperament and Atypical Behavior Scale (11-71 months):** The Temperament and Atypical Behavior Scale (TABS) is a screening and assessment tool that aids professionals in detecting critical temperament and self-regulation issues that can indicate a child's risk for future behavioral challenges or developmental delay. The norm-referenced TABS can be used for determining eligibility for early intervention and behavioral support services, designing individualized family service plans (IFSPs) or individualized education programs (IEPs), and developing wraparound mental health behavioral support plans.
- **ASQ-3: Ages and Stages Questionnaire (1 month-5 ½ years):** The parent-completed Ages & Stages Questionnaires®, Third Edition (ASQ-3™) is the most accurate, family-friendly way to screen children for developmental delays between one month and 5½ years, without any gaps between the questionnaire age intervals.
- **ASQ-SE (ASQ:SE2 on order to update) 3 months-5 ½ years:** Early identification of social-emotional problems is crucial, as more and more children are experiencing poverty and other risk factors for depression, anxiety, and antisocial behavior. With Ages & Stages

# Algoma District

Questionnaires®: Social-Emotional, Second Edition (ASQ:SE-2™), a highly reliable, parent-completed tool with a deep, exclusive focus on children’s social and emotional development, you can quickly pinpoint behaviors of concern and identify any need for further assessment or ongoing monitoring.

- **MCHAT (Modified Checklist for Autism in Toddlers):** Typically used between 16-30 months to identify children who are at risk and require further assessment by a developmental pediatrician or psychologist.
- **ESAC: Early Screening for Autism and Communication Disorders: (12-26 months):** Screen for red flags of ASD or CD in Infants and Toddlers
- Referrals and developmental screening can be made through the Parent Child Information Line and appointments can be booked for the Weekly Developmental Clinic.
- **For children with diagnosis of autism:** ICDP staff screen children early for red flags for Autism Spectrum Disorder. If concerns are present children are referred for assessment to a pediatrician and/or psychologist. There is a waitlist for psychological assessments that can take up to a year. Once diagnosed children can wait 1-2 years for Intensive Behavioral Intervention (IBI), however the Applied Behavioral Analysis (ABA) waitlist is shorter. When red flags are identified, interventions can begin right away even without formalized diagnosis through the Infant and Child Development Program and Children’s Rehabilitation Services.
- To support premature babies, the Infant Child Development Team utilize research based guidelines for screening called “Premature Pathways”.

## **Algoma Public Health – Preschool Speech and Language Services (PSLS)**

- Speech and Language Referrals are made through the Parent Child Information Line.

## **Algoma Public Health: Healthy Babies Healthy Children (HBHC)**

- HBHC completes depression screening using the Edinburgh Postnatal Depression Scale (EPDS) which can also be completed at home with a parent.

## **A New Link**

- A Drug and Alcohol Assessment (GAIN Q3 MI) needs to be completed to attend residential treatment and recovery homes.

## **CPNP/CAPC**

- Complete prenatal and postnatal questionnaires, plans currently underway to discuss postpartum concerns prenatally via screen.

## **Sault Area Hospital**

- The Crisis Program at Sault Hospital complete the Edinburgh Postnatal Depression Scale (EPDS) follow-up for depression (based on referrals received from Algoma Public Health).



## THRIVE Child Development Centre/Centre de développement de l'enfant

- THRIVE provides assessment services for Speech Language Pathology, Occupational Therapy, Physiotherapy and Social Work.

## Early Intervention Services

***Agencies that provide intensive services for children and families are listed below. For example, programs and services that therapeutically enhance parent-child dyads, that include specialized assessments by trained professionals, and crisis intervention programs.***

### Algoma Family Services (AFS)

#### Program

- WWW is a child led psychotherapeutic approach that specifically and directly uses the infant's spontaneous activity in a free play format to enhance maternal sensitivity and responsiveness, the child's sense of self and self-efficacy, emotion regulation, and the child-parent attachment relationship. The approach provides space for the infant/child and parent to work through developmental and relational struggles through play. Also central to the process is engaging the parent to be reflective about the child's inner world of feelings, thoughts and desires, through which the parent recognizes the separate self of the infant and gains an understanding of her own emotional responses to her child.

#### Modified Interaction Guidance (MIG)

- (MIG) Is a strengths-based attachment intervention that focuses on improving the relationship between caregiver and child.

### Algoma Public Health – Healthy Babies Healthy Children (HBHC)

- Provide intervention with infants/children who are at risk of Fetal Alcohol Syndrome Disorder (FASD). HBHC will continue supporting a child regardless of whether a child is at home or in foster care. However, if a child is removed from the care of biological parents, HBHC will work with the child and his/her foster family, not the biological parents. If the biological parents are preparing to have their child(ren) returned, HBHC will work with all parties. When these visits between foster parents, children, and biological parents take place, it is usually on site in a supervised setting
- Referrals to Algoma Public Health (APH) programs are typically made from other agencies, a pediatrician, Children's Aid Societies, or families can self-refer. A Family Service Plan is completed and then updated every 6 months and progress is monitored. The priority is parent education, modeling and demonstrating strategies to enhance parent engagement.

This service provides a blended model of home-visiting with a Public Health Nurse and Family Support Worker. Programs promote children's optimal physical, cognitive, communicative and psychosocial development. Front line workers create and monitor individual program plans for children. The focus is to provide evidence-informed programs and services that support healthy child development and effective parenting.



## Algoma Public Health, Parent Child Services - Infant & Child Development Program (ICDP)

- The ICDP is a specialized program of Algoma Public Health's Parent Child Services. Program offers services to children birth to five years of age who are delayed or at risk for developmental delay. Services are voluntary and parents can choose to have office or home-based visits. Referrals are accepted from any source with parents' consent: parents, physicians, daycares, Early Years Centres, etc.
- A child may become involved with ICDP for various reasons including, premature birth or low birth weight, difficult delivery with complications, NICU admissions, genetic conditions such as Down Syndrome, prenatal exposure to: alcohol, prescription medications, methadone, etc., autism screening/assessment, delays in any area of development.
- The Infant & Child Development Program offers a *Weekly Developmental Clinic* on Wednesday afternoons. Parents can have their child screened and receive support, recommendations and follow-up referrals to appropriate services.
- ICDP provides an integrated approach to infant and young child development in a family-centered intervention that is responsive to parent strengths, competencies and priorities and based on up-to-date research data regarding evidence-based practices. Parent Child Advisors (PCA) provide the expertise needed to assist the family to make informed decisions regarding goals and objectives for their child that will support optimal development and functional outcomes.
- This program provides services to children between birth and 6 years of age who are at risk for developmental delay. Parent Child Advisors provide development assessments and programs in the home, office or during weekly clinics (by appointment only).

### A New Link

- A New Link is a program of Breton House, the woman's recovery home in Sault Ste. Marie.
- They work with pregnant and parenting women with drug and alcohol addiction. The women can have children of any age. They provide individual counselling, case management, support groups, community kitchens, educational groups, leisure/life skills groups and discussion groups.
- A New Link is an outpatient harm reduction program. Women can be at any stage of change. Women do not need to have their children in their care to access our program.

### THRIVE Child Development Centre/Centre de développement de l'enfant

- THRIVE provides intervention services for Speech Language Pathology, Occupational Therapy, Physiotherapy and Social Work
- The Social Work team focuses on enhancing child and family psychosocial functioning, providing preventative, supportive and counselling services, advocacy, referrals and linkages to community agencies, children and parent support groups, initial intake and discharge planning.

## Treatment

***This section includes formal diagnostic assessments and interventions provided by a highly trained professional in their respective field. This would entail treatment such as interaction guidance or modified guidance interaction, infant-led psychotherapy, and play therapy.***

### Algoma Family Services (AFS)

#### Theraplay

- Theraplay is a child and family therapy for building and enhancing attachment, self-esteem, trust in others, and joyful engagement. It is based on the natural patterns of playful, healthy interaction between parent and child and is personal, physical, and fun.
- Theraplay interactions focus on four essential qualities found in parent-child relationships: Structure, Engagement, Nurture, and Challenge. Theraplay sessions create an active, emotional connection between the child and parent or caregiver, resulting in a changed view of the self as worthy and lovable and of relationships as positive and rewarding.
- In treatment, the Theraplay therapist guides the parent and child through playful, fun games, developmentally challenging activities, and tender, nurturing activities. The very act of engaging each other in this way helps the parent regulate the child's behaviour and communicate love, joy, and safety to the child. It helps the child feel secure, cared for, connected and worthy.

### THRIVE Child Development Centre/Centre de développement de l'enfant

- THRIVE Child Development Centre/Centre de développement de l'enfant helps children and youth with diverse abilities to achieve their highest potential. One of twenty-one children's treatment centres across Ontario, they support children & youth from 0-19 years of age who are impacted by differences in physical, perceptual, communication and/or developmental trajectories. They build on their unique strengths, gifts and talents so that they and their families can truly THRIVE!
- **Early Learning Resources:**
  - ✓ Is a specialized program requiring Early Childhood Education Resource Consultant support for children with special needs. All children must be enrolled or enrolling in a licensed child care program.
  - ✓ Goal is to have the Resource Consultant, the child care staff and the family working together as a team for the successful inclusion of every child into the child care program.
  - ✓ Resource consult services are provided throughout the District of Algoma from Hornepayne in the north to Elliot Lake in the east.
  - ✓ Resource Consultants develop Individual Program Plans (IPP's) for special needs children referred to Early Learning Resources. The purpose of an IPP is to maximize a child's individual growth and development by working on individualized goals for the child.
- Early Learning Educators also help the program with inclusion of children with special needs.

### H. S. McLellan Preschool - Children's Rehabilitation Centre Algoma

- Offers a developmentally appropriate preschool program with the goal of providing a nurturing environment for preschoolers that will help them grow to their fullest potential.

## Existing Collaborations among Services and Sectors Positively Supporting Infant Mental Health

*This section outlines existing collaborations, committees, task groups, and coalitions that support infant mental health practices within the community.*

### Algoma Family Services (AFS)

- **Complex Case Team** - Consists of a multi-sectoral team that tries to address system gaps. The team will look to further discuss ways to help parents leverage supports through this service.
- **Situation Table** – A community high risk response committee. Provides policing for rapid response in imminent situations, meet twice a week for individuals who may be at harm/risk to themselves or to others. Further exploration will ensue to determine if individuals requiring support are parents in order to expand additional opportunities for parenting education and enhance parenting supports.
- Algoma Family Services has recently hired an **Indigenous Outreach Counsellor** to increase cultural awareness and address cultural needs of indigenous populations. This person is of Métis descent and will provide supports and represent AFS throughout the district.
- AFS collaborates APH in conducting **‘How am I Growing’ clinics**.
- AFS collaborates with Algoma District School in conducting the **‘Welcome to Kindergarten’ program**, and introducing families to the agency and the services it provides.
- **AFS is a member of the District of Algoma Triple P Steering Committee** – AFS, along with more than a dozen other children’s services organizations, comprises the Triple P Steering Committee for the District of Algoma. More than 200 practitioners across the district are trained to deliver all levels of the program.
- **AFS is a member of the Joint Best Start Networks (Sault Ste. Marie, and District of Algoma)** – Connecting Children and Families with Community Services and Schools, children and families have easy access to consistent, quality services that are welcoming, integrated and responsive. The vision of the network is “Communities Growing, Children Thriving”.
- **AFS is a member of the Algoma Parenting Coordination Committee (sub-committee of the JBSN)** – The Algoma Parenting Coordination Committee members support the Joint Best Start Network’s vision to create a comprehensive integrated system of services that supports families with children in a way that is seamless and accessible to parents by:
  - ✓ Referring to the Joint Best Start Network Strategic Plan and identifying gaps in parenting services and programs for families and children.
  - ✓ Overseeing the creation of “Community of Practice” and creating opportunities for networking between Triple P Practitioners.
  - ✓ Identifying implementation issues and questions and providing recommendations to the Joint Best Start Network and Triple P Steering Committee.

# Algoma District

- ✓ Organizing and Coordinating Community Calendar for the District.
- ✓ Offering and organizing special events, conferences, etc. as appropriate.
- **AFS is a member of the Algoma District Best Start Integrate Services Network (sub-committee on the JBSN)** – Through integrated partnership, the committee members will participate in activities that promote, identify and link children who may face vulnerability in achieving typical development and functioning in any of the following areas:
  - ✓ Physical
  - ✓ Social
  - ✓ Emotional
  - ✓ Communication
  - ✓ Intellectual
  - ✓ Behavioural, or has
  - ✓ Increased risk related to family, economic, and/or cultural circumstances.

This will be achieved in accordance with the Best Start vision as outlined in community plans.

- **AFS is the CAPC/CPNP Sponsoring agency and a member of the Algoma Cooperative Children's Services Coalition** – Representation from AFS, and several other organizations, make up the coalition that oversees the delivery of the CAPC and CPNP across Algoma.
- AFS partners with Algoma Public Health and the Canadian Mental Health Association in offering a **weekly walk-in clinic** for mental health services, available to children, youth, adults, couples, and families.
- AFS participates in the **'No Wrong Door – Algoma'** collaborative on-line referral system.
  - ✓ The concept of 'No Wrong Door' represents service providers working collaboratively to ensure that the needs of children and families are addressed. As part of the MCYS' Community Integration Leader (CIL) project, the Community Geomatics Centre (CGC) was asked to modernize and digitize the Children's Coordinated Access Algoma (CCAA) temporary referral process. The former CCAA 'No Wrong Door' referral process involved an agency filling out a paper 'Temporary Client Referral' form and faxing this completed form to one of the members of the CCAA referral network.
  - ✓ This process was developed at a time when there were relatively few referrals. Since the development of this process, the volume of referrals has increased as well as the number of agencies sending referrals. This has led to several issues, including: referring agencies no longer having fax machines, tracking status of sent referrals can only be done by phone or email once the referrals is sent, there is limited to no information to analyze and evaluate for improvement, there is no easy process for determining if the referral has been processed within a self-imposed mandate of 48 hours, and there is no easy process for tracking referral pathways. Furthermore, faxes are increasingly being seen as an insecure way to transfer personal information.
  - ✓ The CCAA referral system has been enhanced by CGC by the development of a digital referral tracking process. This project addresses these issues by creating a digital referral tracking process where a secure web based referral form is completed by staff and submitted to a database driven application. The application sends the form to the appropriate organization within the Children's Coordinated Access referral network. The

# Algoma District

referral application has been designed to track the status of the referral including when it was received or if it was re-referred to a different agency.

Implementation of this system is currently underway within the CCAA agencies and a number of other entry points along the system (eg. Best Start Hubs). The current system can be seen at <http://www.nwdalgoma.ca>

- **AFS is a member of the Algoma FASD Committee** - This committee has been active in the District of Algoma for the past 15 years with a focus on increasing community awareness of FASD and providing support to individuals and families living with FASD. The committee also strives to support professionals who work with individuals and families affected by FASD.

## Algoma Leadership Table (senior community leaders)

- Community Planning Table consisting of various community agencies. The purpose of this table is to bring together organizational executive leadership for advocacy, planning prevention and shared action, with a vision of “collective impact for community well-being”.

## Algoma Model

- Web based resource, wraparound service for children, consists of a 4 tier model with each tier representing a different level of support and intervention required for the child. Model allows ability to connect families with various supports and organizations.

## Algoma Public Health (APH)

- **Parent Child Information Line:** staffed by nurses from 9-4, can get specific info (e.g. feeding concerns).

## Care Pathway for Postpartum Mood Disorders for the District of Algoma

- A guide for helping professionals, new mothers or family/friends, who have concerns about a mother’s mood or behaviours. The resource was created by the Northeastern Ontario Postpartum Mood Disorder Project Working Group which includes:
  - ✓ Algoma
  - ✓ Algoma Public Health
  - ✓ Canadian Mental Health Association
  - ✓ Child Care Algoma
  - ✓ Sault Area Hospital
  - ✓ Algoma Public Health
  - ✓ Canadian Mental Health Association
  - ✓ Child Care Algoma
  - ✓ Sault Area Hospital
  - ✓ Algoma Nurse Practitioner-Led Clinic
  - ✓ And local mothers with lived experience.

## Community Kitchens

- Offered by New Link, Algoma Public Health and Algoma Family Services, and Indian Friendship Centre all have Community Kitchens.

## Huron Superior District School Board

- The Supporting Minds document, along with Leading Mentally Healthy Schools, was introduced to educators and administrative staff via a module based presentation. Specifically, all HSCDSB school staff were trained in the ASSIST anxiety module.
- Anxiety/Depression groups in the high school in conjunction with Algoma Family Services/ Child and Family Services (Sudbury)
- In the Fall of 2014, the ministries of Children and Youth Services, Education, Health and Long-Term Care and Community and Social Services met with district school boards and some service providers from the children's services, health and education sectors from Sudbury/ Manitoulin to give us an overview of two elements of the Special Needs Strategy: coordinated service planning for children and youth with multiple and/or complex special needs, and the integrated delivery of rehabilitation services.

They have been asked to propose to the ministries how they would implement coordinated service planning and deliver children's rehabilitation services in a way that builds on local strengths and needs and fulfills the requirements of the provincial guidelines on coordinated service planning and/or the integrated delivery of rehabilitation services.

## How My Growing Screening Clinic

- Involves various services including Algoma Public Health, Dental Hygiene, Mental Health, Police Services. One stop shop for parents to complete multiple screens and referrals, open to all parents.

## Indian Friendship Centre

- Provide Aboriginal Cultural Competency Training (ACCT) in order to build a shared understanding of Aboriginal holistic healing, the concept of allied relationships, and the importance of infusing on-going Aboriginal cultural competencies throughout organizational practices through meaningful engagement with the Aboriginal Community.

## Short Term Opportunities to Enhance Core Prevention and Intervention

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### Support for All Families with a Focus on Those at Risk

- Increase relations and communication with foster parents who are caring for children exposed to alcohol in utero.

### Early Screening and Assessment Activities

- Creating “resource” for inclusion in prenatal programs.
- Create list of all screening tools completed by various organizations in Algoma District in order to learn various agency roles and distribute list. Create Google Group to also share what tools are being used, for what purpose, create master list and send back to group. This only pertains to the 0-3 age group. Connect to already existing Algoma Table web based resource to create addition that includes this component.

### Collaboration

- Educating providers across sectors about Infant Mental Health and making appropriate behavioural observations, referrals and intervention strategies.
- Build conversation that include supports for biological parents after they have had their children with FASD removed from their care (include all table participants as well as Child Protection) with priority of returning these children to their biological homes.
- Increase knowledge to table about role of CAS and various programs offered to families (i.e. Signs of Safety program) and understanding CAS knowledge about mental health to increase opportunity for knowledge transfer and information sharing. Brenda Laframboise from Algoma Public Health, Infant Child Development Program will take lead.
- Request CAS to participate at Best Start Table to ensure 0-3 challenges and services are discussed. Brenda Laframboise from Algoma Public Health, Infant Child Development Program will take lead. CAS will also receive Algoma Table Report.
- Initiate conversation with LHIN by including Algoma Table final report and requesting meeting to further converse about Infant Mental Health, involve players from Algoma Community Table to help make presentation.
- Send letter as well as Algoma Table final report to Parks and Recreation; identify gaps in services for parent and children and request participation at Best Start Hub.
- Begin conversation with Algoma Family Services to strengthen support for 0-3 years across the district.
- Provide access to 15 part webinar series available through Infant Mental Health Promotion – Community Training Institute to Algoma Table participants.



- Involve Neonatal Intensive Care Unit (NICU) in hospitals into conversation about Early Mental Health as it relates to babies dealing with withdrawal symptoms as a result of being exposed to substances in utero, (enlist support from Sault College Nursing Faculty and Algoma Public Health). Provide access to 15 part IMHP webinar series to NICU.

## Long Term Opportunities for Core Prevention

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### Support for All Families with a Focus on Those at Risk

- Enhance the level of support and service to our Indigenous peoples in a way that is relevant, meaningful, safe and purposeful from their perspective.

### Collaboration

- Connecting adult and children's mental health services to create seamless supports and increase prevention based support by increasing discussions infant mental health with those of preconception age.



# Competencies for Practice in the Field of Infant Mental Health

## Knowledge

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- Agencies across Algoma are committed to continued professional development for staff.
- Algoma Public Health-Infant and Child Development Team have significant knowledge on IMH. Staff are primarily hired with BSW, ECE, Bachelors programs.
- HBHC includes Infant Mental Health Basics 101 as a part of staff's orientation package as well as for Family Support Workers and PHNs; also use the Simple Gift resource with clients.
- Algoma Public Health have several staff members who have a responsibility to address and educate their peers and individuals they serve regarding impacts of Social Determinants of Health on families.
- Huron-Superior Catholic District School Board provides support around healthy lifestyle and poverty and how this impacts a student's ability to learn.
- MCYS Network provides opportunities and informed knowledge. Collectively, they organize trainings and invite community organizations to take part.
- Algoma Family Services will be taking part in Aboriginal Cultural Competency Training (ACCT) to be facilitated by Indian Friendship Centre.

### Algoma Family Services (AFS)

- Algoma Family Services have a 0-6 team who possess several competencies, training and education. Various daycares in community often call and consult with Algoma Family Services to consult about observations/concerns they have about a child in their care.
- Algoma Family Services provided a mandatory full day session of Cultural Competency Training, May 25, 2016, for all full-time and part-time staff.
- The training was delivered by Maya Chacaby, Aboriginal Cultural Competency Education Coordinator, Ontario Federation of Indigenous Friendship Centres.
- Algoma Family Services staff possesses extensive knowledge around infant/toddler development, influences on child development, and interventions. They are well-versed in principles and research relating to work with families in their respective disciplines.
- Staff at Algoma Family Services hold various certifications, including, but not limited to; C.Y.W., B.A., M.A. Counselling Psychology, registered Psychotherapists, Level One

Certification in Play Therapy from the Canadian Association of Play Therapists, Addictions Care Worker Diploma, Masters in Social Work, Registered Social Worker, Masters Psychology-College of Psychology Associate, Ph.D. Psychology-C. Psych, Instructor/Mentor/Trainer for Roots of Empathy.

- Staff at Algoma Family Services can demonstrate well their ability to relate to families, and intervene.
- AFS staff is very successful in collaborating within the community to share knowledge and techniques, co-facilitate delivery of service and programs, and particularly to work together at the referral level, coordinating the most appropriate referral, through a community model called 'No Wrong Door'.
- Practitioners at AFS are highly skilled in assessment and observation of children and families, and complete comprehensive initial assessments for clients of any age. They formulate treatment plans together with the family, monitor progress, and refer to other professionals/services when indicated. There are two psychologists employed by AFS who administer, analyze and interpret standardized assessments.
- The Nipissing tool is used by staff, as well as Connors and Achenbach.

## Family Structure

- Family composition extends beyond the nuclear family and this impacts delivery of services. Table participants have expressed need to acknowledge and increase sensitivity to the various types of families who are caregiving (single dad, extended family members etc.).

## Children Entering School

- Often in schools or in situations where multiple agencies are involved, each practitioner interacts with the same child in very different ways and utilizes different approaches to manage challenging behaviours. Opportunity needs to exist to de-brief and discuss progress, updates, and opportunities.
- Algoma Family Services often receive calls to make observations in JK/SK classrooms when behavioural concerns have been identified with child and often multiple staff are involved in classroom with same child. It can be difficult to ascertain who is the primary lead. This can cause a child to feel overwhelmed and cause confusion causing the behaviours of concern to escalate.
- The Algoma Public Health – Infant and Child Development Team supports transition to school planning for children with special needs entering the school system to insure the child's individual needs are supported by the school in order to make their transition to Kindergarten a successful and positive experience.
- Though some organizations such as Children's Rehabilitation Services and Algoma Public Health do have good planning processes for transition for children who are going to school, others have expressed concerns. Waabinong Head Start participate in transition meetings with local schools to ensure their children will receive appropriate supports to allow for successful integration when entering school system but the follow through does not occur

leaving the child without adequate supports. Readiness of child (socially, emotionally, cognitively) is not assessed. Fearing a difficult road ahead, Waabinong Head Start staff will keep spots open for some of these children knowing that their may be issues in school. Concerns were also raised that schools lack training to support children who are not ready to learn, beyond literacy and numeracy. Understanding of brain development, regulation, toxic stress, resilience is not consistent throughout the district which consequently, is resulting in children entering school system unprepared.

- Based on EDI data in district, many children at 3/3.5 years are not ready for full day school. Table participants acknowledged the need to have conversation, collect data and research about modified school days for 3-5 year olds in school. In doing so, also need to take into consideration the very real possibility that parents whose children have modified school days may be unable to pick up their child after just half day, child care concerns, parents in poverty who cannot pay for child care when they can go to school for free, and lack of transportation access. Need to further explore whether there are programs for these children in absence of full day school.
- Parents living in poverty and dealing with multiple barriers (i.e. under housed, food insecurity) are unable to support their children at home regulate and help manage behaviours as this justifiably cannot be a priority

## Research

- Community partners have expressed concern about research and fidelity of models, relevance of research is challenging, where to search for up to date trainings and how to increase knowledge.

## Skills

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- Children's Rehabilitation Services have day care on site and Early Learning Resources that consult with all daycares, also have birth – 3 program. OT services provide resilience and self-regulation groups for families with children under 3.
- Child and Community Resources in Sudbury (CCR) offer intervention with children diagnosed with autism through IBI and ABA services. Referrals often made through pediatricians and assessment made through ICDP.
- Community supports for those who receive Autism diagnosis include Child and Community Resources, Children's Rehabilitation Services, Infant and Child Development Program and Community Living Algoma.
- Many table participants have supports as it pertains to Substance Use and Parent Child Interaction. FASD Coalition involves many community organizations where important dialogue takes place.
- Anti-Poverty Round table have a mandate to create an anti-poverty strategy.

- As mentioned previously, the AFS team is highly knowledgeable, and in particular are very skilled in identifying and dealing with child/parent attachment issues.
- AFS provides comprehensive initial assessments for all ages.
- Modified Interaction Guidance therapy is used at AFS.
- AFS is skilled in Infant Observation.

## Short Term Opportunities for Competencies

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### Knowledge Building for Professionals

- Strengthen cultural attunement in community including raising awareness about various family and cultural practices. Engage First Nations, Inuit, Métis in this process. Enlist the support of Indigenous Counsellor through Algoma Family Services and ways to connect that role within established committees in the community.
- Complete training calendar that includes all of community organizations via Google Group.
- IMHP will create list of resources and also share on Google Group.
- Best Start's resource 'Children See, Children Learn' will be posted by IMHP, possible training in the future to be presented by Chaya.
- IMHP will provide free access to IMHP 15 part webinar series.
- AFS staff would welcome more education on the following topics:
  - ✓ The effects of prematurity illness,
  - ✓ hospitalization,
  - ✓ and special needs of infants and families
  - ✓ Learning styles of infants.
- AFS staff would welcome more information around the principles and research relating to work with infants and families as it relates to the discipline of psychology.

### Skill Building for Professionals

- Utilize Hand in Hand Developmental Support Planning Resource Kit as a developmental tool to use in the interim while families are waitlisted for services. Goals and strategies can be modified based on needs of family. Chaya is willing to provide 2 day training for community: first day to discuss Infant Mental Health and second day to discuss Developmental Plan. Chaya will also have local staff trained (train the trainer) to build capacity within the community. Look to offer training in Fall 2016 on a Friday through to Sunday. CAS will also be invited to participate. Option to include training on Positive Discipline to use with parents.
- Deliver workshop on behaviour challenges for 0-3 with Algoma Family Services to collaborate with Kevin from Waabinong Head Start. Workshop will take into account various learning styles when disseminating training (i.e. visual learners). Workshop will also include take away materials and 'Learning Through Play' resource through Hincks-Dellcrest Centre.
- AFS staff would welcome more education on the use of non-standardized and standardized screening tools for infants.

# Algoma District Organizational Policies & Practices

## What is Happening in Algoma Today

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- Algoma district table agreed to complete existing survey on organizational policies and practices for agencies working with infants and toddlers for each community. IMHP will adjust the survey based on the needs determined by the community from the organizational policies and practices document. The outcome of the survey would be used to support and emphasize the need for the development of agency policies and procedures that support practitioners and clients.
- As designated Lead Agency for Child and Youth Mental Health in Algoma, AFS was required to develop a Community Mental Health Plan and a Core Services Delivery Plan.
- One priority emerging from those exercises is the need to *strengthen relationships with, and enhance the level of support and service to our Indigenous peoples in a way that is relevant, meaningful, safe and purposeful from their perspective*. Although this is not written as policy per se, it is written as a priority in the AFS Core Service Delivery Plan, and it is being woven into the fabric of the AFS culture, and the practices across the agency.
- Another priority identified in the Lead Agency Core Service Delivery Plan is to *review/enhance service delivery model related to services for high risk and crisis mental health services*. Exhausted community resources lead to lengthy wait lists and families experiencing difficulties accessing service.
- AFS is in the process of a Strategic Plan renewal.

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## Embedding the Science of Infant Mental Health in Practice and Policy

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# Supporting Infant Mental Health in East York

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A program of

**SickKids**



## **Embedding the Science of Infant Mental Health in Practice and Policy COMMUNITY REPORT: A Collaborative Approach to Embedding the Science of Infant Mental Health and Enhancing Infant Mental Health Services in East York**

Infant Mental Health Promotion (IMHP), The Hospital for Sick Children, Toronto  
June 2017

### **Project Contributors/ Authors**

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### **IMHP would like to thank the following agencies from the Cochrane and Timmins Communities who participated in the Community Table process.**

Children's Aid Society of Toronto  
Child Development Institute: Child Care Consultation Services  
East York East Toronto Family Resources  
Eastview Neighbourhood Community Centre: Family Resource Program  
Massey Centre  
Native Child and Family Services: Aboriginal Head Start  
Parent Resource: Drop In Centre  
S.E.A.S Centre (Support Enhance Access Service Centre)  
South Riverdale Child-Parent Centre  
South Riverdale Community Health Centre  
Toronto District School Board: Parenting and Family Literacy Centres  
Toronto Public Health  
Toronto South East Coalition of Perinatal Nutrition and Support Programs (CPNP)  
WoodGreen Community Services: Child Care  
WoodGreen Community Services: Homeward Bound Program

## About East York

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The Town of East York is located within the City of Toronto, spanning from west of the Don River to the beginning of Scarborough and north of Danforth Road to Eglinton Avenue. The East York community is largely a residential neighbourhood comprised of Leaside, Thorncliffe Park, and Bennington Heights (City of Toronto, 2003). Thorncliffe Park is densely populated and has been identified by the City of Toronto as a Neighbourhood Improvement Area which indicates the community falls below the Neighbourhood Equity Score (City of Toronto, 2014).

In 2011, the area defined as *Toronto & East York* had a population of 701,145 with 32,835 children under the age of five (City of Toronto, 2013). This was an increase from 2006 by 1975 children. (City of Toronto, 2013). An increase in the population requires a growth in services and programs, however due to funding freezes and other limitations, agencies have not been able to expand services to meet this need.

According to EDI Results from 2010/2011 for the Beaches-East York riding, using the Social Risk index (SRI), four out of the eleven neighbourhoods in East York were considered high risk (Canadian Mothercraft Society, 2011). This indicates multiple risk characteristics within the neighbourhood that correlate with poor child development such as low income and education (Canadian Mothercraft Society, 2011). Only one of the eleven neighbourhoods in the Beaches-East York riding was considered low risk with two or less risk characteristics (Canadian Mothercraft Society, 2011). Supports and services for families who are experiencing risk factors are essential to improving outcomes for infants and young children.

It was identified through the discussion at the community table, there is limited capacity for early intervention services located within the boundaries of East York. This results in many families being referred to services outside of the East York community to areas such as in Scarborough or Central Downtown. Accessing these services can be challenging for families who have limited ability to travel for many reasons including living in isolation, fear of engaging in social services, language barriers, and many other reasons practitioners need to consider when working with vulnerable families. Building capacity within East York for early intervention services was an opportunity identified by the community.

Throughout the community table discussions around infant mental health knowledge in the East York community, it was determined the level of knowledge varied by practitioners and by professional disciplines. Developmental screening is an area of strength within targeted programs but will look to be expanded and offered to all families within the East York. This form of infant mental health practice will begin to ensure infants and toddlers within the East York community are screened for any concerns with services put in place promptly to make the most of the critical first three years of development. There is a strong willingness and commitment among all agencies at the East York Community Table to strengthen infant mental health practices and knowledge.

**The East York Community Table included the following agencies:**

- Children's Aid Society of Toronto
- Child Development Institute: Child Care Consultation Services
- East York East Toronto Family Resources
- Eastview Neighbourhood Community Centre: Family Resource Program
- Massey Centre
- Native Child and Family Services: Aboriginal Head Start
- Parent Resource: Drop In Centre
- S.E.A.S Centre (Support Enhance Access Service Centre)
- South Riverdale Child-Parent Centre
- South Riverdale Community Health Centre
- Toronto District School Board: Parenting and Family Literacy Centres
- Toronto Public Health
- Toronto South East Coalition of Perinatal Nutrition and Support Programs (CPNP)
- WoodGreen Community Services: Child Care
- WoodGreen Community Services: Homeward Bound Program

# Core Prevention & Intervention for the Early Years

## What is Happening in East York Today

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*Note: This is not an exhaustive list of all programs, services, initiatives and projects present for children under five and their families in the East York community. It is solely based upon the participation of the identified community partners over the two day event.*

### Universal Programs for All Children and Families

*In this area, any programs and services that are intended for all parents/caregivers and children to attend are listed.*

#### Michael Garron Hospital

##### Baby Friendly Initiative at MGH

- MGH is a Baby Friendly™ hospital and one of only three hospitals in Ontario to have achieved this designation; a globally recognized quality standard acknowledging facilities for offering an optimal level of care and support for breastfeeding mothers and babies.
- In 2007, MGH became the first hospital in Toronto to achieve the Baby Friendly™ designation, which was renewed in 2012. The designation is a great honour and acknowledges the work staff do every day to provide excellent care for newborns and their families.
- MGH continues to strengthen its culture of breastfeeding support. The 2012 Baby Friendly Hospital Initiative assessors praised MGH for its continued progress, citing examples of excellence including: commitment to skin-to-skin, hand expression, mother-baby led latching and the confidence expressed by all staff in their knowledge and skills to help mothers breastfeed.

#### Parent Resource: Drop In Centre

- **School Readiness Program:** Children attend the program without a parent or caregiver present to explore activities and structure similar to a school setting.
- **Parent Relief Program:** Parents and caregivers can drop off their child for care while they tend to others matter where the child does not need to be present (e.g. doctor's visit, grocery shopping, etc.)

## South Riverdale Child-Parent Centre (SRCPC)

- SRCPC is a great place to meet other parents and caregivers with young children (0-6 years), play, create, and access information and resources about childhood development and parenting.
- They offer a daily drop-in, weekly parenting workshops, toy and book lending libraries and a clothing exchange.
- They are a non-profit organization, that holds annual fundraisers and all of programs are free of charge to the community.
- To accommodate families' schedules, some of the programs offers have been shifted to evenings and weekends.
- Child care is available during workshops for parents.

## Massey Centre

- Massey Centre is the Lead Agency for the **Ontario Early Years Centre (OEYC)** in the Toronto/Danforth riding. The OEYC is a place where children age six and under and parents/caregivers can participate in structured programs, receive answers to questions, access information about other community programs, talk to early childhood professionals and network with parents and caregivers in the community.
- Free services available through the OEYC:
  - ✓ Early learning and literacy programs for parents/caregivers and their children
  - ✓ Parenting programs covering all aspects of pregnancy and early childhood development
  - ✓ Informal counselling
  - ✓ Referrals to specialized community agencies where required
- Five satellite partners provide services in partnership with Massey Centre, to maximize outcomes for children and families in the community:
- **Early Learning Centre:** on-site Early Learning Centre (ELC) is an essential element of the integrated services we provide. An inclusive childcare centre, it is staffed by a dedicated group of Early Childhood Educators and trained Assistants. Careful daily monitoring of the children helps to assist in early identification of developmental concerns, quick referral and intervention by a resource consultant provided by the City of Toronto, Children Services Department.
- Although priority for space is given to the young mothers living in or attending school at Massey Centre, spaces not used by children of clients are open to families in the local community. The ELC accepts both subsidized and full-fee-paying parents.
- The ELC follows a modified version of the High/Scope curriculum, which has been proven to improve life outcomes for high-risk children. The ELC's programming concentrates on building intellectual, social, physical, creative and emotional skills of children.

## Toronto Birthing Centre (TBC)

- The TBC is a not-for-profit corporation and will be licensed under the Independent Health Facilities Act. TBC promises to be a ground breaking new centre using an Indigenous framework, aiming to create a welcoming and culturally safe space for families of all nations to give birth.
- The Birth Centre provides a comfortable, home-like setting, led by a midwife.
- Although the centre is located in the Regent Park community many East York residents are accessing the midwifery services within their homes.

## **S.E.A.S Centre (Support Enhance Access Service Centre)**

- S.E.A.S. Centre is a not-for-profit social service agency promoting individual well-being, enhancing family harmony, and encouraging community involvement in all walks of life through diverse program, volunteer opportunities and community activities.
- Family Programs available to all children and families include:
  - ✓ Women/ Single Parent Support Group
  - ✓ Parenting Skills Training
  - ✓ Early Year Program & Sunday Drop-in Centre

## **Toronto Public Health: Child Health and Development**

### **Breastfeeding and Infant Feeding Support**

- Toronto Public Health offers free breastfeeding and infant feeding support services to families through face to face intervention in addition to telephone support, breastfeeding clinics and breastfeeding support groups. These services are confidential and clients do not need a health card (OHIP). Interpreter services are available upon request.
- There are Breastfeeding Clinics strategically located throughout the city where Public Health Nurses (PHNs) work in collaboration with physicians, nurse practitioners and lactation consultants in providing breastfeeding support. This includes a complete breastfeeding assessment for the mother and infant dyad, provision of up-to-date evidence based research, breastfeeding education and teaching. Follow-up care and referrals to other services are provided as appropriate.
- The Breastfeeding Support Groups, provide a welcoming and supportive environment where families can share and learn from each other's breastfeeding experiences. This program is a professional/ peer led model in which breastfeeding topics are identified by the group and information and education is shared through facilitated group discussions. Individual consultation and referrals to other services are provided as appropriate.

## Peer Nutrition Program

- The Peer Nutrition Program provides nutrition education and food skills activities for parents and caregivers of children 6 months to 6 years from diverse ethno-cultural communities in Toronto. The program aims to improve the feeding skills of parents and caregivers to enhance the nutrition status of children. The program is led by trained community nutrition educators (peers) and is supported by registered dietitians (RD). Parents and caregivers attend healthy eating workshops for six weeks where they learn skills such as feeding (infant, toddlers and preschoolers), food labels, shopping, meal planning and preparation, budgeting and food safety tips. They may also then attend bi- monthly support sites where the education process continues for up to 1 year. There is a community gardening component during summer where participants network and plant culture specific vegetables and fruits. Participants also have access to a registered dietitian for nutrition risks assessment.

## Parenting Programs

- Living and Learning with Baby (LLB) focuses on enhancing parenting capacity, strengthening the parent and child relationship, supporting the transition to parenthood and building support systems. Parents are able to share knowledge and experiences of being a parent. Topics include: infant nutrition, adjustment to parenthood, growth and development, caring for a sick child, and keeping your child safe. Living and Learning with Baby is a free program facilitated by a PHN and offered to parents with children 6 weeks to 6 months old in a series of 2 hour sessions held over a 6 week period.
- The Nobody's Perfect (NP) Parenting Program is an evidenced based program developed by Health Canada in 1980s. NP helps parents to recognize their strengths and to find positive ways to raise healthy, happy children. NP is based on the concept of "experiential learning" which incorporates adult learning principles. Parents take an active role in the learning process by utilizing their own experiences and building on their current knowledge. The program incorporates adult learning principles and theories, experiential learning cycle, and principles of Nobody's Perfect (Empowerment, Safety and Participation) into each session. NP also helps parents build networks among themselves and encourages them to see one another as sources of advice and support. It is a flexible program and can be tailored to meet the needs of parents. Topics discussed are determined by the group which can include child growth and development, child safety, understanding your child's feelings, understanding and managing child behaviour, managing parent stress and parent self- care. The Nobody's Perfect Program is offered to parents and caregivers with children up to 6 years of age and under. It is a series of 2 hour group sessions held over a period of 8 weeks and is delivered in multiple languages. NP can be facilitated by 2 PHNs or a PHN and a trained community partner.

## Online Support

- **Welcome to Parenting** is a free online prenatal program for pregnant individuals and their partners living in Toronto. The program provides expectant parents with the knowledge, skills and confidence to have a baby and prepare for parenthood. It also provides individuals a connection to experts in prenatal education, child development and parenting to answer individual questions, a Parent Zone to connect online with other families in Toronto, and a Dad's Corner.
- **eCounselling Service** is a free, confidential and anonymous online counselling for Toronto residents. A public health nurse and/ or registered dietitian can provide information on a wide

range of topics including: breastfeeding, mental health promotion, pre-conceptual health, prenatal and postpartum depression, and anxiety and parenting.

## Toronto Public Library: Ready for Reading

- Ready for Reading Principles:
  - ✓ Parents and caregivers are a child's first and best teachers.
  - ✓ Communication begins at birth.
  - ✓ The parent-child relationship is the basis of the child's success.
  - ✓ Parents and caregivers should know their child's stages of development in language and literacy.
  - ✓ Children learn through play.
  - ✓ The library supports and compliments what families can do at home.
  - ✓ Regularly engaging in the five activities SING, READ, TALK, WRITE, PLAY will help a child significantly in developing her early literacy skills.
- **Programs and Services:** The following Ready for Reading Programs are available system wide at the district level. This means not every branch has them but that every district does. A district is a larger branch plus a few neighbourhood branches
  - ✓ Baby Time (0-18 mo)
  - ✓ Toddler Time (18-36 mo)
  - ✓ Preschool Storytime (3-5)
  - ✓ Family Time or Pyjama Time (all preschool ages, older siblings welcome)
- **Outreach Activities:** In partnership with Toronto Public Health TPL supports Living and Learning with Baby series by conducting a Ready for Reading Babytime in one of the sessions. They also partner with TPH in the Healthiest Babies Possible initiative by providing expectant mothers with a welcome package from the library, and by having library staff go through the contents of the package with the mother. Along with information from TPH, this package includes, a Let's Get Ready for Reading Guide as well as information on services to parents and children such as Dial a Story, our First and Best Booklist, local branch information (there are 15 locations) and a free board book. They are also piloting a Peer Nutrition Program with TPH which is for mothers of newborn babies.
- TPL also conducts storytime outreach visits to local daycares as well as to Parent Family Literacy Centres from both the TDSB and TCDSB. There is also an extensive Kindergarten Outreach program that targets every kindergarten student in the city.
- **Ready for Reading Spaces:** All branches (Except Toronto Reference Library) have a welcoming children's area, appropriate collections, and a space for story times. There are KidsStops at 9 branches. These are fun learning environments with lots of interactive learning stations where parents and children can explore and learn together. Each KidsStop has its own theme such as water, shapes, enchanted forests etc. All KidsStops are literacy rich and include a phone that connects to Dial a Story, cozy spots for parents and children to read together and "big books" which are mounted books with pages that swing open easily.  
<http://www.torontopubliclibrary.ca/ready-for-reading/kidsstop-early-literacy-centres.jsp>



- **Partnerships: Reach Out and Read / Prescription to Read:** St Michael's Hospital and Mount Dennis Weston Health Centre both participate in the Reach Out And Read (ROAR) program. St Michael's staff have been given 3000 bags containing the Lets Get Ready for Reading Guide along with library materials, a local map with library branches within St Michael's catchment area and age appropriate books for newborns and toddlers. These bags are given to parents during regularly scheduled visits and hospital staff make time to discuss the importance of reading together and as part of establishing a healthy relationship. Waiting room materials and copies of the Let's Get Ready for Reading guide have also been given to Mt. Dennis Weston Health Centre. Additionally we are assisting St Joseph's Hospital in implementing their Prescription to Read program and have given guides to other interested clinics such as Liberty Village, and more clinics are developing partnerships with TPL.
- **Postsecondary ECE School Visits:** TPL children's librarians have begun visiting schools that teach Early Childhood Education Seneca, Humber and George Brown Ryerson and given talks to classes on the Ready for Reading program. Classes from these and other schools have moreover frequently visited branches with large children's collections such as Lillian H. Smith and North York Central and been given time with library staff to discuss these collections and other resources.
- **Ready for Reading Online:** Ready for Reading can be found here: [www.torontopubliclibrary.ca/ready-for-reading/](http://www.torontopubliclibrary.ca/ready-for-reading/). There are short videos on each of the 5 early literacy promoting activities TALK SING READ WRITE and PLAY as well as other videos that share songs rhymes and stories. There are also links to new books, information about our KidsStops, our annual First and Best booklist, our Let's Get Ready for Reading guide and a link to our Growing a Reader blog. TPL will be rolling all of this content and more into a new children's web site that is currently under development.

## **Toronto District School Board: Parent Family Literacy Centre (PFLC)**

- Parenting and Family Literacy Centres are free, school-based programs for parents and caregivers with children from birth to age six. These play-based programs are designed to support children's early learning and development and are aligned with the Kindergarten program to help ease transition to school. They offer a safe, nurturing and stimulating program where parents are recognized as the first and most important teacher in their child's life.
- There are 78 centres located in elementary schools across Toronto. These centres provide opportunities for overall development of the child. Together families participate in a family literacy program that helps children develop and build essential literacy and numeracy skills. Books from multi-lingual libraries are available to borrow. Location in the school environment provides opportunities for building positive connections with the local school environment and staff, creating a supportive community for all. Parents and caregivers are supported and connected with appropriate interventions, services and community agencies when possible.
- The following PFLC's are located in the East York boundaries. These programs have no pre-registration and families are welcome at any time during the program hours. Families do not have to stay the whole period of time.
  - ✓ Crescent town: Monday, Tuesday, Wednesday, Thursday, and Friday from 8:30am to 12:30pm
  - ✓ Grenoble: Monday, Tuesday, Wednesday, and Thursday from 8:45am to 1:45pm

- ✓ Fraser Mustard Early Learning Centre: Monday, Tuesday, Wednesday, and Thursday from 8:45am to 1:45pm
- ✓ O'Connor: Monday, Tuesday, Wednesday, and Thursday from 8:45am to 1:45pm

## WoodGreen Community Services: Child Care Services

- Over 700 children are enrolled throughout WoodGreen's 7 child care centres.
- WoodGreen provides a safe, stimulating and enriching early learning environment where children are cared for by professionally trained staff giving parents peace of mind. Their curriculum is based on the most up-to-date practices and is designed to respond to each child's individual needs and interests. Parental involvement is an integral part of the program.
- There are 7 child care locations in the east end of Toronto, along with nursery school spaces, a summer camp program and parenting programs. Committed to continual learning and excellence, they work with a variety of partners to deliver many child care services.
- The Bruce/WoodGreen Early Learning Centre is noted as a model for the future by Dr. Charles Pascal in his ground-breaking report on full-day early learning.
- List of Child Care Locations:
  - ✓ Enderby Child Care: We have 5 classrooms: Infant (10 children), 2 Toddler classes (10 children in each class) and 2 preschool classrooms (16 Children in each class)
  - ✓ Riverdale Child Care
  - ✓ Bruce/WoodGreen
  - ✓ Leslieville
  - ✓ Woodfield
  - ✓ Debbie Yeung
  - ✓ Morse Street

## East York East Toronto Family Resources (EYET)

- **Child Care:** EYET operates three early learning centres for pre-school and kindergarten age children. Their child care centres provide a caring, stimulating and creative environment where children can experience growth - physically, emotionally, socially and intellectually.
- Annie's Place, Tom's Place and Crescent Town School provide a happy, relaxed environment that foster self-confidence, self-respect and a feeling of security. At EYET, they accept every child for who they are - their strengths and challenges - and respect their individuality.
- EYET complements the family's home experience by working in partnership with parents and caregivers to ensure the best possible outcomes for their children. They value and respect parents' primary role as experts - their knowledge, skills and insights. They model caring and respect for others and promote an inclusive and diverse environment. EYET utilizes an emergent curriculum approach to program planning.

## Eastview Neighbourhood Community Centre: Family Resource Programs

- ENCC'S Family Resource Program offers a variety of activities and program that focus on promoting and supporting the wellbeing of the family unit.
- Programs are offered, in an informal, supportive, non-threatening environment.
- Opportunities exist for parents/caregivers to make social contacts, discuss child rearing, learn about healthy child development, share ideas and develop more effective parenting skills.
- Children can enhance their social, emotional and cognitive skills, through activities that foster positive interaction.
- **Head Start Program:** A free School Readiness Program that through play, social interaction, arts & crafts, music, develops skills in children that will enrich and enhance their ability to learn and prepare them for school.
- **Healthy Beginnings:** A perinatal program for pregnant women. The focus is on having the healthiest baby possible. This is a co-operative program with the Toronto Public Health Department.
- **Family Drop In Program:** Active and creative play for children ages 0 - 5 focusing on Early Childhood Education and Adult Programming. This program includes arts and crafts, free play and movement activities, story time, music circles, and daily snacks. Within this program they also offer information & referral, resources for parents & caregivers, special events, workshops & seminars, special programming for children, trips and outings.

## Native Child and Family Services of Toronto - Aboriginal Head Start

- **Building Strong Spirits** is a free school readiness program providing a happy, safe, relaxed learning environment for children with an Aboriginal background aged 2 ½ to 6 years and their families. Development is embraced through play, curiosity and creativity. The program is based on appreciation for the teachings that bind North American Aboriginal people, with a focus on cultural awareness, values, languages, music and craft. It is governed by empowered parents and caregivers who sit on the Parent Council. The Building Strong Spirits program encompasses culture and language, education, health promotion, nutrition, social support, and parental and family involvement.

## Targeted Support for Families with a Focus on Those at Risk

*This section will look at the programs and services directed towards infants, toddlers and families who have moderate risk (4-8 risk factors) and few protective factors. For example, programs such as child protection and home-visiting services would be included here.*

## Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP)

The Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) programs are federally funded initiatives through Public Health Agency of Canada (PHAC) that are committed to promoting healthy birth outcomes and the healthy development of children. These programs are typically embedded within community based agencies.

- **East Healthy Beginnings (CPNP):** The East York Healthy Beginnings for Healthy Babies program (EYHBHB) provides information, education and support to pregnant women to have healthy pregnancies and healthy babies.
- The program runs once a week in each location. Childminding services are available for families with other children, nutritious snacks, information about pregnancy and access to health care professionals. Each week, program workshops focus on a different topic, including:
  - ✓ Workshops and discussions about how to have a healthy baby
  - ✓ Prenatal information
  - ✓ Nutritional information and resources
  - ✓ One-on-one appointments with a Public Health Nurse and Dietician
  - ✓ Food Supplements
  - ✓ Breastfeeding support
  - ✓ The opportunity to connect to other women in the community
- **Toronto South East Coalition of Perinatal Nutrition and Support Programs** are sponsored by Eastview Neighbourhood Community Centre. These include CPNP sites at the following agencies: St. James Town, Applegrove's Helping Our Babies Grow, Eastview's Beginnings, Jessies Centre, Thorncliffe's Tuesday Morning, and the Regent Park Community Centre.
- **The Donlands Family Resource Program (FRP)** offers a welcoming and safe place for parents and caregivers with children under six years of age.
- They offer something for everyone, including a lending library, clothing exchange, the opportunity to connect with other families in your neighborhood and more.
- There is a lot to do and learn at the Donlands FRP.
  - ✓ Playgroup – an opportunity to interact with other children
  - ✓ Child development activities and support
  - ✓ Early Learning activities and information
  - ✓ Food and nutrition support
  - ✓ Parent and caregiver support and education
  - ✓ Workshops and discussion groups
  - ✓ Friendships and peer support
  - ✓ Family Health and Safety Information and resources
  - ✓ Information, supports and referrals to other agencies

## Toronto Public Health: Child Health and Development

### Canada Prenatal Nutrition Program: Individual Service

- CPNP Individual Service (IS) is offered to all CPNP participants who have an identified health issue, risk or concern. IS is delivered by public health nurses and registered dietitians at CPNPs. The goal of IS to promote and support healthy pregnancies, healthy birth outcomes and preparation for parenthood through one to one interventions. Interventions include assessment, health counselling, referral and crisis intervention. Overall objectives for IS are to increase the client's capacity (knowledge, skills and behaviours) to address their identified health/nutrition related risks and concerns.

## **Healthiest Babies Possible Program**

- The HBP Program is a unique program of Toronto Public Health which promotes healthy pregnancies and healthy birth outcomes among nutritionally at-risk pregnant clients. The program is delivered by public health registered dietitians at over 65 community sites in Toronto. Eligible clients receive intensive one-to-one nutrition counselling from a public health dietitian throughout their pregnancy and up to one postnatal visit. The counselling sessions include assessment, education, referral and support. Clients who are identified as at risk for poor fetal and infant development are referred to early parenting intervention services such as Healthy Babies Healthy Children and prenatal/ postnatal groups. Eligible clients also receive food certificates, prenatal vitamins and TTC tokens.

## **Healthy Babies Healthy Children (HBHC)**

- HBHC is funded by the Ministry of Children and Youth Services and delivered through Toronto Public Health. It is a home visiting program delivered by PHNs and FHVs for families identified with risk, to achieve a healthy pregnancy, optimal child development and positive parenting.
- All consenting families are screened within the postpartum period for eligibility to receive HBHC services and are provided with information about TPH services and programs for parents. HBHC screens can also be completed in the prenatal and early childhood periods where indicated.
- Families who are identified with risk as per the screen, will be offered a home visit by a PHN to complete an in-depth assessment.
- Families who are confirmed with risk are eligible to receive ongoing HBHC services.

## **Toronto Children's Aid Society (CAST)**

- CAST is committed to preventing situations that lead to child abuse and neglect by embracing, strengthening and supporting families, and communities, protecting children and youth from abuse, and neglect, providing safe and nurturing care for children and youth and advocate meeting the needs of children, youth, families, and communities.
- Offer a **Pregnancy and Aftercare (PAC) Program** for mothers which provide concrete support to families.
- **Infant Nurse Specialists** visit families in conjunction with the family support workers, occurring biweekly or weekly.

## **Red Door Family Shelter**

- Red Door Family Shelter is a non-profit registered charity serving the GTA with 156 beds in two locations. The City of Toronto and the Province of Ontario provide the basic operations funding. Donations and private fundraising allow for programs for residents that go beyond food and shelter; programs that make life a little easier while at the Red Door and that offer tools to achieve long-term objectives.
- Families come to the Shelter through a referral from agencies such as Children's Aid Societies, Public Health Department, Police Services, other shelters, through word of mouth upon the advice of friends. Within approximately three months most families are re-established back to independent living. Individual circumstances and needs determine the length of stay; some families stay overnight while others live at the Shelter for as long as six months.
- The agency offers shelter and basic necessities, 24-hour emergency housing, on-site medical assistance and referrals, child care, healing and strengthening services, counselling, case management, safety planning, education, legal, immigration assistance, parenting and life skills training, extensive programming for children and youth, transitional support and outreach, assistance to find housing, moving program (provides donated furniture and moving assistance), weekly food bank, and ongoing caseworker support and accompaniment.

## Native Child and Family Services of Toronto

- **Child Protection:** As the children's aid society for the Native community in Toronto, Native Child and Family Services Toronto (NCFS) investigates allegations of child abuse and neglect, protects children who have suffered abuse or neglect (or are at risk of harm) by assisting and supporting their families to reduce harmful circumstances. NCFS offers guidance, counselling and referral services to families whose children are at risk of abuse and neglect, refers families to other service providers where we do not offer a service, arranges for treatment services for children in our care, places children with family members or extended family, in foster homes or adoptive homes, depending on the legal status of the child and his or her needs, and recruits, develops, educates and supports foster and adoptive parents. NCFS has partnerships with Healthy Babies Healthy Children/ Homeless at Risk Prenatal (HARP) program nurses, and Anishnawbe Health Toronto to assist with expectant mothers.
- Prenatal cases are included in the full caseloads of staff as relationships are developed prenatally to avoid potential confrontations when the child is born.
- Visits with families occur as frequently as once a week.
- **Kognaasowin (Parenting in a Good Way)** – Aboriginal Early Childhood Development Program provides parenting education and support for families with children up to 6 years old. Aboriginal teachings play an important part in these services. There are a variety of programs to prevent problems from developing or to help stop existing problems from getting worse. Parenting groups, workshops, in-home support and family drop-in are offered through the following services: Aboriginal Ontario Early Years Centre, CAPC, CPNP, and Ninoshe – Aboriginal Healthy Babies Healthy Children
- **Ninoshe - Aboriginal Healthy Babies Healthy Children:** program offers support and parenting skills to new mothers and provides links to community services. NCFST Ninoshe workers provide support to families in the same way that "aunties" play a supporting role in



traditional Native societies. Services include family in-home visiting, pre/postnatal groups, and parenting classes.

## Massey Centre

- The Massey Centre for Women is fully accredited Children's Mental Health Centre which supports pregnant and parenting adolescents, aged 13-21. Support is provided to more than 2,800 moms and babies each year, including families within the surrounding community through our Ontario Early Years Centre.
- **Prenatal Residential Programs and Services:** The prenatal residence is where most moms begin at Massey Centre. A group living setting with a capacity of 22 mothers and babies, it is staffed by residential counsellors 24 hours/7 days per week. Young women arrive at any time during pregnancy, and may stay with their babies for up to two months after delivery.
- The goals of the Prenatal Residential program include:
  - ✓ Birth of healthy babies
  - ✓ Early bonding
  - ✓ Effective newborn care
  - ✓ Teaching life skills for parenting and independent living.
- Expectant moms actively participate in the design of their care plan, individualized for each new mom-to-be and designed to focus on their strengths. As part of this plan, expectant and new moms must participate in structured program activities such as:
  - ✓ School
  - ✓ Work or pre-employment preparation
  - ✓ Group activities
  - ✓ Medical appointments
  - ✓ Counselling (individual and or family/relationship)
  - ✓ Health & wellness sessions
  - ✓ Pre-natal classes
  - ✓ Physician-supervised exercise
  - ✓ Outings (e.g., visit local attractions, movies, sporting events)
- **Postnatal Residential Housing Program:** Mothers graduating from the prenatal residence (normally about two months after baby arrives) move on to the Postnatal Transitional Housing Program, where mom and baby live for up to 6 months in one of ten partially furnished, self-contained apartment units. They pay modest rents, geared to their income.
- Residential counsellors ensure:
  - ✓ Mom is coping
  - ✓ The attachment process is going well
  - ✓ Baby is thriving
  - ✓ Placement of the baby in the Early Learning program at the Centre

- As with the prenatal program, young moms continue to:
  - ✓ Attend school, work or focus on pre-employment activities
  - ✓ Learn positive and effective parenting skills
  - ✓ Learn how to budget and shop for a household
  - ✓ Increase knowledge about how to access community resources
- **Postnatal Transitional Supportive Townhouse Program:** Upon successful completion of Phase I, moms may apply to participate in Phase II of Postnatal Transitional Housing Program. Based on availability, for up to an additional six months mom and baby enjoy living in one of 17 two-bedroom town homes giving them even greater independence but with support as they begin their transition back into the larger community.
- **Maternal Infant Mental Health (MIMH):** MIMI services at Massey Centre strive to support optimal child outcomes: a sense of security and self-esteem, the ability to form satisfying relationships, to engage with the world, to learn, cope and problem solve, and to continue positive development throughout life. They support families at the Massey Centre as well as in the larger community, through:
  - ✓ Infant Massage Class – for young parents and their babies up to 6 months old and as well as for families from the community with babies up to 6 months old
  - ✓ Rhyme Time – songs, rhymes and lullabies for young parents and their young children
  - ✓ Cooking Club – for young parents who reside at Massey Centre; goal of the program is meal planning and cooking, provide information on nutrition, portion control, budgeting, provide opportunities for positive peer interaction and leadership
  - ✓ Mother's In Motion – a walking program for young parents and their children that aims to improve overall health and wellness while exposing young parents to resources in their local community.
- **New Lives Start Here** is a transitional housing and education program for young moms who are between 18 and 25 years old, registered in or committed to completing postsecondary education or training, sole support and parenting one or two children who are under six years old, and homeless or under-housed.
- **Primary Health Care:** Expectant and new moms living at Massey Centre have access to an on-site staff registered nurse for:
  - ✓ Pre and post-natal personal health counselling
  - ✓ Well-baby check-ups
  - ✓ Breastfeeding support and assistance
  - ✓ Support dealing with postpartum emotions such as depression, frustration and loneliness
  - ✓ Medical care referrals
  - ✓ Information on family planning & protection against sexually transmitted diseases
- Clients quickly receive medical care and counsel on issues concerning their pregnancy, nutrition, fetal development, infant health and maternal infant mental health, and may also take part in prenatal classes, labour coaching and classes on infant care and development.



Their infants are monitored closely to ensure any lags in development are quickly identified and referred to appropriate health or community agencies.

- **Massey Centre Secondary School Treatment program:** At the Massey Centre, there is a high school for young mothers who wish to continue their education. The school is operated in partnership with the Toronto District School Board, offers a broad range of Grade 9 to Grade 12 courses. It was designed to meet the educational, social and emotional needs of individual students, providing a positive, welcoming and supportive atmosphere for young moms.
- **Community Referral Services program** supports clients to find safe, affordable and stable housing, understand their rights and responsibilities as tenants, know about and access community resources and government benefits, and advocate for themselves and their child.

## **WoodGreen Community Services: Homeward Bound**

- Homeward Bound assists single, female-led families who are living in unstable conditions make a successful transition to sustainable employment, permanent housing and independent living for themselves and their children.
- Homeward Bound is a 4 year program which provides the following supports for all its participants
  - ✓ Free 2 year college education
  - ✓ 14 week unpaid internships
  - ✓ Access to sustainable employment opportunities through our Industry partners
  - ✓ Affordable furnished housing
  - ✓ Free child care

## Early Screening and Assessment Activities

*This section identifies screening and assessment practices in the community. Items identified include developmental screening tools such as the Ages and Stages Questionnaires or parental mental health scales such as the Edinburgh Scale.*

### Massey Centre

- Children of residents of Massey Centre can receive ASQ Screens and subsequent developmental support plans. The agency is expanding the developmental screening for all families who attend the Ontario Early Years Centre located within their agency.
- Plan of Care forms have been modified to reflect the indicators of development from the ASQ tools.

### Native Child and Family Services and The Children's Aid Society of Toronto

- Once a child is in care for a year, an Action Assessment Record (AAR) is completed which includes various screens/assessments of their wellbeing. These are used to inform Plans of Care.
- As part of their training with IMHP, both agencies are trained on using the ASQ-3 and ASQ:SE screening tools.
- Both agencies use the Edinburgh Postnatal Depression Scale (EPDS).

### Toronto Public Health

#### Early Identification Screening Clinics

- TPH partners with community organizations (e.g. Ontario Early Years Centres (OEYC), Family Resource Centres and Community Health Centres) to coordinate comprehensive screening clinics for families with children under 6 years of age. PHNs also integrate screening into routine contacts with families attending Early Years programs and services.
- Tools used to support developmental screening include the Nipissing District Development Screen (NDDS), and the Toronto Speech and Language Communication Checklist. FHV's and PHNs facilitate the completion of these tools.
- The Toddler NutriSTEP® (18 to 35 months) and NutriSTEP® (age 3 to 5 years) are questionnaires that assess a child's nutritional risk and provide early identification of potential nutrition problems. The completion of this tool is supported by a PHN and/or community partner trained in the utilization of the tool.

#### Early Abilities: Infant Hearing Program

- Universal newborn hearing screening is free and available in all birthing Hospitals in Toronto including the Michael Garron Hospital of the Toronto East Health Network. Infants discharged early or who missed their screening in hospital will be screened in the community at one of 14 locations. In East York, the Community Clinic is located at the Flemingdon Health Centre, 10 Gateway Blvd. Neither OHIP nor Canadian citizenship is required to participate.

- These services are coordinated by Toronto Public Health's Early Abilities (formerly Toronto Preschool Speech and Language Services).

## Healthy Babies Healthy Children (HBHC)

- The HBHC Screen is completed by community partners in the prenatal, postpartum or early childhood periods. Universal screening is offered to all families in the postpartum period. PHNs complete an in-depth assessment and offer the blended home visiting program (i.e. visits by a PHN and FHV) to eligible families.
- FHVs and PHNs work with families to complete the Nippissing District Development Screening (NDDS) and the Toronto Preschool Speech & Language Communication Checklist to help start discussion of development.
- PHNs are certified in the use of Nursing Child Assessment Satellite Training (NCAST) parent-child interaction scales to observe and assess parental response and sensitivity to cues during feeding and/or teaching.

## Postpartum Adjustment Programs and Services

- Public Health Nurses use the Edinburgh Postnatal Depression Scale (EPDS) where appropriate, to identify clients at risk for a perinatal mood disorder.

## WoodGreen Community Services: Child Care

- Within the Child Care locations, staff are using the Nippissing District Development Screening (NDDS) tool with parents.
- The agency has developed a Progress Report for each child in their centres from the early learning framework to document how they are doing developmentally.

## Early Intervention Services

***Agencies that provide intensive services for children and families are listed below. For example, programs and services that therapeutically enhance parent-child dyads, that include specialized assessments by trained professionals, and crisis intervention programs.***

### Child Development Institute

- **Child Care Support Team:** CDI delivers consultation services and other support services to licensed childcare centres in Toronto under the “Every Child Belongs”(ECB) service model. The goal of the ECB model is to support inclusion within childcare centres so that every child has access to childcare in their community that offers inclusive, developmentally appropriate early childhood experiences. CDI has a team of child care consultants (also known as special needs resource consultants) and Intensive Resource Support staff delivering services under this model.
- CDI’s Child Care Consultation services provide support for staff caring for children under the age of 12 who have extra support needs and are attending a licensed childcare program. In supporting these children, child care consultants collaborate with child care staff and parents

to identify the child's strengths and needs and develop individualized plans and strategies to support the child's optimal development and participation within the centre.

- Consultants visit their designated centres on a regular basis to review goals and strategies, monitor progress and coordinate additional support and services, when needed, while maintaining regular contact with parents. Services such as program consultations, workshops and training for childcare staff or parents are also available.
- CDI consultants also work within the CITYKIDS network to provide screening and referrals to families seeking childcare and who may require other services.
- Children are referred to this program through individual child care centres.

## **Native Child and Family Services Toronto and Children's Aid Society of Toronto**

- Children five and under within the agencies can receive the ASQ-3 and ASQ:SE screening to identify any developmental delays. Together with the screening scores, worker observation, and caregiver interviews, a developmental support plan is created to support the child in reaching their developmental milestones. The process is done in collaboration with the families and/or caregivers.

## **South Riverdale Child-Parent Centre**

- Referrals for early intervention services are typically made to doctor's office where there is a concern. Referrals to Speech and Language services are also available through the agency.
- At SRCPC, they encourage parent- peer supports informally during programs to address any developmental concerns that may arise.

## **Massey Centre**

- At Massey, there is an Infant Mental Health Specialist is available to support mother/child when there are infant mental health concerns. This is an area of expertise that can be accessed by all in the community.
- Staff at Massey Centre are trained to administer receive the ASQ-3 and ASQ:SE 2 screening to identify any developmental delays. Together with the screening scores, worker observation, and caregiver interviews, a developmental support plan is created to support the child in reaching their developmental milestones. The process is done in collaboration with the families and/or caregivers.
- Additionally the agency receives from Native Child and Family Services as the agency supports Aboriginal clients engaging in cultural appropriate services. There is experience and expertise to leverage at the agency through Baby Love consultations with Dr.Wittenberg.

## **Baby Love**

- Baby Love is an attachment-based program offered at Massey Centre to help caregivers give their babies a better start in life; one that supports better health, better relationships and better learning. It helps parents recognize that babies have minds, that babies "talk" to us and that

they need us to respond. Babies who start off well are likely to do better for the rest of their lives.

- Baby Love works to prevent problems before they develop so the program works with both caregivers and young babies. Massey Centre trains leaders in the community to teach parents about attachment theory, infant development, how to manage stress, etc. It includes training and practice in infant observation, mindfulness meditation and problem solving.
- Baby Love has been evaluated in the Infant Psychiatry Program at the Hospital for Sick Children in Toronto and has been shown to make a significant difference in the way mothers respond to their babies.
- Trained facilitators for Baby Love are available at Massey. Dr. Wittenberg provides weekly support onsite. There is no fee to attend. Fathers are welcomed to join in the program.

## **Toronto Public Health: Child Health and Development**

### **Healthy Babies Healthy Children (HBHC)**

- HBHC is a voluntary program for individuals and families who meet eligibility criteria, from the prenatal period until the child's fourth birthday. Length of involvement with the program varies and is guided by family/client identified goals related to parenting and child development
- PHNs and FHVs provide information and support regarding: achieving a healthy pregnancy, healthy child development and safety, breastfeeding, nutrition and healthy eating, adjusting to parenthood, and accessing community resources.
- Family Service Plans are developed with the family to provide a focus for ongoing home visiting and service coordination.
- PHNs utilize Nursing Child Assessment Satellite Training (NCAST) in their service delivery.
- In the prenatal period, Promoting Maternal Mental Health During Pregnancy is used. The purpose of these activities is to prepare the individual for parenting and for developing a nurturing parent-child relationship. During the parenting period, Parent Child Interaction Scales are implemented by the PHN in the home. The scales assess the parent child interaction during feeding and/or teaching situations. A strength based approach is used and immediate results are discussed with the parent. The PHN works with the family, and FHV to develop a plan that will strengthen the parent child interaction.
- Partners in Parenting Education (PIPE) activities are implemented by the FHV and the PHN and are used across the province within HBHC to complement the NCAST assessments and support enhancement of parent-child relationships. PIPE is a parent education curriculum that effectively integrates new parent knowledge with a parent-child activity that supports positive interaction. It is an activity based intervention that involves engaging the parent to interact with their child. The focus is on social emotional development

### **Healthy Babies Healthy Children: Homeless at Risk Prenatal Program (HARP)**

- HARP is delivered within the HBHC program by 6 HBHC PHNs with the support and collaboration of two HBP RDs to homeless pregnant women. These women face many

challenges with addictions, mental health, physical health issues and have histories of severe trauma. The goal of the program is the healthiest birth outcome possible, by providing intense, frequent home visiting services in the prenatal period. If the parent maintains custody of the child, the family will continue to receive support through the HBHC program and in collaboration with other service providers such as addiction services, child protection services and housing support.

## Parenting Programs

- **Make the Connection (MTC) 0-1** is a program developed by the non-profit organization First Three Years which is now part of the Psychology Foundation of Canada. This program supports parents' interaction with their babies in ways that promote secure attachment, communication and brain development. It is an intensive and enjoyable series combining hands-on activities, parent reflection and discussion as well as personalized video feedback.
- The MTC 0-1 is a free program offered to parents with babies under 1 year old. It is a series of 2 hour sessions, held over a nine week period, facilitated by PHNs and community partners.
- Make the Connection 1-2 follows the MTC 0-1 helping parents support their child's development during the second year. Like the Make the Connection for babies, MTC 1-2 combines hands-on activities, parent reflection and discussion as well as personalized video feedback.
- The MTC 1-2 is a free program offered to parents with toddlers 1-2 years old. It is a series of 2 hour sessions, held over a nine week period, facilitated by PHNs and community partners.
- **The Incredible Years Basic Parent Program® (IY)** is an evidenced based program developed by Dr. Carolyn Webster-Stratton. It aims to improve parent-child interactions and attachment, promote positive parenting and foster the parent's ability to provide a nurturing environment for healthy child development. An emphasis is also placed on the promotion of child social competence, emotional regulation, positive attributions, academic readiness and problem solving. Incredible Years teaches parents and/or caregivers interactive play and reinforcement skills, non-violent discipline techniques, logical and natural consequences and problem solving strategies. Learning methods include group discussion, videotape modelling and rehearsal intervention techniques. This program is offered to parents and/or caregivers with children ages 2 to 6 who are at risk for behaviour problems. It is a series of 2 hour group sessions with pre-determined topics held over a period of 14 weeks and is offered in multiple languages. IY is facilitated by PHNs and community partners.

## Postpartum Adjustment Program

- Postpartum Adjustment Programs aim to improve maternal mental health, prevent negative impacts on child development and improve family dynamics. This is achieved by assessment, referral, individual and group counselling. There is a focus on maternal mental health and coping strategies and improved communication. Particular attention is paid to the maternal infant relationship, the parent's ability to soothe the infant and attachment. The group is co-facilitated by an infant mental health therapist and a public health nurse. Expedited access to individual infant mental health services is available. The program is available to families with a child under one year who are experiencing postpartum adjustment difficulties including postpartum depression and anxiety. Interpretation services, childcare, TTC tokens and a healthy snack are offered to reduce barriers to access.

- Many supports and resources are available online on the Postpartum Anxiety and Depression web page which includes topics such as emotional health, steps to feeling better, partners and caregivers, along with the Toronto Services for Women with Postpartum Depression and Anxiety guide.
- East Toronto Postpartum Adjustment Program in partnership with Toronto East Health Network and South Riverdale Community Health centre have a group program that offers information and support to new mothers who are feeling sad, overwhelmed, anxious or alone.

## **SickKids Team Obesity Management Program**

- STOMP Early Years is a partnership with SickKids Hospital and Toronto Public Health. The two-year family-based program focuses on healthy living and targets children 6 months to 5 years of age, living in the Toronto area, with BMI greater than the 97<sup>th</sup> percentile, based on the WHO growth charts.
- In phase one of the program, parents attend a weekly 2 hours psycho-educational group, individual appointments with inter-professional team members and home visiting by a public health nurse. Group content is related to healthy living and incorporates the Incredible Years Parenting Program® curriculum. The second phase of the program consists of medical check-ins and groups every 3 months, with access to continued individual and home visiting support.

## **Toronto Public Health: Early Abilities**

- Early Abilities (formerly Toronto Preschool Speech and Language Services) is funded by the Ministry of Children and Youth Services, and is comprised of community partnerships to deliver three programs: Infant Hearing (IHP), Blind Low Vision Early Intervention Program (BLV), and Preschool Speech and Language Program (PSL). These services are free and are coordinated by Toronto Public Health's Early Abilities (formerly Toronto Preschool Speech and Language Services). Neither OHIP nor Canadian citizenship is required to participate. Referral and Intake is completed through an online application and/or the Toronto Public Health–Early Abilities intake number:

## **Blind Low Vision Early Intervention Program**

- The Blind Low Vision (BLV) Early Intervention Program is designed provide vision services to children (0-6) who have been identified as blind or with low vision. There are two components to the program: early intervention and family support.
- BLV is available to with a variety of hearing losses including:
  - ✓ Visual acuity no better than 20/70 in the better eye after correction,
  - ✓ A visual field restriction to 20 degrees,
  - ✓ A physical condition which cannot be medically corrected and as such affects functional vision (e.g., Cortical Visual Impairment [CVI])
  - ✓ Delayed maturation or progressive visual loss.
- BLV is delivered by a team of Family Support Workers and Early Childhood Vision Consultants from Toronto Public Health, Surrey Place Centre and CNIB. Services are in-home and include:



- ✓ Family support services
- ✓ Targeted early intervention services
- ✓ Childcare consultation
- ✓ Parent education
- ✓ Professional development

## **Infant Hearing Program (IHP)**

- The Infant Hearing Program is designed to identify infants born deaf or hard of hearing, and children (0-6) who may be at risk for permanent hearing loss and intervene early. There are four components to the program: screening, identification, communication development programming and family support.
- IHP services are available to:
  - ✓ Infants identified through the infant hearing screening
  - ✓ Infants under 2 months who missed their hearing screening
  - ✓ Children 2 to 24 months of age where family history, head trauma, a syndrome or an acquired risk factor may have affected their hearing levels
  - ✓ Children 24 months to 6 years who have an identified permanent hearing loss (PHL) outside of the IHP program
- Identification/ Audiology (hearing) testing is conducted at one of five IHP audiology centres in Toronto. Two centres are in downtown Toronto: Hospital for Sick Children and Mount Sinai Hospital.
- Communication Development Programming is based on the degree of hearing loss, the nature of the hearing loss, and the child's overall development:
- Learning Language Through Listening services, alone or in conjunction with American Sign Language (ASL) Consultation and/or Alternative/Augmentative Communication (AAC) services, are available in East York through our O'Connor site (1500 O'Connor Drive). Services are also provided in nearby locations including SickKids Hospital, The Canadian Hearing Society and Bob Rumball Centre for the Deaf (BRCD). Early Abilities provides Speech and Language Pathology services to those children with significant hearing loss. The Hanen Centre, in downtown Toronto, and Adventure Place, with satellite service facilities in 3 East York locations, are primary providers of services.
- ASL Consultation is a service offered at BRCD or in-home delivered by Silent Voice, a partner agency.
- Family Support consists of the following services:
  - ✓ Counselling
  - ✓ Service navigation to community services and supports
  - ✓ Referrals to targeted services to support child development



- ✓ Support for financial applications related to the PHL and
- ✓ Parent education

## Preschool Speech and Language Program

- The Preschool Speech and Language Program is designed to identify and intervene early with children (5 months-school entry) who may be experiencing delays and/or disorders in their speech, language, play, social communication and literacy development. Program's goals are to maximize positive outcomes for children by building families' capacity in strategies to support child development. There are three components to the program: screening, identification, and communication development programming.
- There are over thirty locations across Toronto, three of which are accessible for East York residents: Adventure Place (Leslie/401) and 2 satellite locations: O'Connor site (Victoria Park/Eglinton) and Forresters Site (Don Mills/Eglinton). Services include:
  - ✓ Initial assessment and counselling
  - ✓ Parent training/parent-implemented intervention
  - ✓ Monitoring/parent consultation
  - ✓ Caregiver and educator consultation
  - ✓ Case/service coordination and referral
  - ✓ Individual and group treatment
  - ✓ Home programming and reassessment
  - ✓ School transition planning with the local school's speech-language pathologist

## Treatment

***This section includes formal diagnostic assessments and interventions provided by a highly trained professional in their respective field. This would entail treatment such as interaction guidance or modified guidance interaction, infant-led psychotherapy, and play therapy.***

### Michael Garron Hospital

- The Child Development Centre at Michael Garron Hospital (MGH) offers four distinct services to children living in the MGH catchment area: EAST Developmental Clinic, Neonatal Follow-Up Clinic, Healthy Lifestyle Clinic and Holland Bloorview Kids Rehab Satellite.

### EAST Developmental Clinic - Early Assessment, Support and Treatment

- This clinic provides interdisciplinary assessments, support and longer-term treatment for children with cognitive, communication and/or sensorimotor delays. These services are provided by a psychologist, occupational therapists, speech-language pathologists, dietitian and family support worker. Paediatric consultation is available.

- Referrals for the developmental assessments through this clinic can be made directly by physicians.
- To be eligible for a developmental assessment with the EAST clinic:
  - ✓ child must be under six years of age at the time of the referral
  - ✓ child must have significant delays in two or more areas (cognitive development, language, social skills/play, motor)
  - ✓ family must live in the Michael Garron Hospital catchment area.
- \*\*Please note we do not provide psycho-educational assessments.

## **Neonatal Follow-Up Clinic**

- This clinic sees infants born with medical complications or born prematurely, and follows them from the age of four to 24 months. They must meet one of the Child Health Network criteria for regional neonatal follow-up programs. A physician referral is required. Should these children require a more comprehensive developmental assessment or support from speech-language, occupational therapy or psychological services, they are transitioned to our EAST Developmental Clinic.

## **Holland Bloorview Kids Rehab MGH Satellite - Community-Based Developmental Team**

- Holland Bloorview Kids Rehab runs a satellite clinic at MGH. This diagnostic team includes a developmental paediatrician, psychologist, occupational therapist and social worker.

## **Massey Centre**

- At Massey, there is an Infant Mental Health Specialist available to support mother/child when there are infant mental health concerns. This is an area of expertise that can be accessed by all in the community.

## **Child Development Institute**

### **Family and Community Counselling**

- The Family and Community Counselling team provides counselling services for families with children from birth to six years old. Counselling is available for parents concerned about their relationship with their child and/or have children who are exhibiting social, emotional and behavioural or adjustment difficulties.
- Child and Family Clinicians provide counselling services tailored to each family's needs. Services may include: family therapy, parent counselling, parent-child interventions, parental guidance and support, specialized group programs, in-home counselling support, liaison with schools and service coordination.
- Clinicians support families not only by identifying and building on their strengths and addressing their needs and concerns but also through exploring issues such as family context, early life experiences, temperament, stressors, family relationships and parenting styles.

- Children are referred to this program through CDI's Early Intervention Intake Services; priority is given to children under the age of three.

## **Anxiety Programs**

- CDI, in collaboration with the Department of Child and Adolescent Psychiatry at Toronto East General Hospital (TEGH), provides evidence-based programs for families with children under the age of 12 experiencing anxiety issues that interfere with their functioning.

## **Parenting Group for Anxious Pre-Schoolers**

- Supported by United Way Toronto "Success by 6" funding, the Parenting Group for Anxious Pre-Schoolers (P-GAP) is a group for parents of younger children, typically kindergarteners, who are experiencing anxiety, are having difficulty overcoming fears or are socially inhibited. The 10-week parent group is co-led by a TEGH psychiatric expert in childhood anxiety and a trained CDI social worker. Children are referred to this program through TEGH intake services; a physician's referral is necessary.

## **Native Child & Family Services**

- **Mooka'am (New Dawn) Children's Mental Health Services** was developed under the guidance of traditional teachers and elders. Mooka'am is comprised of preventative and healing services for children, women and men using a combination of traditional cultural approaches to health and healing and contemporary counselling techniques.

Using a strength-based approach, this service strives to help families and individuals in the community to restore holistic health by building self-esteem and strong identities, dealing with the effects of trauma, including emotional, spiritual, psychological and sexual abuse, developing healthy relationships with partner, family and community. Services are provided in individual, family and group settings, and include: children's mental health assessments and treatment (0 to 6 and 6+), transitional support for women in domestic violence situations, family work, men's healing, women's healing and group programs.

## **Existing Collaborations among Services and Sectors Positively Supporting Infant Mental Health**

***This section outlines existing collaborations, committees, task groups, and coalitions that support infant mental health practices within the community.***

- Toronto Public Health fosters the collaboration of the East Toronto Postpartum Adjustment Program in partnership with Toronto East Health Network and South Riverdale Community Health Centre.
- As the OEYC Lead Agency, Massey Centre in collaboration with agencies serving children from birth to six years, in the Toronto-Danforth riding, established the Toronto-Danforth Riding Advisory to improve the health and well-being of families and caregivers with children 0-6 years old by influencing policy development; participating in systems planning and implementations and supports the coordination and integration of a range of services in the community that engage children up to 6 years old and their families. The OEYC Toronto-Danforth Riding Advisory seeks to protect the health, well-being and rights of children and their families within their communities.

- Massey Centre, through its Maternal Infant Mental Health (MIMH) program, provides infant and early childhood mental health promotion and intervention activities to its main Ontario Early Years Centre (OEYC) site and its 5 OEYC Satellites in the Toronto-Danforth area. Massey Centre's Manager, MIMH visits the satellite sites to promote the importance and benefits of infant and early childhood mental health for both the OEYC staff and participants (mother- child dyads). Manager, MIMH, a registered psychotherapist, regularly receives referrals from all the OEYC Satellites and provides infant mental health dyadic interventions, offers parenting workshops that promote secure attachment in infants, child developmental screening (Ages and Stages Questionnaire) for infants/toddlers, and consults with OEYC staff regularly regarding the support needed for their work with parents.
- Massey Centre through its partnership with Dr. Jean Wittenberg, Head of Infant Psychiatry, at The Hospital for Sick Children provides training to its staff in Baby Love: Supporting Infant Security, (group and individual) a preventive intervention developed by Dr. Jean Wittenberg. Also through this partnership staff and managers at Massey Centre are provided with weekly clinical supervision.
- In partnership with the Executive Director, IMHP, Massey Centre provided ASQ training to its employees working in the OEYC, Child Care, Residential and Transitional Housing Programs. Massey Centre has replaced the Nipissing Developmental Screening Tool with the ASQ-SE and ASQ-3 in its Child Care Centre. The MIMH program works in collaboration with Child Care Centre staff at Massey Centre and in Residential Program to provide an ongoing screening for the children enrolled in Child Care Centre and living at Massey Centre.
- Child Development Institute (CDI) delivers consultation services and other support services to licensed childcare centres in the Toronto-Danforth riding under the "Every Child Belongs" (ECB) service model. The goal of the ECB model is to support inclusion within childcare centres so that every child has access to childcare in their community that offers inclusive, developmentally appropriate early childhood experiences. CDI has a team of child care consultants (also known as special needs resource consultants) and Intensive Resource Support staff delivering services under this model.

## Short Term Opportunities to Enhance Core Prevention and Intervention

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### Support for All Families with a Focus on Those at Risk

- Draft a letter to document the concern that foster parents are not able to participate in the Healthy Babies Healthy Children programs offered by Toronto Public Health. IMHP will take the lead on this with feedback on the letter from the community.
- Create of list of parent and child resources to support the Indigenous population in East York. This list will be disseminated to local Hospitals, Birthing Centres, and Midwives (Riverdale).
- Create an inventory of services and programs that are accessible in East York for children and families (separate resources that are not in the catchment area but within Toronto). The Toronto-Danforth Riding OEYC Advisory committee could take the lead on this project with support from IMHP.
- Compile a list of resources specific for fathers (Dad Cribside Assistant) for the group to assist in engaging fathers in the community. IMHP will draft a list.

### Early Screening and Assessment Activities

- Explore opportunity to expand screening clinics in East York to the younger age (0-3) before children enter kindergarten. Massey Centre with collaboration with South Riverdale Community Health Centre, South-Riverdale Parent-Child Centre will take the lead on this.
- IMHP will update the group on any follow-up from the Developmental Screening Guidelines recently released. A letter from the community to the Task Force is an advocacy opportunity – IMHP will draft a letter for the community to review.
- IMHP will send the article link to the Developmental Screening Guidelines to the East York community partners.

### Collaboration

- The CAPC/CPNP sites in East York will consult with their Central Zone to explore the opportunity to share the resources they use with a strong infant mental health component within prenatal and parenting resources for community agencies to use. There is the potential of developing of implementing this through a ‘train the trainer’ presentation model. Michelle, from EYET Family Resources, will organize a session for the community about the Mother’s Mental Health Toolkit.
- IMHP will connect with Angelique Jenney to discuss and explore the possibility of having a Mothers in Mind program in the East York Community.

- IMHP will connect with S.E.A.S Centre to explore completing the Simple Gift Videos that were being translated into Mandarin. This resource could be shared within the East York Community. Massey Centre will connect IMHP with Sabrina Luong.
- The community table will connect with Michael Garron Hospital to see what further services are offered in the Maternal Ward. Ekua (Massey Centre) will make the connection between Linda Short or Irene Andres and IMHP.
- IMHP will set up a Google Group for sharing resources among the East York community partners. Anyone permitted in the group will be able to upload and edit the resources included in the Google group.
- IMHP will give access to the East York community table for the IMH Community Training.
- IMHP will give access to the Attachment Workshop by Dr. Rebecca Pillai Riddell and Mary Rella.
- IMHP will connect with Dr. Cindy-Lee Dennis to explore how to support parents with PPD in East York. Toronto Public Health will check to see if this has been done already.
- Review the General Principles of Prevention and Early Intervention after a year as a community table and within respective agencies.
- Once the community report is finalized, identify key partners/sectors who it should be shared with.

## Long Term Opportunities for Core Prevention

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### Supports for All Families with an Emphasis on Those at Risk

- IMHP will write a letter to the Local Health Integrated Network expressing the needs for physicians to attend to infant mental health concerns. The letter will highlight the concerns from the East York Community Table. Write the letter to TCLHIN from the context of 'Patients First'.

#### On Hold:

- The East York community table will discuss how to increase parent engagement, more specifically with more marginalized populations. A specific strategy to explore is a Mobile EYC which could set-up within community housing or high-rise apartments. A proposal could be written to receive some funding to support this. East York East Toronto Family Resources previously had a mobile OEYC which could be reviewed how it was previously operated (Connect with Michelle from EYET). A vehicle would be needed for this – the Toronto-Danforth Riding OEYC Advisory will explore applying for funding for this.

### Early Screening and Assessment

- IMHP and Massey Centre will explore how to make developmental screening available to all children and families in East York. This has started through Massey Centre who are looking to establish a clinic.
- Have a discussion with all sectors on referral follow-up in the East York Community. To be discussed at the Early Years Table. Explore extending the discussion with Scarborough partners as some families access services in both communities.

### Early Intervention

- Have a discussion with all sectors on referral follow-up in the East York Community. To be discussed at the Toronto-Danforth Riding OEYC Advisory Table. Explore extending the discussion with Scarborough partners as some families access services in both communities such as Aisling Discoveries Child and Family Centre

# Competencies for Practice in the Field of Infant Mental Health

## What is Happening in East York Today

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- Overall within the community agencies in there is a general shared and strong knowledge of infant and toddler wellbeing however a stronger focus on the social-emotional developmental is needed and should look to be the focus of more programs offered in the community.
- Although most staff have a strong knowledge base rooted in their professional disciplines (Early Childhood Educators, Social Workers, Nurses), knowledge of infant mental health varied among practitioners.
- Practitioners have noticed a number of caregivers/nannies attending their programs/services with the child they care for instead of parents, this is a population unique population to the East York community. Including caregivers/nannies in any parent education opportunities would be important to be aware of.

## Knowledge

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### Massey Centre

- There continues to be a strong commitment to increasing infant mental health knowledge and practices at Massey Centre. This is demonstrated through their Maternal and Infant Mental Health Program. The agency also offers the Baby Love program which promotes strong and secure mother-infant attachment.
- Staff are also training on administering the Ages and Stages Questionnaires with children who access their services. With the results, a developmental support plan is created which supports health development and infant mental health principles.

### Toronto Children's Aid Society

- Most staff have a social work or psychology background.
- Training opportunities and general knowledge of child development vary between workers and branches of the agency
- The standardized worker training by the Ontario Children's Aid Society has included more information on early child development and infant mental health principles.

### Public Health Agency of Canada (PHAC): Canada Prenatal Nutrition Program (CPNP) and Community Action Program for Children (CAPC)



- Since 2013, PHAC has funded and implemented the Infant Mental Health Community Training to CAPC and CPNP staff. It began with a pilot, then expanded provincially, and now nationally.
- As an agency, there has been a shift from focusing on physical wellbeing of infants/toddlers to mental wellbeing.
- Participation in the Infant Mental Health Community Training is voluntary which means there are varying levels of knowledge of infant mental health among CAPC/CPNP sites.
- To support embedding infant mental health practices, PHAC has funded five community tables in 2015 and six in community tables across Canada.
- Additionally, there is a commitment to support the First Nations, Inuit, and Metis populations of Canada, One example of this is through the adaptation of the Hand in Hand Resource Kit for FNMI communities.

## **Toronto Public Health: Healthy Babies Healthy Children (HBHC)**

- HBHC PHNs receive extensive education and training in the use of all the assessment and screening tools mandated to be implemented by MCYS. PHNs receive education and training in the three components of the NCAST Programs. NCAST has a formalized training and certification process for the use of the Parent Child Interaction Scales. PHNs must be initially trained and reach reliability in the use of these tools prior to implementation with their families. Also nurses have to go through yearly recertification and reach a reliability in the scales in order to continue to use the scales.
- Motivational Interviewing training has been piloted with HBHC PHNs in Toronto and the plan is for all PHNs to receive the training.
- HBHC Family Home visitors are trained in the PIPE curriculum and use the activities with their families at each home visit. The selection of the activities is based on PHN assessment and Family Home Visitor observations of the parent child interaction.

## **Toronto Public Health: Child Health and Development**

- Infant mental health and attachment principles are embedded into the curriculum of all the parenting programs: Living and Learning with Baby, Nobody's Perfect, Incredible Years program and Make the Connection. Evaluation of the Nobody's Perfect and Make the Connection programs is currently underway.
- Infant mental health and attachment principles are embedded in work with OEYCs and through Developmental Screening Clinics offered in the community.

## Skills

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- Staff within Parenting and Family Literacy Programs at Toronto District School Board have strong observational skills as they see families together. Additionally, staff will complete an exercise which requires them identify five things they know what the family- this is important to the relationships they build with families and engaging families.
- Toronto Public Health HBHC PHNs and FHVs participate in reflective supervision to support their delivery of the HBHC program.

## Short Term Opportunities for Competencies

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### Knowledge Building for Professionals

- IMHP will offer three days of training on infant mental health, administering the ASQ tools, and creating developmental support plans. In order for frontline practitioners to attend, afternoons work best (include a Saturday option). IMHP will set up the registration site once details are organized. Dates for 2017 will be sent, dependent on the space availability (capacity 100).
- WoodGreen Community Services will explore the option of having IMH training as part of their annual conference.
- The Infant Mental Health Basics Webcast 2016 will be made available to the group. IMH will send the date once confirmed.
- IMHP will explore PRO grants from the Ministry of Education to support infant mental health initiatives within the education sector.
- A letter to be written to express the need for IMH Knowledge within Aboriginal Head Start programs. IMHP will connect with the TCFN Aboriginal Advisory, Toronto Aboriginal Health Strategy Team, Native Child and Family Services, Anishnawbe CHC.
- IMHP will look to create a tip sheet to support infant-early mental health for recent refugees and understanding the trauma experiences of the families and the impact. OCASI and CMAS could be approached to discuss this further.

### Skill Building for Professionals

- Explore expanding Baby Love training to other agencies – discuss with Carmen and Dr. Wittenberg to determine capacity.

### Collaboration

- Continue to invite Shelter programs of East York to the Toronto-Danforth Riding OEYC Advisory Table with the support of community partners (Nellies, Red Door).

- IMHP will share the Bulletin Boards with parenting programs (Toronto Public Library, Massey, WoodGreen, Eastview) in East York to review (assess if they are parent friendly).
- Contact Michelle from EYET to include information on the Mother Mental Health Toolkit for IMPrint, Rounds, and IMHP
- Promote Toronto Public Health as the experts for sleep concerns of babies and toddlers. Determine a strategy to equip frontline staff to refer families to appropriate resources for sleeping.
- Share the Best Start Sleep Resource for parents – a practitioner guide to help support families – connect with Wendy McAllister from Best Start – share in the Google group
- Revisit conversations with Child Welfare agencies and HBHC to support foster parents who would benefit from HBHC Home Visiting program.
- Draft a letter to the LHIN to address the following concerns from the East York community:
  - ✓ • Support for children and families after they are discharged from the Hospital.
  - ✓ • Collaboration between Public Health and Child Welfare as children transition between in care and permanency
  - ✓ • Collaboration among agencies who work with adults and agencies who work with both children and families
- Discuss with the premature follow-up clinic at Michael Garron Hospital the community based supports that are available for children and families after medical care.
- Explore hosting a conversation with Toronto Public Health and Toronto CAS to promote programs/services for children and families they both serve.
- IMHP will connect with Nancy Roscoe from Toronto: Children Services on supplementing the ASQ tools for the NDDS in the child care criteria requirements.

## **On Hold:**

- IMHP will revisit the translation partnership with South Riverdale CHC – set-up a meeting to look at opportunities, include S.E.A.S, Access, TNO.

## Long Term Opportunities for Competencies

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### **Knowledge Building for Professionals**

- Explore different strategies to reach and engage families who may not access programs and services through traditional methods. Discuss a potential Mobile OEYC which sets up in a high rise apartment lobby or at a park.

- Explore creating a Supervision Model that looks at how frontline staff are embedding IMH into practice.
- Begin conversation to explore the need for more IMH training within the Aboriginal Head Start Programs.
- Explore training opportunities between Toronto Public Health and IMHP to embed IMH. Partners at the table will help make these connections.
- Engage in conversations with CMHA Toronto to discuss unresolved parental mental health/trauma that is impacting their parenting abilities.

## **On Hold:**

- IMHP will review the Best Practice Guidelines to determine if they can be adapted in another format that is better suited for practice, specifically for supervision.

## **Skills for Professionals**

- Explore strategies and capacity within the community to create resources for families where English isn't their first language who may have a low literacy level. How can we as a community get this information to families to support them?

## **Collaboration**

- Explore the creation of a central training calendar for East York – embed in a calendar for the Google Group – ensure there are two different roles (viewing and editing).
- Engage in conversations with the postsecondary sector locally inviting them to community table meetings. Include in this discussion adapting the language of infant mental health for ECE (e.g. Social Determinants of Health).
- Develop a strategy to educate and better equip caregivers with the tools they require. Possible strategies include engaging caregivers in a course on the topic of “How to Talk to your Parent” and running parenting courses for home daycare providers and nannies.
- Include the East York Community Table Partners in conversations/meetings with the Office of the Provincial Advocate for Children.
- Explore how IMHP can support the Early Years staff from TDSB. How can IMHP better support TDSB to address the needs of the 0-3 population who are involved in TDSB programs? Determine who the contact is for this as the TDSB undergoes structural changes.

# Organizational Policies & Practices

## Short Term Opportunities for Organizational Policies & Practices

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- IMHP will send the Frontline Practitioner Feedback Survey for the community table to review and tailor to their needs. Include FASD as an area of knowledge in the survey.

## Long Term Opportunities for Organizational Policies & Practices

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### On Hold:

- IMHP will be updating the Best Practice Guidelines and will look to assemble a working group to assist in this process. Feedback from the community on the documents is welcomed (contents, layouts, etc.).

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## Embedding the Science of Infant Mental Health in Practice and Policy

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# Supporting Infant Mental Health in Langley, British Columbia

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A program of

**SickKids**<sup>®</sup>



## **Embedding the Science of Infant Mental Health in Practice and Policy COMMUNITY REPORT: A Collaborative Approach to Embedding the Science of Infant Mental Health and Enhancing Infant Mental Health Services in Langley**

Infant Mental Health Promotion (IMHP), The Hospital for Sick Children, Toronto  
June 2017

### **Project Contributors/ Authors**

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### **IMHP would like to thank the following agencies from the Langley Community who participated in the Community Table process.**

BC ASSN of Family Resource Programs  
Child and Youth Mental Health/Kamloops CYMH Office  
Child and Youth Mental Health/Provincial Policy Branch [MCFD]  
City of Langley  
Early Years Office [BCGW]  
Encompass Support Services Society  
Langley Early Years Centre  
F.O.R.C.E. Society for Kids Mental Health  
Fraser Public Health [BCHCP]  
Fraser Valley Aboriginal Child and Family Services  
Human Early Learning Partnership, UBC  
Kwantlen First Nation  
Langley Association for Community Living  
Langley Child Development Centre  
Langley Community Services Society/Child Care Resource and Referral  
Langley Community Services Society/Settlement and Integration Services/Early Learning Program  
Langley Community Services Society/Substance Use Program  
Langley ECD Coordinator  
Langley District School Board  
Pediatrician from Langley  
Public Health Agency of Canada/Public Health Programs  
The Centre for Child Development  
Township of Langley  
United Way of the Lower Mainland

## About Langley

The Township of Langley is located in the southwest corner of the province of British Columbia, Canada. Located 45 kilometers east of the City of Vancouver in the beautiful agriculture-rich Fraser Valley, the Trans-Canada Highway runs through it, dissecting the northern part of the municipality from the south (Township of Langley, n.d.).

The municipality was incorporated in Fort Langley in 1973 and is known as the “Birthplace of BC”. A community unlike any other, the Township of Langley is a place where the rich heritage of the past is combined with a vibrant vision of the future. The municipality has a land mass of 308 square kilometers and a population of 104,177 (Township of Langley, n.d.; Statistics Canada, 2011).

The northern municipal boundary is the Fraser River; the southern boundary is the United States border; the western neighbors are the City of Surrey and the City of Langley; the eastern neighbor is the City of Abbotsford.



Agriculture and farming have always played an integral role in the community. With 75 percent of the Township located within the Agricultural Land Reserve, it continues with this role today.

The City of Langley is 10-square-kilometer urban centre located in the heart of the Lower Mainland economic region. With a population of over 25,000, the City of Langley offers residents over 345 acres of parkland. The original settlement of Langley City was known as “Innes Corner”, and was later called “Langley Prairie”. Continued growth resulted in the demand for higher levels of service in the community and, in 1955, the City of Langley was incorporated as its own separate municipality (City of Langley, n.d.).

The Human Early Learning Partnership (HELP) uses the Early Development Instrument (EDI) to measure the developmental health of the kindergarten population across the province. The EDI measures childhood vulnerability rates, reflecting how children's experiences and environments in the first five years of their lives have affected their development as a whole. The questionnaire measures children's developmental health in the following five domains: physical health and well-being, social competence, emotional maturity, language and cognitive development, communication skills and general knowledge (Human Early Learning Partnership, 2016).

The current provincial vulnerability rate (Wave 6) for children Vulnerable on One or More Scales of the EDI is 32.2%. This means about 1 in 3 children, or about 14,000 kindergarten students in the province, are starting school with vulnerabilities in one or more areas that are critical to their healthy development. This is a meaningful increase from the Wave 2 (2004-2007) rate of 29.9%. Child vulnerability in the province has meaningfully increased over the last decade (Human Early Learning Partnership, 2016).

Wave 6 (2013-2016) data show that in Langley School District, 28% or 300 children are experiencing vulnerabilities on at least one area of development in Wave 6. The domains with the highest percentage of vulnerable children include emotional maturity and social competence (Human Early Learning Partnership, 2016). In response to the EDI data, presentations for practitioners have been organized in the community of Langley to interpret the recent findings and propel forward action.

In the province of British Columbia, there is heightened awareness of the importance of early childhood development in the first 6 years of life. Success by 6 in BC was formed in 2003 and is governed by the Early Childhood Development Provincial Partnership (ECDPP). The ECDPP's vision is that "all children in BC will experience healthy development throughout the first six years of life". This committed group of leaders include representation from United Ways, Credit Unions of BC and the BC Government through the Ministry of Children and Family Development (MCFD). In 2009, an Aboriginal partner joined the governance structure. The ECDPP is committed to jointly advancing Early Childhood Development in British Columbia using an approach that is community-driven, inclusive, collaborative and sustainable (Success by 6, 2013).

## The Langley Community Table included the following agencies:

- BC ASSN of Family Resource Programs
- Child and Youth Mental Health/Kamloops CYMH Office
- Child and Youth Mental Health/Provincial Policy Branch [MCFD]
- City of Langley
- Early Years Office [BCGW]
- Encompass Support Services Society
- Langley Early Years Centre
- F.O.R.C.E. Society for Kids Mental Health
- Fraser Public Health [BCHCP]
- Fraser Valley Aboriginal Child and Family Services
- Human Early Learning Partnership, UBC
- Kwantlen First Nation
- Langley Association for Community Living
- Langley Child Development Centre
- Langley Community Services Society/Child Care Resource and Referral
- Langley Community Services Society/Settlement and Integration Services/Early Learning Program
- Langley Community Services Society/Substance Use Program
- Langley ECD Coordinator
- Langley District School Board
- Pediatrician from Langley
- Public Health Agency of Canada/Public Health Programs
- The Centre for Child Development
- Township of Langley
- United Way of the Lower Mainland

# Core Prevention & Intervention for the Early Years

## What is Happening in Langley Today

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***Note: This is not an exhaustive list of all programs, services, initiatives and projects present for children under five and their families in the Langley community. It is solely based upon the participation of the identified community partners over the two day event.***

### Highlights from the Community Table Discussions

- Langley is very much active in partnerships in the community. For example, The Langley Early Years Centre is a partner with the six following agencies: British Columbia Early Years Centre, Langley Child Development Centre, Langley Community Services Society, Langley Schools, Township of Langley, and Encompass Support Services Society.
- Generally, there is a strong understanding of risk and protective factors which influence child development across the disciplines in Langley, but the community has identified that they would like to strengthen their knowledge of the effect of parents' social history on caregiving behaviours.
- Following are selected opportunities to highlight from the discussion at the community table. These opportunities aim to strengthen core prevention, intervention and competencies within the community. These include:
  - ✓ Explore creating a pathways resource which includes the different programs and services available for 0-3 population and their families in the Langley community. Build on existing resources – Langley Early Childhood Development (ECD) Gap and Asset Document, New Westminster document, ECD parent document.
  - ✓ Explore how to expand training on parent-child dyadic interventions to mainstream and Aboriginal community agencies in Langley.
  - ✓ More collaboration is needed between parental mental health services and children's mental health services. Begin conversations with both to identify gaps in services.
  - ✓ Explore the possibility of having an Infant Mental Health Community of Practice in Langley. Child and Youth Mental Health Collaborative could be a possible venue to explore this.
- Please refer to the end of the document for a comprehensive list of opportunities identified within the community of Langley.

## Universal Programs for All Children and Families

*In this area, any programs and services that are intended for all parents/caregivers and children to attend are listed.*

### Langley Early Years Centre

- The Langley Early Years Centre provides a place for families with young children (prenatal – 6 years) to access the various programs, services, information, and referrals that promote and support healthy early child development. They provide family-centered programs and services that enhance and enrich the lives of children and their caregivers. The Centre also connects families with other resources, supports, and programs available in the Langley community.
- Programs and services include:
  - ✓ Parent and child drop-in programs
  - ✓ Developmental screening and parent support
  - ✓ Specialized play groups
  - ✓ Drop-in and registered recreation programs
  - ✓ Immigrant and refugee programs
  - ✓ Culturally focused family supports and resources
  - ✓ StrongStart Early Learning program
  - ✓ Parent education and workshops
  - ✓ Child care information and referral (child care subsidy)
  - ✓ Community events
  - ✓ Referrals to services and supports that promote healthy early child development such as speech and language, infant/supported child development, public health, counselling and family supports, settlement and integration, recreation, and more.
  - ✓ Country Bumkins licensed preschool and before and after school care
- **Pre- and Post-Natal:** The Langley Early Years Centre has a variety of pre- and post-natal programs and resources available to families.
- **Child Health Clinic:** Langley Public Health is on site weekly for weight and measurement checks, immunizations and general health questions.
- **Baby Talk Drop-In:** A casual drop-in environment where babies (0-12 months, parents and soon-to-be parents can play and learn. The drop-in features a new community guest speaker each week. No registration is required. This program is offered in partnership with the Township of Langley.
- **StrongStart:** This free play and learn drop-in program is for pre-kindergarten children 0-5 years and their parent, grandparent, or caregiver. Adults and young children connect with others, learning and playing together in an early learning classroom.

- **Family Place:** This is a free play program for children aged 0-6 years and their caregivers. Participants engage in various early learning activities such as dramatic play, song and story, expressive and creative art, along with a variety of toys and adaptive equipment.
- **Culturally Focused Programs** include creative arts & conversation circle (0-6 years); immigrant parents as literacy supporters; Ready, Set, School (0-6 years); Spanish Family Time.
- **The Langley Early Years Centre:** has programs, information and resources to help caregivers navigate the supports available within the Langley Community for children with extra needs. Programs and resources include: Infant Development Playgroup; Child & Youth Mental Health; Langley Health Unit; Respite Services; and Supported Child Care Services.

## Encompass Support Services Society

### Best Babies

- **Group Sessions / Lunch Club:** Lunch Clubs are drop-in sessions available to expectant and postnatal women until their babies reach one year. A healthy lunch is provided and child-minding is available during the group activities that include speakers, educational topics relevant to pregnancy, postpartum and parenting, or activities to socialize and make new friends. Prenatal vitamin/mineral supplements are available to pregnant women. A Registered Dietitian is available at group sessions to provide nutritional information.

### Child and Family Groups

- **Parent-Child Mother Goose:** Encompass Support Services Society provides this parent and child program free of cost to the Langley Communities. Participants enjoy interaction with their child(ren) and other parents. Sponsored by the BC Council of Families, Parent-Child Mother Goose enhances a child's brain development, language, confidence and social skills while engaging in song and rhyme.
- **Nobody's Perfect:** At Nobody's Perfect, parents of young children discuss real-life parenting situations. All groups are supported by a trained, knowledgeable facilitator who guide parents in discovering positive parenting strategies and provide a break from every day parenting stress. Nobody's Perfect is a province-wide program coordinated by the BC Council for Families.

### Spanish Family Programming

- **Spanish Family Supports:** Family Resource programs serve the growing Spanish-speaking community in Langley. They host a variety of free services for families with children 0-6 years old that are supported by an amazing child care team.
- **Spanish Family Power:** Located at the Langley Education Centre (21405A 56 Ave, Langley, BC), this parenting program provides a drop-in from September to June. Depending on the monthly calendar, the group offers support, information and resources; receives guest speakers; or discuss parenting topics that respond to the various needs of the participants. Family Power provides a space where families can share their parenting experiences, as well as learn new skills to interact positively with their children.



- **Willoughby Spanish Family Time:** Family Time offers a space where parents and children interact and engage in play. With a focus in the use of the Spanish language, families have fun making crafts, participating in activities and games, as well as in circle time listening to stories and songs.

## Family Place Resource and Outreach Centre

- At Encompass Support Services, the family place is at the heart of programs available for parents with young children. They offer drop in programs four days a week, plus evening activities for families. The recently developed Parent Advisory Group helps services better reflect the needs of parents accessing programs. The drop in is a place for parents and their young children to connect with families in their community. They offer an environment where parents can engage their children in developmentally appropriate activities, plus learn about child development, great parenting techniques and services available to them in their community. They work hard to ensure that activities - whether for the children or the parents - are educational, interactive, lots of fun and of interest to the families attending the program.
- **Community Outreach for Parents:** Attends community based programs including Strong Start, where participants are supplied with community resources, information and education to share with families attending the programs. This Outreach Staff also provides family time which offers guest speakers, resources and education at the Family Place location. Individualized support is offered for families with young children to connect parents with resources and services they are seeking.
- **Community Kitchens:** Offers an opportunity for parents with young children to increase their knowledge of budgeting, cooking and making healthy meals at a low cost. Child-minding is provided at this very popular program which is offered twice a month.

## Langley Association for Community Living

- **Children's Respite:** Respite services are offered hourly and in 24 hour blocks (overnight). Hourly respite is often used to orient and connect the child or youth to their community resources. Overnight respite has two options. Most often overnight respite occurs in the home of the caregiver who has been screened, approved and matched for each child or youth. Overnights can also take place in the family's home while the parents are away. This service is guided and monitored by the child's or youth's parents, with assistance from LACL's Respite Coordinator.
- **Family Support:** Family Support Services offers a variety of collaborative services to families such as information sharing, advocacy and support to assist families in making informed decisions. Coordinators sit on a number of committees in the Langley community to stay connected, collaborate in community initiatives and advocate for needed supports and programming for families.

This service builds upon the strength and stability that families have while responding to their individual's needs. Workshops are one of the ways in which the organization helps to support families and caregivers with resources and information. Social media and technology are used to connect with families and caregivers. Information is regularly posted on Facebook, Twitter and the LACL events calendar about resources that can be used to help plan for a better quality of life for their child / individual they are supporting.

## Langley Community Services Society

- **Family Place:** Family Place is a free play-based program for children ages 0-6 years and their caregivers. Family Place provides a variety of engaging, enriched, early learning activities for children and caregivers to participate in, such as dramatic play, song and story, expressive and creative art along with a variety of toys and manipulatives.

Programs are staffed by knowledgeable, caring licensed Early Childhood Educators who are well equipped with knowledge of Early Childhood Development and local community resources and referrals to help assist and support families.

- **The Child Care Resource & Referral (CCRR):** Program offers free consultation, support, assistance with child care subsidy applications and referral services to parents seeking child care in Langley. The program supports child care providers through information, outreach, a resource library as well as networking and learning opportunities.
- **Early Learning Program:** designed for refugee/newcomer children aged 0 – 6 and their parent/care providers who have multiple barriers to integration. The program is culturally sensitive and designed to meet the cultural, developmental, parenting and life skills needs of the participants. The modified early childhood center provides a welcoming and relaxed atmosphere 5 days per week.
- **Family Support Circle:** provides off-site family support for families who have difficulties and multiple barriers to accessing services. Information and settlement assistance as well as assistance and accompaniment to government and non-governmental appointments.
- **Nutritionist/Life Skills Program:** provides development and implementation of the nutrition program; implementation of the community kitchen and garden and provision of Canadian context life skills information.
- **Parent Outreach Program:** Parent Outreach offers FREE confidential in-home or onsite support, education and counselling. We work together with families of children up to age 14 years to develop a parenting plan through education, learning resources, community resources and referral information. Parents access the support of the LCSS Parent Outreach program when they have a concern with a child's behaviour, when they are feeling overwhelmed, or if parent/child conflict exists.

## Langley District School Board

- **Kinder Starts** is a family literacy program run from February to May. It is intended for children scheduled to enter into Kindergarten the following September. Parents/caregivers participate together in this free program. It provides good information about how to support the child as they move into Kindergarten. Kinder Starts focuses on Literacy, Numeracy and Social Development as families learn playful ways to integrate learning into everyday situations. This program is also a wonderful way to make connections with others before starting the Kindergarten year.
- **[Ready, Set, Learn](#)** invites families of preschoolers to attend together in a playful learning session. The sessions occur at local schools and include play-based activities, parent education and information about early learning programs and services. It provides good information about how to support a young child's early learning and development. It also

fosters positive connections between families, the school system and local community agencies.

- **StrongStart Early Learning Centre** conducts free, play-based early learning programs for children ages 0-6 and their caregivers. StrongStart BC programs provide rich learning environments designed for early learning development – language, physical, cognitive, social and emotional. Qualified early childhood educators lead learning activities where children find opportunity to make friends and interact with others of similar ages. It is offered at 9 Elementary School locations throughout Langley. The overall learning experience is shared as parents and caregivers attend with their children and are encouraged to get involved in activities like telling stories, playing games and serving healthy snacks. Families learn new ways to support their child's learning, get information about community programs and services and make valuable connections with others attending the program.

## **Langley Child Development Centre - Aboriginal Infant and Supported Child Development Programme: Little Feathers**

- **Little Feathers Playgroup** provides families with opportunities for social play and consultant connections. Consultants may from time to time share information related to children and their development with a view to supporting the child and family. In scenarios where concerns have been expressed, names will only be used with parents' consent to ensure confidentiality.
- In addition, playgroups offer parents a place to meet other parents and to share common experiences and concerns. The children participate in a variety of activities using art, music, literature, and toys to encourage different areas of development such as speech and language, physical, social and cognitive.
- Little Feathers Playgroup is an Aboriginal Early Childhood Development Program featuring play and circle time activities along with occasional guests offering information of interest to parents. The playgroup Coordinator together with Elder Josette Dandurand, Kwantlen traditional name Tsakwiah (She Who Remembers) from Kwantlen First Nation, weave Aboriginal culture into the programme activities. A Consultant from Langley Child Development Centre's Aboriginal Infant and Supported Child Development Programme attends each session to address any questions or concerns parents or caregivers may have regarding their children's development. A community liaison facilitator also attends, providing information about community services, engages guest speakers, and organizes a nutritious snack each session.

## **Township of Langley: Parks and Recreation**

- Offers a variety of recreational programming for young children and their caregivers including arts and crafts, swimming, social recreation and parent-tot drop in programs.

## **Willoughby Early Years Centre**

- Offers a variety of programs and services for children ages newborn to six years and their families, including drop in play groups, early years preschool, StrongStart, cultural programs, recreational programs and more.

## Targeted Support for Families with a Focus on Those at Risk

*This section will look at the programs and services directed towards infants, toddlers and families who have moderate risk (4-8 risk factors) and few protective factors. For example, programs such as child protection and home-visiting services would be included here.*

### Encompass Support Services Society

#### Best Babies

- **Individualized Support (Home Visits):** Best Babies offers individualized support during pregnancy and up to three months after baby's birth. The support is specific to the needs of each woman, by providing information about health and lifestyle, assistance during this transitional time, and access to community resources.

#### Young Parents Program

- This program offers a variety of support services to pregnant and parenting youth up to age 25.
- **Outreach Services:** There are two outreach workers available to young parents living in Aldergrove and Langley. These outreach staff are able to offer support and resources to parents looking for information on life skills, finding employment, attending school, parenting and understanding child development.... and more!
- Outreach staff can provide transportation services to some of the programs offered by Encompass Support Services Society, as well to special events. Transportation can also be provided for important appointments that are connected to the goals they are working on with support of the outreach worker.
- Staff will visit parents at their home or anywhere else that is convenient for the parent. They will discuss goals that parents want to attain while working with the outreach staff and develop a plan of action. The staff are there to help clients achieve their goals.
- **Young Parent Support Groups:** The outreach staff offer two weekly groups for young parents to attend. Different activities and topics of discussion are offered at these groups. They also offer special evening activities and field trips on occasion.

#### Langley Education Centre (LEC) Childcare Program:

- This program supports young parents wanting to complete their grade twelve education through Langley Education Centre (LEC). Located on the Langley Secondary School site, Encompass Support Services Society operates a child care program for parents attending school. The child care is offered from Monday to Thursdays, 9 am to 4 pm. Qualified staff are on site during the morning and afternoon in order to ensure young parents can continue - and complete - their education goals.

#### Spanish Programming

- **Spanish One-on-One Support:** An individualized service that provides emotional support, referral to community services/programs, as well as information or parenting education that respond to the specific needs of the participant.

## Sexual Abuse Support Services

- SASS is a confidential counselling program funded by the Ministry of Children and Family Development. The SASS program provides professional counselling, education and support for children and youth, up to the age of 19, who have experienced sexual abuse and sexual assault. Services are also offered to children under the age of 12 with sexual behavior issues.
- This program offers free, confidential short and long term counselling for children, youth and families in the Langleys. A clinical counsellor provides a variety of modalities (e.g., art, play and cognitive behavioural) found to be essential when working with children and youth who are healing from sexual abuse or display sexualized behaviors.

## Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP)

The Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) two programs that are committed to promoting healthy birth outcomes and the healthy development of children. They are federally funded initiatives through Public Health Agency of Canada (PHAC) and are typically embedded in community based programs and services.

## Fraser Public Health

- **Maternity Care Clinic:** Provides primary care for low to intermediate risk births in a family friendly setting. Serves families during pregnancy and birth, and provides support shortly after delivery. Has access to all acute care site services, including specialist referrals, dietitians, lactation consultants and diabetes education specialists. Referral by physician only.
- **Postpartum Care Services:** Provides acute care services provided to maternity patients following delivery. Includes services provided in the recovery room, and breastfeeding support by lactation consultants where available.
- **Breastfeeding Support:** Public health nurses offer breastfeeding support to all moms. For newborns up to six weeks old, support is available 7 days a week (note their weekend hours) Contact the locations directly.
- **Public Health Nursing Support:** Currently includes universal phone assessment for all clients after discharge from maternity or NICU/Peds in the first 24 to 48 hrs, and ongoing support as determined by Fraser Health guidelines. Public Health also offers Child Health Clinics where children receive immunizations and parents receive information about parenting and child development on an as-needed basis. Public Health further supports vulnerable families, such as refugees, through various targeted programs.
- **Nurse-Family Partnership (NFP):** is a comprehensive home visiting program that supports young, first-time moms who are experiencing socioeconomic disadvantage. NFP focuses on three main outcomes: improved pregnancy outcomes, improved child health and development, and improved socioeconomic self-sufficiency for participants. Historically offered as part of the BC Healthy Connections Project, NFP is now offered as a FH program for all eligible clients.

## Fraser Valley Aboriginal Children and Family Services Society (FVACFSS)

- FVACFSS is responsible for the provision of child welfare as well as prevention and community development programs and services. FVACFSS range of integrated and holistic services focus on the well-being of children, supporting families to be healthy, and ensuring children grow up in safe and nurturing home in a way that preserves their culture.
- Fully delegated Aboriginal child welfare agency providing culturally appropriate and holistic services through prevention, community development and child welfare programs to Aboriginal children, youth and their families residing throughout the Fraser Valley.
- FVACFSS mission is to honour and respect the unique cultures of families and communities as we work together with integrity and dignity to ensure the safety and well-being of Children. They provide opportunities to enhance the understanding of aboriginal culture and tradition through educational and interactive programs.
- FVACFSS recognizes the importance of preserving the cultural identity of Aboriginal children and maintaining their ties and attachment to extended family. They are committed to preserving and enhancing culture, individual dignity, integrity, independence and self-respect.
  - ✓ Foster Care Recruitment
  - ✓ Foster Parent Support
  - ✓ Safe Babies Program
  - ✓ Information & Resources
- FVACFSS is a non-profit service delivery organization incorporated under the Society Act and governed by a Board of Directors elected by members of a Stakeholder community.
- **Risk Assessment and Protection Services:** Intake is the first point of contact for a child protection report, under the Child, Family and Community Services Act, Section 13 or request for services. Call and ask for intake when reporting, inquiring or requesting the following services:
  - ✓ Concerns of child abuse or neglect
  - ✓ Sexual Abuse Intervention Program
  - ✓ Requests for Family Support
  - ✓ Requests to become Foster Parents
  - ✓ Requests for Groups or Workshops

Individuals, including children and youth, and families have the right to have their concerns dealt with thoroughly and with due consideration. Individuals have the right to be treated with dignity and respect, with consideration given to their perspectives, views and feelings.

The After Hours Provincial Helpline for Children is 310-1234 (no area code needed). Anyone can call for help, including children. Calls will be answered 24 hours a day, seven days a week.

- **Guardianship:** Guardianship offers culturally appropriate and holistic services to children in care to provide ongoing protection and support while keeping a connection to their culture and community. The Guardianship Team collaborates with Aboriginal communities,



community agencies, foster parents and support workers. The views of children, families and communities are sought, valued, respected and considered in all aspects of service planning, service delivery and service evaluation.

- **Family Preservation Services:** Teams are responsible for the ongoing case management and the integration of services to families. The Family Services Social Worker uses a holistic and healing approach that focuses on physical, mental, emotional and spiritual well-being, and assists individuals and families to bring about positive growth to their lives.

Services consist of individual support, modelling, providing information, advocacy, and conducting family circles and family meetings. Families as a whole and/or their individual members can receive support in developing communication, parenting, problem solving, home management and other relevant life skills.

Services provided:

- ✓ Working with families and communities in providing family assessments and service plans that promote reduction of risks to their children and communities.
  - ✓ Receive and investigate child protection calls and determine levels of risk.
  - ✓ Collaborative work with families to develop strategies in problem solving, life skills, conflict resolution, and to develop or enhance parenting skills.
  - ✓ Facilitate and make appropriate referrals to other services families may require including but not limited to sexual abuse intervention program, therapy, parent support groups, alcohol and drug services, and family interventions, review and advocacy.
- The Family Services Teams accept voluntary requests for services.
  - FVACFSS work collaboratively with families and communities to develop strategies in problem solving, life skills, conflict resolution, and to develop or enhance parenting skills. FVACFSS facilitates and makes appropriate referrals to other services families may require. Including but not limited to:
    - ✓ Sexual Abuse Intervention Program
    - ✓ Therapy
    - ✓ Wellness Groups
    - ✓ Parent Support Groups
    - ✓ Alcohol and Drug Services
  - **Cultural Programs:** FVACFSS uses traditional teachings and communication techniques to provide guidance and support to children and families. This includes a full range of child welfare services as well as prevention and community development.
  - **ROOTS Program:** The ROOTS worker builds cultural plans to reconnect and develop relationships for children in care to connect with family, community and culture.



## Langley Community Services Society

- **Family Connections Program:** provides in-home counselling, support, and advocacy to families with a focus on reducing risk factors and keeping children safe. The families' complex needs are addressed effectively by interventions based on preferences, strengths, and what works for the family. They build on families' strengths, encourage positive discipline, and support parents to make changes in their lives that will enable them to meet their children's needs. The program is divided into 3 teams:
- **Family & Youth Team:** supports families with children aged 0-14 years. The goal is to assist families in understanding and meeting their children's developmental, physical, and emotional needs, while also helping families to learn how to access community resources and develop their own support network.
- **Intensive Team:** supports families with children aged 0 to 14 years. The team assesses families' needs and offers short-term intensive counselling to families to increase their children's safety in the home. The goal is to empower parents to identify, prioritize, and resolve issues that would otherwise prevent maintaining the children in the home.
- **Family Development Response Team (FDR):** supports families with children aged 0 to 14 years. FDR is a three-month program that is offered when the Ministry of Children and Family Development receives information that raises concerns about a child's safety and there is a decision that the concerns can be managed through FDR rather than through a child protection investigation. The goals are to help parents build on their family's strengths and provide an opportunity for families to access services available in the community, such as counselling and parenting programs.
- **Parent Outreach:** offers FREE confidential in-home or onsite support, education and counselling. They work together with families of children up to age 14 years to develop a parenting plan through education, learning resources, community resources and referral information. Parents access the support of the LCSS Parent Outreach program when they have a concern with a child's behaviour, when they are feeling overwhelmed, or if parent/child conflict exists.
- **Parent Education workshops** are offered on an ongoing basis for free.
 

Topics may include:

  - ✓ relationship-based parenting (attachment)
  - ✓ empathy, mindfulness
  - ✓ GOLDEN rule parenting
  - ✓ self-care
  - ✓ collaborative problem solving
  - ✓ post-partum depression
  - ✓ counterwill (instinctive resistance to coercion)
  - ✓ anger & aggression
  - ✓ parenting out of guilt
  - ✓ how upbringing influences parenting

## Ministry of Children and Family Development

- The Ministry works together with Delegated Aboriginal Agencies, Aboriginal service partners and approximately 5400 contracted community social service agencies and foster homes, cross government and social sector partners to deliver inclusive, culturally respectful, responsive and accessible services that support the well-being of children, youth and families.
- **Child and Youth Mental Health Centres:** Offer parenting programs such as Watch Wait and Wonder, and Circle of Security.

## Pediatric Care in Langley

- Pediatricians can connect and refer families to services. Families do face lengthy wait times accessing pediatricians due to the limited number of them in the community.

## Early Screening and Assessment Activities

***This section identifies screening and assessment practices in the community. Items identified include developmental screening tools such as the Ages and Stages Questionnaires or parental mental health scales such as the Edinburgh Scale.***

### Langley Child Development Centre: Infant Development Programme

- Using the Ages and Stages Questionnaire 3 (ASQ-3), Ages and Stages Questionnaire Social Emotional 2 (ASQ-SE 2), and the Nippissing District Developmental Screen (NDDS).
- Often the point of entry for children with suspected prenatal alcohol exposure however formal services are not available until children enter the formal school system.

### Fraser Public Health

- Fraser Health Public Health nurses utilize the ASQ-3 and the ASQ:SE-2 for developmental screening. Public Health nurses in Nurse-Family Partnership utilize an additional screening tool from the program called Dyadic Assessment of Naturalistic Caregiver-child Experiences (DANCE) which is a strengths based tool that looks at the child's experience of caregiver-child interactions.

### Child and Youth Mental Health Centres

- Mental Health Clinician complete intake which includes a psycho-social assessment (CBCL, DC 0-3) and then triage to appropriate treatment (psychiatrists, psychologists, etc.)

## Early Intervention Services

***Agencies that provide intensive services for children and families are listed below. For example, programs and services that therapeutically enhance parent-child dyads, that include specialized assessments by trained professionals, and crisis intervention programs.***

## Langley Child Development Centre

- Early Childhood Development (ECD) programs and services are designed to help parents, services providers and family members provide the best possible start for BC's children.
- **Aboriginal Infant and Supported Child Development Programme:** assists families with children and youth, birth to 19 years, who have a diagnosis, have a developmental delay or are at risk for delay in one or more skill area, and would benefit from additional program support while attending child care or preschool.
- Services follow guidelines established by the Aboriginal Infant Development and Aboriginal Supported Child Development provincial office and offer the following additional enhancements:
  - ✓ Culturally sensitive and family centered support for Aboriginal families and children.
  - ✓ Aboriginal Family Nights.
  - ✓ Little Voices - Learn about culture and Upper Stó:lō Halq'emeylem Language through storytelling and songs guided by Elder and Language Keeper Auntie Barb; Speech & Language Pathologist Selena Prost. This program is for parents and caregivers with Aboriginal children from birth to age 6. Small snack provided.
  - ✓ Speech assessments, group and direct therapy for children under six (priority given to children who have not received therapy services and are entering kindergarten).
- Support provided at home, preschool or childcare setting Drop-in Playgroup sessions.
- Services can be accessed by parents or guardian, physicians, community health nurses, social workers, therapists, infant development consultants, and early childhood educators.
- **Infant Development Programme:** Assists families with children birth to 3 years who have a diagnosis, have a developmental delay, or are at risk for delay in one or more skill area. They provide strategies and resources to encourage development, assessments, developmental checklists, opportunities for families to network, family support, and assistance with the transition to preschool, and referrals to and cooperation with other services.
- The programme aims to support children and families to acquire skills to encourage child's development, empower families to make effective decisions with respect to their child, and encourage families to make optimum use of available medical, family support and therapies.
- Services can be accessed through home visits, weekly Playgroup sessions, daycare, community program, etc.
- Referrals to the Infant Development Programme may come from any source: Parents or guardians, Physicians, Community health nurses, Social workers, and Therapists.
- **Supported Child Development Programme:** Assists families with children and youth, birth to 19 years, who have a developmental delay, disorder or extra support needs, attend licensed preschools, group daycares, family child care, school age care and license-not-required centres.

- The programme provides family support, provides consultation with child care settings, assists with community and Kindergarten transitions, referrals to and cooperation with other services.
- The programme aims to support children's participation in inclusive neighbourhood child care settings and assist families to acquire skills to support their child's development.

## Treatment

***This section includes formal diagnostic assessments and interventions provided by a highly trained professional in their respective field. This would entail treatment such as interaction guidance or modified guidance interaction, infant-led psychotherapy, and play therapy.***

- Referrals are often made to the **B.C. Children's Hospital** for more intensive treatment.

## The Centre for Child Development

- The Centre for Child Development provides therapeutic services for children with developmental delays and disabilities including family service, fetal alcohol key workers, occupational therapists, speech-language pathologists, physiotherapists, recreation specialists, dietician, and a developmental pediatrician. Many of the children seen also have mental health issues.
- In Langley, they provide Occupational Therapy support to the Child and Youth Mental Health early intervention team. The Occupational Therapist works with the family and the CYMH team to address any sensory issues that may be impacting the child's mental health.

## Child and Youth Mental Health (CYMH)

- Child and Youth Mental Health Services (CYMH) are provided under the umbrella of the Ministry for Children and Family Development. They offer a range of clinical services to children and youth experiencing serious mental health disorders as well as education, consultation and support to parents and caregivers. The services are voluntary and free of charge.
- CYMH services use a team approach, which includes some combination of master's level clinicians, social workers, psychologists, nurses, and outreach workers who provide a variety of services and specialized programs.
- CYMH Health Services collaborate with other Langley based counselling agencies, general practitioners and specialized care providers as well as schools. Interpreters may be arranged. All individuals in a parental role are expected to participate in treatment.
- Services include but are not limited to:
  - ✓ Intake screening & referral
  - ✓ Assessment and planning
  - ✓ Treatment (groups, family, 1:1)
  - ✓ Case management

- ✓ Clinical consultation
- These are available based on need, current demand, and best fit for the individual and family. The assignment of services is determined by the CYMH intake clinician or team in consultation with the client or family. Many locations offer therapeutic groups and parenting skills sessions.

## Existing Collaborations among Services and Sectors Positively Supporting Infant Mental Health

*This section outlines existing collaborations, committees, task groups, and coalitions that support infant mental health practices within the community.*

- **The Langley Early Years Centre** is funded through the Provincial Office for the Early Years. They are proud to partner with the following agencies:
  - ✓ British Columbia Early Years Centre
  - ✓ Langley Child Development Centre
  - ✓ Langley Community Services Society
  - ✓ Langley Schools
  - ✓ Township of Langley, BC
  - ✓ Encompass Support Services Society
- **Langley Early Child Development Committee:** The Langley Early Childhood Development Committee is a community group of concerned professionals and citizens operating in Langley on behalf of children aged 0-5 years. Their vision for Langley is: a healthy community where all children are supported to achieve their potential.

Their goal is to promote the healthy development of children in our area by sharing information and resource listings, providing services, and connecting families to each other and the services they may need.

## Short Term Opportunities to Enhance Core Prevention and Intervention

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### Support for All Families with a Focus on Those at Risk

- Parent education varies based on the agency with limited prenatal resources available – IMHP will share one-page resource on how maternal mental health is connected to baby's mental health.
- Explore how to support newcomer and refugee mothers further in Early Years programs – how do we reach this group and introduce them to these programs? Evening and weekends are more convenient times for families.

### Collaboration

- Explore how to continue outreach to prenatal mothers in the community through Langley Child Development and Dr. Poynter.
- IMHP will share the parent version of the IMH presentation to be shared with families and other community partners to increase knowledge of IMH (food banks, maternity clinics, etc.)
- Expand existing outreach strategies for mothers who would benefit from programs being offered in the community. Embrace social media platforms to reach mothers in a non-traditional way – Discuss at the Early Years Table, Early Years Centre Facebook page is open to parents.
- IMHP will share the IMH Community Training with the Langley community including the Child and Youth Mental Health Collaborative to create awareness of IMH at this table.
- Explore how to expand early intervention parent-child dyadic work trainings to other community agencies in Langley and more specifically among the Aboriginal practitioners.
- IMHP will connect the Langley community with Dr. Cindy-Lee Dennis to discuss the possibility of the peer support model.
- Share infant mental health resources with gateway institutions that are accessed by families (food banks, dentist office, religious institutions, family doctors office, maternity clinics, midwives clinics, etc.)
- Connect Early Childhood Development (ECD) to ensure referral for families at risk to the Family Support Institute- Resource Parents program to support for families with exceptional needs accessing services. Share the Facebook page.

## Long Term Opportunities for Core Prevention

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### Early Screening and Assessment

There are no opportunities identified at this time.

### Collaboration

- Explore creating a pathways resource which includes the different programs and services available for 0-3 population and their families in the Langley community. Build on existing resources – Langley ECD Gap and Asset Document, New Westminster document, ECD parent document. IMHP will send the Toronto version.
- Explore how to include and collaborate more with Indigenous partners to the diverse cultural practices and values of Indigenous families.
- More collaboration is needed between parent mental health services and children's mental health services. Begin conversations with both to identify gaps in services.
- Explore the possibility of having an Infant Mental Health Community of Practice in Langley. Child and Youth Mental Health Collaborative could be a possible venue to explore this.
- Draft a letter to the Province detailing the inequitable division of funding within the province for Early Years committees and programming.
  - ✓ IMHP will send cover letter for the report to be edited to reflect the inequitable division of funding within the province. (review)
- Explore how to leverage the Early Years Centre Hub as a central hub for parents (in person, telephone, Facebook). Have a small group to discuss how to strengthen the role of the Early Years Centre.
- Have the various Outreach workers/programs meet to discuss how to further support families who are not accessing services or not in traditional ways. Have this group explore centralizing a parent peer support model.
- Have a conversation as a community for a centralized phone number/place that community partners can contact when a family has a concern who then identifies the appropriate service.



# Competencies for Practice in the Field of Infant Mental Health

## What is Happening in Langley Today

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- Many graduate programs or specialization such as counseling, psychiatry do not include knowledge mental health concerns of children 0-5 years old.
- There is no mandatory regulatory body for professional Early Childhood Education staff. Inconsistencies amongst ECE programs.
- Colonization has impacted intergenerational wellbeing and mental health for Indigenous communities. B.C. First Nations Health Authority is focusing on mental wellness and the conversation is revolving around the opportunity to strengthen awareness amongst practitioners who may typically not work with a young population. Building momentum on these conversations to build capacity will be imperative to support the Indigenous community.
- Generally there is a strong understanding of risk and protective factors which influence child developmental across the disciplines in Langley.
- With the growing and diverse population in Langley, there is a need and willingness among staff to continue to learning about cultural competencies. This is an area that the community would like to strengthen.
- Across the community there is a strong ability to build rapport with families which supports practitioners when having conversations about any concerns for the child's mental health or development. Newer staff are learning how to communicate this more effectively through appropriate mentorship by more senior staff.

## Knowledge & Skills

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### Langley Child Development Centre: Infant Development Programme

- There is a strong level of knowledge of child development (typical and atypical) through the training provided to consultants.

### Ministry of Child and Family Development

- MCFD provides training on various infant mental health topics including interventions such as Circle of Security and Watch Wait Wonder

## The Centre for Child Development

- There is a strong level of knowledge of child development (typical and atypical) through professional training and on site mentoring. As well, occupational Therapists connected with CYMH team provides consultation to the rest of the Centre staff.

## Fraser Public Health

- Public health nurses have strong skills in making parent-child observations.

## Short Term Opportunities for Competencies

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### Knowledge Building for Professionals

- Connect with adult mental health agencies to have a discussion on how parental trauma can influence the outcomes of the child.
- Understanding the perspective of the parent and their social history (in the context of the behaviours their children are presenting) need to be strengthened for frontline staff. Workshops have taken place on this but could be further strengthened through debriefing as a community.
- IMHP will explore having a Rounds presentation on Cultural Competency to be shared with the Langley community partners.

### Skill Building for Professionals

- IMHP will share the Infant Mental Health Status Chart for professionals to reference when observing parent-child interactions

## Long Term Opportunities for Competencies

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### **Knowledge**

There are no identified opportunities at this time.

### **Skills**

There are no identified opportunities at this time.

# Organizational Policies & Practices

## What is Happening in Langley Today

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As a community, it was discussed that there needed to be more information regarding organizational policies and practices that support infant mental health. It was determined the best method to collect this information is through a survey for front-line practitioners and staff to gain a better understanding how they feel about current policy & practice.

## Long Term Opportunities for Organizational Policies & Practices

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### Data Collection

- Share the IMHP staff survey on organizational policies and practices for agencies working with infants and toddlers for each community. The outcome of the survey would be used to support and emphasize the need for the development of agency policies and procedures that support practitioners and clients. Have the community table partners review the survey.

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## Appendix A

| Agency  | Universal Programs | Focus on Those at Risk | Early Screening and Assessment Activities | Early Intervention Services |
|---|--------------------|------------------------|---|-----------------------------|
| Aboriginal Head Start   |                    | ✓                      |   |                             |
| Child and Youth Mental Health/Kamloops CYMH Office                  |                    |                        | ✓<br>CBCL, DC 0-3                         |                             |
| Child and Youth Mental Health/Provincial Policy Branch (MCFD)       |                    |                        |   | ✓                           |
| Encompass Support Services Society                                  | ✓                  | ✓                      |   |                             |
| Langley Early Years Centre  | ✓                  |                        |   |                             |
| Fraser Public Health (BCHCP)  |                    | ✓                      | ✓<br>ASQ-3<br>ASQ:SE-2<br>DANCE           |                             |
| Fraser Valley Aboriginal Child and Family Services                  |                    | ✓                      |   |                             |
| Langley Association for Community Living                            | ✓                  |                        |   |                             |
| Langley Child Development Centre                                    | ✓                  |                        | ✓<br>ASQ-3<br>ASQ:SE-2<br>NDDS            | ✓                           |
| Langley Community Services Society/Child Care Resource and Referral | ✓                  | ✓                      |   |                             |
| Langley District School Board                                       | ✓                  |                        |   |                             |
| The Centre for Child Development                                    |                    |                        |   | ✓                           |
| Township of Langley   | ✓                  |                        |   |                             |
| Willoughby Early Years Centre                                       | ✓                  |                        |   |                             |

