



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

---

# COMMUNITY REPORTS

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

### Volume 3

Indigenous Communities of:  
Cochrane & Timmins, ON,  
Lac La Ronge, SK,  
Simcoe County, ON  
Temiskaming, ON [ca](#)



A program of

**SickKids**

Chaya Kulkarni, Director  
Infant and Early Mental Health Promotion (IEMHP),  
The Hospital for Sick Children, Toronto  
[chaya.kulkarni@sickkids.ca](mailto:chaya.kulkarni@sickkids.ca)

416-813-6062



# Table of Contents

<b>Executive Summary</b> .....	1
<b>Key Findings/ Recommendations</b> .....	2
<b>Project Overview</b> .....	6
<b>Methodology</b> .....	7
Selection of Communities .....	7
Establishing Community Tables .....	7
Data Collection: Learning About Each Community, Their Policies, Practices, and State of Knowledge Specific to Infant Mental Health .....	8
The Rationale for a Focus on Infant Mental Health: What Science is Telling Us .....	9

## Supporting Infant Mental Health in Cochrane & Timmins

<b>About Cochrane and Timmins</b> .....	13
<b>Core Prevention &amp; Intervention for the Early Years</b> .....	16
<b>What is Happening in Cochrane and Timmins Today</b> .....	16
Support for All Families with a Focus on Those at Risk .....	24
Early Screening and Assessment Activities .....	28
Early Intervention Services .....	30
Treatment .....	32
Existing Collaborations among Services and Sectors Positively Supporting Infant Mental Health .....	32
<b>Short Term Opportunities to Enhance Core Prevention and Intervention</b> .....	34
Support for All Families with a Focus on Those at Risk .....	34
Early Screening and Assessment Activities .....	34
Collaboration .....	35
<b>Long Term Opportunities for Core Prevention</b> .....	36
Supports for All Families with an Emphasis on Those at Risk .....	36
Early Screening and Assessment .....	36
Early Intervention .....	36
Collaboration .....	37
<b>Competencies for Practice in the Field of Infant Mental Health</b> .....	38
<b>What is Happening in Cochrane and Timmins Today</b> .....	38
<b>Knowledge &amp; Skills</b> .....	39
<b>Short Term Opportunities for Competencies</b> .....	41
Knowledge Building for Professionals .....	41
Skill Building for Professionals .....	42
<b>Long Term Opportunities for Competencies</b> .....	43
Skills .....	43
<b>Organizational Policies &amp; Practices</b> .....	44
<b>What is Happening in Cochrane and Timmins Today</b> .....	44
<b>References</b> .....	45

# Supporting Infant Mental Health in the Lac La Ronge Tri-Community

- About the Lac La Ronge Tri-Community ..... 49**
- Core Prevention & Intervention for the Early Years ..... 51**
  - What is Happening in the Lac La Ronge Tri-Community Today ..... 51**
    - Support for All Families with a Focus on Those at Risk ..... 53
    - Early Screening and Assessment Activities..... 58
    - Early Intervention Services..... 59
    - Treatment ..... 60
    - Existing Collaborations among Services and Sectors Positively Supporting Infant Mental Health..... 61
  - Short Term Opportunities to Enhance Core Prevention and Intervention ..... 63**
    - Support for All Families with a Focus on Those at Risk ..... 63
    - Early Screening and Assessment Activities..... 63
    - Collaboration ..... 63
  - Long Term Opportunities for Core Prevention..... 63**
    - Screening and Assessment..... 63
- Competencies for Practice in the Field of Infant Mental Health..... 64**
  - What is Happening in the La Ronge Community Today ..... 64**
  - Knowledge & Skills ..... 64**
  - Service Delivery..... 65**
  - Assessment and Formulation..... 65**
  - Short Term Opportunities for Competencies ..... 66**
    - Knowledge and Skill Building for Professionals ..... 66
  - Long Term Opportunities for Competencies..... 66**
    - Knowledge ..... 66
- Organizational Policies & Practices ..... 67**
  - What is Happening in the La Ronge Tri-Community Today ..... 67**
  - Short Term Opportunities for Organizational Policies & Practices..... 67**
    - Supporting Staff Wellbeing and Supervision ..... 67
  - Long Term Opportunities for Organizational Policies & Practices ..... 68**
    - Knowledge Mobilization for Professionals ..... 68
    - Data Collection ..... 68
- References ..... 69**

# Supporting Infant Mental Health in the Indigenous Community of Simcoe County

- About the Indigenous Community of Simcoe County ..... 72**
- Core Prevention & Intervention for the Early Years ..... 75**
- Highlights from Community Table Discussions ..... 75**
- What is Happening in the Indigenous Community of Simcoe County Today ..... 76**
  - Universal Programs for All Children and Families ..... 76
  - Targeted Support for Families with a Focus on Those at Risk ..... 79
  - Early Screening and Assessment Activities..... 83
  - Early Intervention Services..... 84
  - Treatment ..... 86
  - Existing Collaborations among Services and Sectors Positively Supporting Infant Mental Health..... 89
- Short Term Opportunities to Enhance Core Prevention and Intervention ..... 91**
  - Support for All Families with a Focus on Those at Risk ..... 91
  - Early Screening and Assessment Activities..... 91
  - Collaboration ..... 91
- Long Term Opportunities for Core Prevention..... 92**
  - Supports for All Families with an Emphasis on Those at Risk ..... 92
  - Early Screening and Assessment ..... 92
  - Early Intervention..... 92
- Competencies for Practice in the Field of Infant Mental Health..... 93**
- Highlights from the Discussion ..... 93**
- Knowledge & Skill ..... 94**
- Short Term Opportunities for Competencies ..... 95**
  - Knowledge Building for Professionals ..... 95
  - Skill Building for Professionals..... 95
- Long Term Opportunities for Competencies..... 95**
- Organizational Policies & Practices ..... 96**
- Long Term Opportunities for Organizational Policies & Practices ..... 96**
  - Data Collection ..... 96
- References ..... 97**

# Supporting Infant Mental Health In the Indigenous Community of Timiskaming District

- About Timiskaming District..... 100**
- Core Prevention & Intervention for the Early Years ..... 102**
  - What is Happening in Timiskaming District Today ..... 102**
    - Support for All Families with a Focus on Those at Risk ..... 106
    - Early Screening and Assessment Activities..... 109
    - Early Intervention Services..... 111
    - Treatment ..... 113
    - Collaborative Frameworks and Partnerships..... 113
  - Short Term Opportunities to Enhance Core Prevention and Intervention ..... 114**
    - Support for All Families with a Focus on Those at Risk ..... 114
    - Early Screening and Assessment Activities..... 114
    - Collaboration ..... 114
  - Long Term Opportunities for Core Prevention..... 115**
    - Supports for All Families with an Emphasis on Those at Risk..... 115
    - Early Screening and Assessment ..... 115
    - Collaboration ..... 115
- Competencies for Practice in the Field of Infant Mental Health..... 116**
  - Highlights from the Community Discussion ..... 116**
  - Knowledge and Skills ..... 116**
  - Short Term Opportunities for Competencies ..... 117**
    - Knowledge Building for Professionals ..... 117
  - Long Term Opportunities for Competencies..... 117**
    - Knowledge ..... 117
- Organizational Policies & Practices..... 118**
  - Highlights from the Community Discussion ..... 118**
  - Long Term Opportunities for Organizational Policies & Practices ..... 118**
    - Data Collection ..... 118
- References..... 119**



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

---

## Executive Summary

---

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

---

### **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.

### **1) 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.

## 2) **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.

## 3) **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.

## 4) **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.

**5) 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.

**6) 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.

**7) 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.

**8) 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.

**9) 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

---

### 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, Ontario
- Ottawa, Ontario

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

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, Ontario

In 2017, two Indigenous community tables were held in northern Ontario. The communities who hosted a table include:

- Cochrane, Ontario
- Timmins, Ontario

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

---

---

# Supporting Infant Mental Health in Cochrane & Timmins

---



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 Cochrane and Timmins**

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

**Project Contributors/ Authors**

Chaya Kulkarni, Director, Infant Mental Health Promotion, Facilitator  
Karine Collette, Project Coordinator  
Adeena Persaud, Project Coordinator  
Laura Banfield, Project Support  
Donna Hill, Editing and Formatting

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

In Cochrane:

Aboriginal Peoples Alliance of Northern Ontario  
Beaverhouse First Nation  
Cochrane Child Care Centre  
Cochrane Timiskaming Resource Centre, Infant Development Program  
District School Board, Ontario North East  
Ininew Friendship Centre  
Minto Counselling Centre  
Porcupine Health Unit – Cochrane Office (Public Health)  
Taykwa Tagamou Nation

In Timmins:

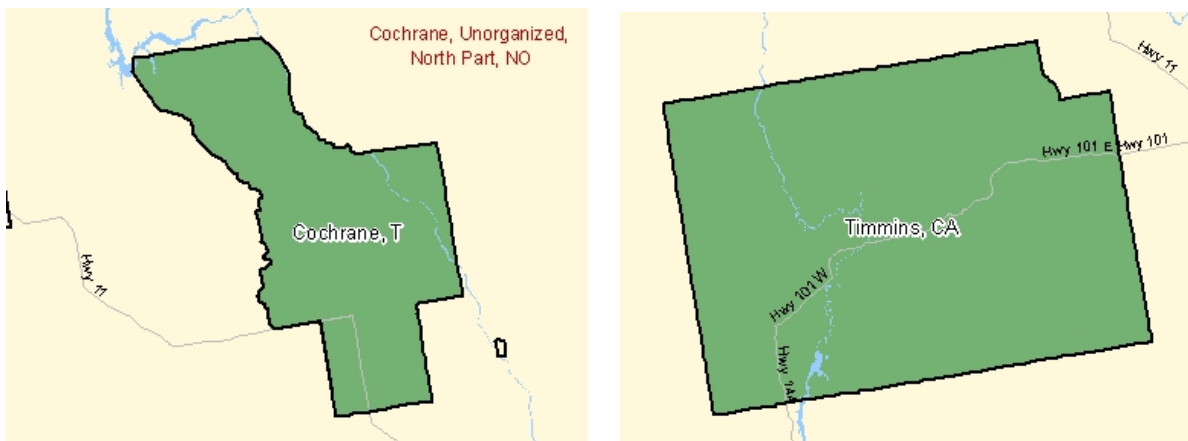
Ininew Friendship Centre  
NEOFACS, Counseling and Therapy Services  
NEOFACS, Ontario Early Years Centre  
Ontario Aboriginal HIV/AIDS Strategy  
Oppekehawaso Wekamik  
Porcupine Health Unit  
Timiskaming Native Women's Support Group  
Timmins Native Friendship Centre  
Wabun Tribal Council Mattagami First Nation

## About Cochrane and Timmins

### **COCHRANE**

Cochrane is a town in northeastern Ontario, with a population of 5,340 (Statistics Canada, 2011b). Located 375km northwest of North Bay and about a one-hour drive from Timmins, the land area is 539 square kilometres with a population density of 9.9 persons per square kilometer (Statistics Canada, 2011b). The Town has become an important tourist centre, serving as the departure point for the Polar Bear Express, Ontario Northland's train excursion to Moosonee on James Bay. Cochrane's single, largest year-round employers are a plywood and planning mill and a beverage plant. Cochrane was the hometown of NHL hockey player and doughnut franchise businessman, Tim Horton (Bray, 2015a). Cochrane is also home to The Polar Bear Habitat, which provides polar bears who are orphaned, rescued or moved from other facilities sanctuary and a habitat as close to their natural environment as possible (Cochrane Polar Bear Habitat, 2016).

In 2011, it was recorded by Statistics Canada that Cochrane held 275 children aged 0-4. It was also reported that 55.4% of the population stated English only as their mother tongue, 39.3% stated French only, and 4.0% stated a non-official language only (Statistics Canada, 2011b). In the Cochrane District, 23.1% of children had a vulnerable score on two or more domains of the Early Development Instrument (Froud, 2013).



### **TIMMINS**

Timmins is a city in northeastern Ontario on the Mattagami River. The city has a population of 43,165 with 2,390 children aged 0-4 (Statistics Canada, 2011a). The land area is 2,979 square kilometres with a population density of 14.5 persons per square kilometre (Statistics Canada, 2011a). Located 290km northwest of Greater Sudbury, the city's economy is based on natural resource extraction and is supported by industries related to lumbering and to the mining of gold, zinc, copper, nickel, and silver. During the first half of the century, the town's prosperity fluctuated with the fortunes of the various gold mines, but its economic base has been diversified since the 1960s with the addition of copper mining and waferboard production (Bray, 2015b).

The mining industry in Timmins is prospering, especially the magnesium mine who promised 1000 jobs last year (Kelly, 2016). In Timmins, public health nurses visit new mothers in the hospital to

create an early relationship. This proves to be a great strength in connecting new mothers with services at an early stage. In the Timmins, 27% of children had a vulnerable score on two or more domains of the Early Development Instrument (Froud, 2013).

### **Transportation in Timmins**

The community expressed significant concern when it comes to the bylaw passed by the city in 2011, limiting the size of the stroller allowed on public transportation. The bylaw number 2011-7067 states that oversized strollers are not allowed on the buses. The maximum size for a stroller is 122 centimeters long by 60 centimeters wide (City of Timmins, 2011). For caregivers with strollers that were too big, they were given a two month grace period to purchase another stroller. Double strollers are not allowed on the bus. This being said, there appears to be a discord between what the bylaw states, and what the community is reporting.

During community table discussion, members expressed that buses will not accept more than two strollers on board. A mother at the table reported that buses won't stop if they see you with a stroller and already have two on board. This can be especially isolating for mothers who have no alternate form of transportation. Additionally, if public transit is the single parent caregiver's only mode of transportation, we would evidently not only see repercussions on parental and child mental health, lack of access to services, and lack of meeting basic necessities such as grocery shopping.

One mom went to the media to express how she, her 2 year old, and her 5 month old were denied getting on the bus to return home after a shopping trip, even though her double stroller was folded. This mom expressed that they had taken the bus to get to the mall but they were left to walk home in the snow as a taxi would be too expensive (Lux, 2011). Others have created Facebook groups for social support, but the groups quickly lost traction after 2011.

### **Food Security**

Food security is a main concern for many families in Northern Ontario. With food costs being high, several programs aim at teaching families how to stretch their dollar while grocery shopping, and how to cook in a healthy and sustainable way (e.g., canning and preserves). For families on reserve, getting to the grocery store takes one hour by car. If you don't have access to a vehicle, a taxi will cost \$100, which gives them \$100 less to buy food for their family while already working on a limited budget. In the early years of life, insufficient nutrition can impact an individual's ability to learn, grow, and remain healthy.

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

- Aboriginal Peoples Alliance of Northern Ontario
- Beaverhouse First Nation
- Cochrane Child Care Centre
- Cochrane Timiskaming Resource Centre, Infant Development Program
- District School Board, Ontario North East
- Elder
- Ininew Friendship Centre
- Minto Counselling Centre
- Porcupine Health Unit – Cochrane Office (Public Health)
- Taykwa Tagamou Nation

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

- Ininew Friendship Centre
- NEOFACS, Counseling and Therapy Services
- NEOFACS, Ontario Early Years Centre
- Ontario Aboriginal HIV/AIDS Strategy
- Oppekehawaso Wekamik
- Porcupine Health Unit
- Timiskaming Native Women's Support Group
- Timmins Native Friendship Centre
- Wabun Tribal Council Mattagami First Nation

# Core Prevention & Intervention for the Early Years

## What is Happening in Cochrane and Timmins Today

---

**Note: This is not an exhaustive list of all programs, services, initiatives and projects present for children under five and their families in the Timmins and Cochrane 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.

#### COCHRANE

##### Aboriginal People's Alliance of Northern Ontario (APANO)

- **Community Action Program for Children (CAPC)** is funded by the Public Health Agency of Canada. The program deals with Aboriginal children from ages 0-6 who may be considered to be "high risk". The aim of this initiative is to enhance and facilitate the growth and development of the children and their parents by helping with developing strong parenting skills using traditional teachings. Included in this program are Health Education and the promotion of Spiritual Beliefs.
  - ✓ This program is available in Kapuskasing, Chapleau, Renfrew, and Foleyet.
  - ✓ Because APANO covers a large geographic region, support is often offered over the phone because travel can be difficult.

##### Cochrane Child Care Centre – Ontario Early Years Centre/ Parent Resource Centre

- Provides a variety of activities to families and their children or the children they care for such as:
  - ✓ **Playgroups/Drop-Ins:** These groups include both the child and adult in activities together and offers early learning activities, access to resources, opportunity to interact with other families, and a chance to receive informal support in their role as parents.
  - ✓ **Parent Education Workshops:** Offered throughout the year, topics include sibling rivalry, child development, child management and other issues related to parenting \* childcare is available on site during the daytime workshops.
  - ✓ **Teen Parenting and Pre-Natal Groups:** Designed to meet the needs of the teen population in their role as parents.
  - ✓ **Toy, Book and Video Libraries:** Resources available for borrowing regarding parenting and family issues.

- In addition the description above, a multitude of programs, services and initiatives are available including:
  - ✓ The Cochrane Child Care Centre is a Baby Box Distributor for Baby Box University. Baby Box University is a platform established by the Baby Box Co. to provide expecting and new parents access to educational resources and a support system. Baby Boxes are safe-certified and sustainable infant sleep spaces that includes free universal access to education materials. Based on the 75+ year Baby Box initiative in Finland.
  - ✓ Sleep Safe
  - ✓ Breastfeeding support group where a nurse comes in monthly to help with breastfeeding.
  - ✓ Weekly **Rock and Talk** including lunch and community support featuring a guest speaker.
  - ✓ Conversation café where various topics are discussed in one room and child care is provided in a separate room
  - ✓ Physical fitness such as mommy and me yoga.
  - ✓ **Connect with Your Baby** (4 week program): This program is designed to provide practical tips for parents and simple messages on the topic of parent-child attachment and is designed for parents of children aged 0 to 1.
  - ✓ **Right from the Start:** This program uses attachment theory as a framework and active adult learning principles. This course is appropriate for parents of all infants and especially those at risk for social, emotional, behavioural and/or developmental difficulties. This program runs twice a year if there is interest in the community.
  - ✓ Making baby food.
- Attendance is hit or miss with Mondays being a popular day as lunch is provided.

### District School Board Ontario North East

- **Tucker Turtle** is a targeted social emotional program delivered in all junior and senior

### Ininew Friendship Centre

- The **Aboriginal Prenatal Nutrition Program** provides services that meet the identified needs of pre and postnatal moms and provides support to improve the health of Aboriginal mothers and their babies up to six months of age that live off-reserve.
- What they do:
  - ✓ Provide prenatal nutrition programs and information sessions.
  - ✓ Inform participants about economical choices: food budget, diapers in lieu of disposable.
  - ✓ Assist participants in preparing nutritional lunches on weekly basis.
  - ✓ Lease/lend items relating to prenatal and postnatal care, resource material.

- ✓ Accept, organize and distribute clothing for babies.
- ✓ Provide on-going support to prenatal and postnatal moms through home visits, liaison, and referrals to other Ininev Programs when necessary.
- Programs:
  - ✓ Weekly Prenatal Circle with a nutritional meal provided
  - ✓ Craft Circle where moms come together and make moss bags, slippers, teach crochet
  - ✓ Play group
  - ✓ Mom and tot swing
  - ✓ ABC program for ages 2 to 4
  - ✓ Tots drop off
  - ✓ Budgeting for the kitchen
  - ✓ Food preparation for babies
- The **Family Support Program's** goal is to promote the health and well-being of all Aboriginal families with children between the ages of 0-6, with a holistic approach, and by using traditional values & beliefs in all programming.
  - ✓ Positive parenting with an Aboriginal lens.
  - ✓ Program staff ask families if they have the skills to make baby food and will teach if needed.
- The UAHLP-Healthy Kids Expansion Program will focus on providing education on healthy eating and increase physical fitness levels for children and families. The program implements culture based activities to enhance the well-being and traditional knowledge of urban Aboriginal children and their families.
- The **Aboriginal Outreach Program's** promotes a traditional holistic approach to health. Good health is based on, not only physical health, but also encompasses the spiritual, emotional, and mental health of the individual, family, and community (throughout all stages of life). Select goals from the program include:
  - ✓ To assist Aboriginal individuals and families to access traditional healers/ midwives and mainstream health providers, services and institutions.
  - ✓ To obtain, if necessary, Native culture and/ or language interpreters so Aboriginal individuals and families are provided with appropriate health services.
  - ✓ To promote healthy lifestyles by conducting home visits, circles, workshops, seminars, and public education forums, etc.
  - ✓ To make referrals to appropriate health programs, services and institutions.
- Other programs and services offered at the Ininev Friendship Centre include:
  - ✓ Community kitchen
  - ✓ Positive parenting with an Aboriginal lens
  - ✓ Employment access with young moms and employment readiness



- ✓ Skills for success
  - ✓ Life skills
  - ✓ Self-esteem and self-care building
  - ✓ Other support in traditional ceremonies such as naming ceremonies.
- Programs and services are offered individually or in a group setting depending on the number of individuals interested in receiving these programs and services.
- **Accessibility:** The Friendship Center offers taxis for clients as needed. The Centre also has two vans to pick up clients for programs and services. Funding comes from Public Health CAPC/CPNP programs.

### **Nishnawbe Aski Nation (NAN) - On Reserve**

- NAN is a political territorial organization representing 49 First Nation communities within northern Ontario with the total population of membership (on and off reserve) estimated around 45,000 people. These communities are grouped by Tribal Council (Windigo First Nations Council, Wabun Tribal Council, Shibogama First Nations Council, Mushkegowuk Council, Matawa First Nations, Keewaytinook Okimakanak, and Independent First Nations Alliance) according to region. Six of the 49 communities are not affiliated with a specific Tribal Council.
- The objective of the **Aboriginal Healthy Babies Healthy Children (AHBHC)** program is to improve the long-term health prospects of children aged 0 - 6 years. The program includes pre-and post-natal screening and assessment, home visiting, service coordination and support for service integration. The program services all of the 49 NAN communities.
- AHBHC program is voluntary and open to any Aboriginal family that requests the service. Aboriginal families may also access the provincial program via the local health unit.
- Funding is provided by the Aboriginal Healing and Wellness Strategy. (AHWS).
- The community has a visiting nurse 4 days a week. If anything becomes complex, the patient is referred out right away off reserve. They will then access a doctor or OBGYN as appropriate. Alternatively, the community accesses services through telemedicine.

## **COCHRANE & TIMMINS**

### **Cochrane Timiskaming Resource Centre (CTRC) – Infant Development Program**

- The Infant Development Program is an early intervention program that serves families of children from birth to five years of age who may have delays or are at risk for delays in development. The risks may include complications during pregnancy, labour or delivery, prematurity, Down syndrome, cerebral palsy, sensory impairments or a disadvantaged home environment. A referral can be made by contacting any of the Developmental Consultants at the Head or Satellite Office locations. Services include:
- ✓ Case coordination
  - ✓ Early intervention

- ✓ Developmental assessments and screens
- ✓ Play based therapeutic programs
- ✓ Transition to school
- ✓ Home visits
- ✓ Assistance with applications for funding
- ✓ Linking to other services

### Porcupine Health Unit

- **Prenatal Classes** are taught by registered nurses that can help parents prepare for the exciting road ahead. Parents will gain knowledge and confidence while exploring the up to date world of pregnancy, labour and delivery, and what to expect after baby is born. Families can expect to learn about a variety of topics listed below:
  - ✓ Fetal development
  - ✓ Labour and delivery
  - ✓ Breastfeeding
  - ✓ Breathing, relaxation and comfort techniques
  - ✓ Medical interventions
  - ✓ Breastfeeding
  - ✓ Care of mom and baby after birth
  - ✓ Community support
- A minimum registration of three moms will allow the program to run. This spring, the Porcupine Health Unit will be launching a free online prenatal program to tap into communities that are hard to reach geographically. The online program is called the Gift of Motherhood and is used by many health units throughout the province.
- **Infant Feeding and Prenatal Nutrition Workshop** is a two hour workshop lead by dietitians all about feeding baby and fueling the body with baby-building nutrients. Participants learn about:
  - ✓ Eating well with Canada's Food Guide when pregnant/breastfeeding
  - ✓ Foods to avoid when pregnant/breastfeeding
  - ✓ Maternal weight
  - ✓ Baby building nutrients
  - ✓ Starting solids
  - ✓ A demonstration: how to make your own baby food
  - ✓ Feeding your child: the role of parenting and the food environment
  - ✓ Picky eating
  - ✓ Food allergies

- **Postpartum Support:** New moms receive a package with information on: HBHC program, tips for new parents, Nipissing District Developmental Screen, what to expect in the first three months, Let's Grow subscription and first issue.
- **Let's Grow:** Clients can sign up for the free Let's Grow newsletter by email about growth and development.
- **Breastfeeding Support:** One to one support is available to families as needed via telephone, home visit or clinic visit.
- **Positive Parenting Program (Triple P)** is a positive parenting program (group or individual) that provides practical tips for parents on:
  - ✓ Why babies cry
  - ✓ Dealing with temper tantrums
  - ✓ This program is available in Cochrane, Iroquois Falls and Kapuskasing
- **NutriStep:** NutriSTEP questionnaires for preschoolers (3-5 years) and for toddlers (18-35

### **TIMMINS**

#### **Ontario Early Years Centre (OEYC) program / Brighter Futures (BF) program with North Eastern Ontario Family and Children's Services (NEOFACS)**

- The **Ontario Early Years Centre** provides support to parents and programs for children (0-6 years) to ensure they have the very best possible start in life. A variety of programs and services which promote children's optimal development and readiness to learn in a healthy, safe and supportive environment are provided. Early Years professionals and volunteers staff the centre and provide programs and services to meet identified needs. Services are offered in partnership with many community-based organizations.
- Programs and services through the OEYC are offered in French and English and are available to families and their children throughout the week, weekends and evenings.
- Programs and services to parents and caregivers include:
  - ✓ Playgroups
  - ✓ Parenting workshops
  - ✓ Parent/child interactive workshops
  - ✓ Lending libraries, i.e. toys, books, magazines, videos
  - ✓ Early literacy programs
  - ✓ School readiness programs
  - ✓ Special events
  - ✓ Community information

- **Me, My Baby, Our World:** During the course of twelve weeks, this program teaches parents to respond when a child needs them most. This is a free workshop – parents and baby are welcome to participate in group meals and fun activities like music circle and scrapbooking. This workshop is a great opportunity for parents to meet other parents, to share stories and to learn about babies and being a parent. This is a Brighter Futures program offered by the Porcupine Health Unit – CAPC program.
- **Rock and Talk** is available to first time parents with babies 0-12 month. This is an open group running weekly with no registration where a free lunch is served. Topics covered include but are not limited to:
  - ✓ Infant CPR
  - ✓ Motherhood mood limits
  - ✓ Nutrition
  - ✓ Breast feeding
  - ✓ Baby safety
  - ✓ Fire prevention
  - ✓ Mental Health
- **Family Wellness:** The objectives of this program are to educate and promote family wellness through Positive Parenting Program as a preventive measure for children to have the best possible start in life.
- **Father Involvement:** The **Breakfast for dads program**, gives fathers an opportunity to come and connect with each other and to play and interact with their children. This is also a way for mothers to rest at home.
  - ✓ **My daddy and me activities:** the OEYC is facilitating a program entitled “**My Daddy & Me**”. Once a month, we are providing interactive workshops on Saturday mornings. The ultimate purpose of this activity is to engage fathers in their children’s lives. We encourage fathers from our community to spend some one on one quality time with their children teaching them about attachment and bonding. This program allows fathers to get involved, to learn parenting techniques without embarrassment or guilt. Another of our goals is to promote all the great activities the City of Timmins has to offer families, to encourage not only fathers but whole families to experience all that the City can offer them.
- **Early Literacy Specialist:** The Early Literacy Specialist (ELS) provides early literacy interactive experiences for children 0 to 6 years of age and their parents and caregivers. Workshops and consultations for parents are also offered to families. The program also provides training and development for professionals who work with or provide services for children 0 to 6 years of age.
- **Brighter Futures Program:** Brighter Futures is a Community Action Program for children (CAPC) which provide programming for families with children 0-6 years. This program is offered in communities throughout the NEOFACS service area. The programs operate in partnership with other services and organizations in their respective communities. The population served includes families who are at risk due to isolation, social or economic

status, health or age. Program and services to Future parents/parents and caregivers include:

- ✓ Prenatal, transition to teen parenting and teen parenting groups (Young Parent Hub)
  - ✓ Parent and Child interactive workshops
  - ✓ Healthy Meals
  - ✓ Childcare
  - ✓ Collective kitchens
- **Young Parent Hub:** The goal of the Brighter Futures parenting group is to promote healthy pregnancies, explore parenting skills, encourage further education and provide information about nutrition, child health and development. Through partnerships with community agencies we also work together to offer parenting groups, cooking sessions, budgeting and other topics as needed to further our goals.

### Timmins Native Friendship Centre (TNFC)

- The programs at TNFC are not only for Indigenous families, they are available to everyone. Everything is free and there is no wait list.
- The **Aboriginal Family Support and Wellness Program** is designed to promote the healthy development of children age 0-6 years and their families by offering community-based holistic and cultural based activities. The goal of the program is to provide a safe, caring, non-judgmental atmosphere for children and families to grow mentally, physically, spiritually, and emotionally. The aim of the program is to strengthen parenting, child development, and cultural retention. Information on various topics such as nutrition, budgeting, parenting, violence, child development, and stress are presented to families.
- **Aboriginal Healthy Babies, Healthy Children Program (AHBHC)** is designed to ensure that all Aboriginal families and their children (prenatal to age six) who need assistance with physical, emotional, mental and social issues have access to effective, consistent early intervention services. To provide the best opportunities for healthy child development through home visiting, services coordination, parenting groups, cultural teachings and traditions and referrals. As well as to address the children at risk, to ensure that they have access to series and support that will address their needs. AHBHC program is voluntary and open to any Aboriginal family that requests the services. Aboriginal families may also access the provincial program via the local public health unit.
- The **Aboriginal Prenatal Nutrition Program (APNP)** is open to off-reserve Aboriginal women of childbearing years, pregnant women, and mothers with children under the age of six months. Individuals are not screened and everyone is welcome. The program is traditionally based and culturally specific. The program provides nutrition, labour and birth preparation information, breastfeeding information and support, parenting skills workshop, and information on pregnancy and baby development. Services offered include:
- ✓ Prenatal & Postnatal Education
  - ✓ Nutrition Programs
  - ✓ Infant Development

- ✓ Recreation Programs
  - ✓ Parenting Programs
  - ✓ Breastfeeding Support
  - ✓ Hospital Visits
  - ✓ One-on-one counselling
  - ✓ Group Sessions
  - ✓ Advocacy & Support
- **The Timmins Good Food Box** is a service that TNFC often link families to, where individuals can buy a family size food box of fresh fruits and vegetables for \$20. The fee is subsidized by TNFC and all the individual needs to do is pick up the box. Unfortunately, TNFC reported that transportation is an issue and often families don't follow through on picking up their food box.
- TNFC consequently offers a cooking program where they show individuals how to cook the vegetables they received in their box with freebies such as a peeler or a cutting board.
- **Oppekehawaso Wekamik (Daycare):** This program encourages and creates a safe learning environment that promotes growth and holistic development for all children through play based activities. "Oppekehawaso" is a Cree word that means "Raising the Children".
- The program's primary goal is to enhance the overall development of young children to promote the retention of Aboriginal Culture and Language. The daycare has well defined play areas and structured routines. This is accomplished based on the vision and mission statement which includes the Seven Grandfather teachings and the teachings of the Medicine Wheel.
- The funds provided for the development of the Oppekehawaso Wekamik program were provided through the province's Best Start Initiative. Best Start is Ontario's strategy to expand quality and affordable child care and invest in children's healthy early development.
- The daycare offers full day child care services to children 0 to 12 years of age. They also provide before and after school care for the children attending school full days. Programming is available to School Age Children (SAC) during the summer months.

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

### COCHRANE

#### Aboriginal People's Alliance of Northern Ontario (APANO)

- **Community Action Program for Children (CAPC)** is funded by the Public Health Agency of Canada. The program deals with Aboriginal children from ages 0-6 who may be considered to be "high risk". The aim of this initiative is to enhance and facilitate the growth and development of the children and their parents by helping with developing strong parenting skills using traditional teachings. Included in this program are Health Education and the promotion of Spiritual Beliefs.

- This program is available in Kapuskasing, Chapleau, Renfrew, and Foleyet
- **Aboriginal Healthy Babies Healthy Children (AHBHC)** Program, funded by the provincial government is a prevention/intervention strategy for families with children aged 0-6. It includes preparation for parenting, prenatal and postnatal care. The goal is to assist all Aboriginal families in providing an environment for the healthy development of children through home visits, service coordination and referrals. The program, which provides support for children at risk, is voluntary and open to any Aboriginal family who requests the service.
- This program is available in Sturgeon Falls, Sudbury, and Moosonee.
- This program is targeted to people who are experience a high number of risk factors. Using the HBHC screen, families can meet the criteria for services. 75-80% of families meet the “at risk” criteria of the screen.
- HBHC offers a professional visiting program until the 3<sup>rd</sup> trimester, and home visiting services after the baby’s birth.

### **COCHRANE & TIMMINS**

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

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) and are often embedded in community based programs and services.

- The Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) are two programs that are committed to promoting healthy birth outcomes and the healthy development of children. These programs are typically embedded within community based agencies.

#### **Porcupine Health Unit**

- **Canada Prenatal Nutrition Program** provides pregnant women in need with nutrition counseling, support and follow-up throughout their pregnancy. You can participate if you’re facing challenges such as:
  - ✓ Teen pregnancy
  - ✓ Financial struggles
  - ✓ Social or geographical isolation
  - ✓ Substance use (including smoking and alcohol)
  - ✓ Family violence
- Participants will see the dietitian for at least four sessions throughout their pregnancy. It’s an opportunity to learn about eating well for mom and baby (during pregnancy, breastfeeding and early infant feeding), ask questions, start preparing for baby now and just talk. Vouchers for milk, grocery store gift cards for food and prenatal vitamin supplements are also provided

to those in need. The dietitian can also link clients to other services such as Brighter Futures programming, Quit Smoking Clinic and HBHC.

- **Healthy Babies Healthy Children (HBHC)** provides a voluntary home visiting program. This free program offers home visits by Public Health Nurses and Family Home Visitors to pregnant women and to families with children who have not transition to school.
  - ✓ Only families rated as high risk are eligible to participate in home visits, and afterwards, it is voluntary based.
- **Postpartum Support:** Calls are provided to those who may have challenges. This includes all first time mothers, first time breast feeding, those experiencing challenges with breastfeeding, those identified as “with risk” on the HBHC screen.
  - ✓ Families residing on reserve are not called by public health, however, if a new mom is being discharged from the hospital and staying in the health unit catchment area prior to returning to her home on the reserve, she may be contacted. **Note:** Front line staff are not allowed to enter the reserve unless they are invited. Alternatively, they invite the potential client to attend services in town.
- **Me, My Baby, Our World:** During the course of twelve weeks, this program teaches parents to respond when a child needs them most. This is a free workshop – parent and baby are welcome to participate in group meals and fun activities like music circle and scrapbooking. This workshop is a great opportunity for parents to meet other parents, to share stories and to learn about babies and being a parent. Offered in partnership with both the Ontario Early Years Centre and the Timmins Native Friendship Centre.

### TIMMINS

#### **On Reserve – Wabun Tribal Council, Mattagami First Nation**

- There is one community health nurse on reserve who works directly with local health staff in delivering health care programs to the community. These programs deal with areas related to the 0-3 population such as immunization, home visits, prenatal and postnatal teaching, and well-baby clinics.
- Access to community services is difficult as Timmins is 110 kilometers away.
- Through funding from First Nations family well-being, HBHC, and Aboriginal Diabetes Initiative help for children (ADI), Mattagami First Nation offers vouchers from Pick of the Crop, vouchers for fruit and vegetables stamps, and Walmart gift card to help new moms buy what they need for their baby.
- The Health Director coordinates services for children 0-5 that looks at the health of children in the community. The director provides assistance in health care programs including immunization, as well as home and community care.
- Health related workshops/events/gatherings include:
  - ✓ Car seat clinics
  - ✓ Baby food making



- ✓ One on one well-baby clinics
- ✓ Budgeting
- ✓ Breast feeding
  - Encourage mothers to keep breastfeeding as long as they can.
  - One on one consultation with a lactation nurse is available as needed.
  - Local health staff may also link new mothers to experienced mothers in the community to empower them during this transition to motherhood on the topic of (but not limited to) breastfeeding.
- ✓ Healthy cooking classes, educating families on how to “get a better bang for their buck”.
  - Food is very costly in northern Ontario. If someone doesn’t have access to a vehicle, transportation (by taxi) to get to the grocery store is \$100. This gives them \$100 less to buy groceries for their families. Food security is a main concern on reserve.
  - Workshop on food prep (e.g., canning and preserving)
  - In 2018, there will be a designated spot for a community garden, where there is collective responsibility.
- ✓ **The Eibinojeesh Centre** offers special occasion meals such as Christmas, Thanksgiving, and Easter. There are plenty of opportunities to go to the Eibinojeesh Centre and have a meal.
  - The Centre has food baskets for families in need around Christmas time. The First Nation has always done this initiative for its members. During Christmas time, some people cannot afford a holiday meal.
  - Limited funds can leave families feeling depressed, especially during the holidays. These meal offerings are meant to lift their spirits
  - The Centre hosts a community Christmas social where individuals can feel a sense of community. Snacks are provided and often music is organized for the event.
- ✓ Hygiene workshops encompassing the whole body (e.g., the importance of keeping baby clean), hand washing (prevention of influenza season).
- ✓ Conception health courses start before parents conceive. Talk to couples about staying healthy prior to conceiving.
- ✓ Encourage importance of abstaining from cigarettes and alcohol before and during pregnancy.
- ✓ Drop-in Little Tots and Toddler sessions are held weekly in the Centre, with tons of resources for families.
- ✓ Nature walks, stroller size, get as many that want to come out, promote physical activity. Just because parents have a baby, doesn’t mean they should be confined to the house. Walks encourage participants to enjoy nature, be outside and with friends.
- ✓ Efforts are made to combine big events in the community with specific age groups, such as a community polka walk. Great participation has been seen from community members participating in this 5km hike event, promoting physical activity and promoting diabetes awareness. Healthy lifestyle is encouraged by offering a healthy lunch. Events include tests of knowledge, survey, and presentation.

- ✓ Dieticians visit the community and talk about healthy lifestyle.

### **Ontario Early Years Centre (OEYC) - North Eastern Ontario Family and Children's Services (NEOFACS)**

- **Brighter Futures** is a Community Action Program for Children which provide programming for families with children 0-6 years. This program is offered in communities throughout the NEOFACS service area. The programs operate in partnership with other services and organizations in their respective communities. The population served includes families who are at risk due to isolation, social or economic status, health or age. Programs include teen prenatal, transition to teen parenting and teen parenting groups, playgroups, lending libraries and collective kitchens.
- The **Young Parent Hub** (for parents up to the age of 30): The goal of the Brighter Futures parenting groups is to promote healthy pregnancies, explore parenting skills, encourage further education and provide information about nutrition, child health and development. Through partnerships with community agencies the hub also works together to offer parenting groups, cooking sessions, budgeting and other topics as needed to further goals.

## **Early Screening and Assessment Activities**

### **COCHRANE**

#### **Aboriginal People's Alliance of Northern Ontario (APANO)**

- No screening done at this time

#### **Cochrane Child Care Centre – Ontario Early Years Centre/ Parent Resource Centre**

- The Centre has recently purchased the ASQ-3 and ASQ:SE-2 and has begun the screening process with children attending the Child Care Centre and is available for use with parents who may also have concerns about their child's development.

#### **District School Board Ontario North East**

- The Strength and Difficulties Questionnaire (SDQ)

#### **Ininew Friendship Centre**

- No screening done at this time

#### **Nishnawbe Aski Nation (NAN) - On Reserve**

- No screening done at this time

## **COCHRANE & TIMMINS**

### **Cochrane Timiskaming Resource Centre (CTRC) – Infant Development Program**

- 
- The Ages & Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2)
- An autism assessment team is available in Timmins (approximately 3-4 times per year). If a child's behaviour doesn't allow for travel to Timmins, home visits can be arranged on a case by case basis.
- 
- 
- ✓
- Referrals may be made to Cochrane Timiskaming Children's Treatment Centre (CTC) for additional screening where families can access occupational therapy, physiotherapy, speech language pathology and social work.

### **Cochrane Timiskaming Children's Treatment Centre (CTC)**

- CTC offers a preschool screening clinic in Cochrane every second month (with the exception of summer). Present are a Physiotherapist, Infant Development Consultant, Speech and Language Pathologist, and a Mental Health Worker. The clinics in Cochrane are held at the Cochrane Family Health Team, where a physician's input is available as needed.

### **Porcupine Health Unit**

- The Nipissing District Developmental Screen (NDDS) is a developmental checklist, not a screen that is completed as part of the HBHC program.
- Nutri-eStep, nutrition screening for toddlers and preschoolers.
- NCAST feeding scales up to the age of 1.
- The Edinburgh Postnatal Depression Scale 1 (EPDS) is used when moms are identified to be at risk or are symptomatic.

## **TIMMINS**

### **Ontario Early Years Centre (OEYC) - North Eastern Ontario Family and Children's Services (NEOFACS)**

- The Nipissing District Developmental Screen (NDDS) is used (a developmental checklist, not a screen).

### **Timmins Native Friendship Centre (TNFC)**

- The Nipissing District Developmental Screen (NDDS) is used (a developmental checklist, not a screen).
- TNFC have purchased the ASQ but haven't implemented using the screening tool as of yet. Training is required.

## **Early Intervention Services**

### **COCHRANE & TIMMINS**

#### **Porcupine Health Unit**

- According to social risk factors, gestation time (premature babies), parental age and development, babies get referred by public health to some programs proactively. These referrals can include Speech and Language Services, Infant Development and the Children's Treatment Centre.
- Speech and Language Services: Infants who are born with certain risk factors (premature babies, parental age and development), get referred to Cochrane Preschool speech and language for an 18 month check in regarding speech and language.
- HBHC home visiting program offers the following early intervention services: PIPE Curriculum, Keys to Caregiving, Triple P.

#### **Children's Treatment Centre (CTC)**

- The Children's Treatment Centre (CTC) offers early intervention services. At this time, there is approximately a two year waitlist to access services.
  - ✓ PT, OT, SLP

#### **Cochrane Timiskaming Resource Centre (CTRC) – Infant Development**

- The Infant Development Program is an early intervention program that serves families of children from birth to five years of age who may have delays or are at risk for delays in development. The risks may include complications during pregnancy, labour or delivery, prematurity, Down syndrome, cerebral palsy, sensory impairments or a disadvantaged home environment. A referral can be made by contacting any of the Developmental Consultants at our Head or Satellite Office locations.
- Services include:
  - ✓ Case coordination
  - ✓ Early intervention

- ✓ Developmental assessments and screens
  - ✓ Play based therapeutic programs
  - ✓ Transition to school
  - ✓ Home visits
  - ✓ Assistance with applications for funding
  - ✓ Linking to other services
- Referrals for this type of service come from the family doctor and go to the developmental paediatrician in Timmins
- The average length of the waitlist to see a developmental paediatrician is from one to two years.

### **TIMMINS**

#### **Ontario Early Years Centre (OEYC) - North Eastern Ontario Family and Children's Services (NEOFACS)**

- One on one parenting intervention
- Trained through Best Start regarding attachment process

#### **Timmins Native Friendship Centre (TNFC)**

- TNFC offers traditional ceremony including:
  - ✓ **Placenta ceremony** – Placenta ceremonies are different depending on the territory. When a woman is able to following giving birth the family the family goes into the bush and the father digs a hole and places the placenta in the hole. There is a blessing said offering the placenta back to the earth.
  - ✓ **Walking out ceremony (sunrise ceremony)** - A Walking out Ceremony is done before an infant's feet touch the earth. It is done at sunrise. The infant is dressed in their regalia. Usually little boys will carry a toy gun, something that represents an animal, this shows that they are hunters. Girls will carry something that will show that they are caregivers. The infant's exit the teepee in the east direction make one circle around the teepee and re-enter the teepee in the east direction. The infant gives each person a LITTLE gift for attending such as a candy.
  - ✓ **Naming ceremony** – Following receiving one's spirit name from a traditional healer it needs to be feasted. If it is not feasted within the first year one needs to go the traditional healer and receive a new spirit name. A pot luck feast is held at which time everyone who wishes to feast their spirit name gathers in a circle. Each person is given tobacco. Each person takes a turn at telling the others what their spirit name is and what it means to them. When everyone has had their turn everyone goes to the sacred fire and offers their tobacco. Time to feast.
  - ✓ **Access to a traditional healer** – Since in the Timmins area the numbers of traditional healers that are available are limited, it is difficult to have access to a Traditional Healer on a consistent manner.

- ✓ **Rites of passage (from birth to the end of life) lead by an Elder** - Once again it is difficult to get Elders who can come in and share their knowledge of the rites of passage with families.
- ✓ **Teaching from the medicine wheel including Elders** - It is difficult to find Elders who can do the teaching from the medicine wheel; the community often has to depend on the Ontario Federation of Indian Friendship Centres.

### 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.**

#### COCHRANE & TIMMINS

- **Telepsychiatry Services:** The Telepsychiatry Services include Psychiatric and Psychological Services. These services are available within the community via teleconferencing and are provided by professional Psychiatrists and/or Psychologists from the Hospital for Sick Children.
- The Telepsychiatry Services include consultations, interviews with parent/legal guardian of a child/youth, interactive discussions regarding a client, and program consultations.

#### TIMMINS

- The community reported that there is no relational work, only parental sessions.

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

#### COCHRANE

- Collaborate on pre-school screening clinic (KIM)
- Collaboration with NEOFACS – case collaboration → room for growth
- Friendship centre – communication around training (program)
- Intensive service coordinator with NEOFACS, and CTRC Infant Development

#### COCHRANE & TIMMINS

- Case collaboration with CTRC Infant Development and CTC
- The Porcupine Health Unit and The Cochrane Timiskaming Resource Centre (Infant Development Program) refer to each other regularly.

### **TIMMINS**

- The community expressed that at times, it feels like different agencies are in competition against one another. Workers are being pressured by the push to hit certain statistics to generate revenue. Several participants at the table expressed that all they desired is for families to get the best services where they feel the most comfortable.

## Short Term Opportunities to Enhance Core Prevention and Intervention

---

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

#### **COCHRANE**

- IMHP will share presentation on vicarious trauma.

#### **COCHRANE & TIMMINS**

- PHAC will share the CD with information regarding mother's mental health and the Edinburgh Postnatal Depression Scale.
- Enhance capacity within the community on infant mental health.
  - ✓ Options include: Watch, Wait, and Wonder, Circle of Security (more expensive), Baby Love (Jean Wittenberg), Make the Connection
  - ✓ See if Watch, Wait, and Wonder training could be delivered through OTN or webcast.
- IMHP will offer IMH Basics workshop this year at no cost, invite Early Childhood Educators, Education Assistants and teachers.
- Create a community of practice, using agencies who have access to Telehealth (such as NEOFACS) to build capacity within the community and take workshops collectively.
  - ✓ Community workers are not feeling confident in responding to the early needs of infants and early childhood mental health, on and off reserve.

#### **TIMMINS**

- All agencies will commit to offering all caregivers the opportunity to sign up for the Let's Grow Program Newsletter.
- IMHP will contact NEOFACS and child welfare agencies (at NEOFACS and Kunomanawano) to have a meeting at the end of September or beginning of October to discuss the absence of mental health services for the 0-3 population who are experiencing behavioural issues.

### Early Screening and Assessment Activities

#### **COCHRANE**

- Agencies in the Cochrane area will consider implementing the Edinburgh Postnatal Depression Scale 1 (EPDS) as a screening tool and then refer to appropriate services.



### **COCHRANE & TIMMINS**

- Expand the use of the ASQ-3 and ASQ:SE-2 across agencies to create a common language and a common screening system.

### **Collaboration**

### **COCHRANE**

- Staff from APANO will create a list of Indigenous services available in the 4 local areas available to families for children 0-3.
- Following the development of this list, have a conversation with delivering hospitals to give to new moms.
- Additionally, have a conversation with the Public Health Unit to include in their mail out to all new moms.
- Staff from the Porcupine Health Unit will approach the Best Start table to ask if they would be interested in completing a resource inventory to understand what resources are available in the community.
- The community will find out who has access to OTN for online learning opportunities.

### **COCHRANE & TIMMINS**

- Engage child protection in a conversation about infant mental health with this report, highlighting the call to action document that IMHP will share.
- IMHP will create a goal tracker to accompany this report.

### **TIMMINS**

- Staff will share resources from the YMCA with other agencies on early development. They will also connect with the YMCA and ask if they would open their doors to provide access to the training to other members of the community.
- Staff from OEYC will reach out to widen the sectors included in the infant mental health community table by including colleges that offer the Early Childhood Education program to include infant mental health science in education.
- The HBHC Program Coordinator from The Porcupine Health Unit will communicate with their leadership to express that Indigenous partners would like to be invited to mainstream training and access to resources.
- The community is not at a place where all resources exist for each different culture and community. Indigenous partners are trusted to adapt as needed from the current format.
- Staff from OEYC will take the lead to organize an Infant Mental Health table. First, they will evaluate if this can be shared with an existing committee.

## Long Term Opportunities for Core Prevention

---

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

#### COCHRANE

- Nishnawbe Aski Nation (NAN) - On Reserve will look to use HBHC money flowing into the community for prenatal services.
- Write advocacy letter for Mushkegowuk to be serving Taykwa Tagamou First Nations as directed by government structure. At this time, Taykwa Tagamou First Nations are not receiving any services.
  - ✓ Mushkegowuk believes that Taykwa Tagamou First Nations are being serviced by Cochrane, while they are not, and therefore there is an absence of services.
- Someone will create a positive campaign regarding the use of technology (cell phone use while being with your baby or toddler).
  - ✓ Have a conversation with local LHIN to disperse this messaging.
  - ✓ IMHP will create a survey (3-4 questions) to share with every agency and ask new moms and few families their current cell phone use, how they connect with friends, why they choose to engage with their cellphone instead of their baby.

#### COCHRANE & TIMMINS

- Investigate the potential to conduct a community table in Moosonee.

#### TIMMINS

- Someone will plan a conversation with the Ministry of Transportation to understand why only 2 moms with strollers are allowed on the bus at one time. They will advocate on how this affects mom's mental health and access to services.

### Early Screening and Assessment

#### COCHRANE

- Someone will investigate how to bring services that are in Timmins to Cochrane such as the Autism diagnostic clinic for families who can't afford to travel to Timmins.

### Early Intervention

#### COCHRANE

- There are no dyadic intervention in the region. Someone will investigate how to get someone who can offer these services in the community.

- A resource will be created for families left on the preschool screening waitlist. Because the clinic only runs if there are two referrals, children might be left several months before getting into the preschool screening clinic. The community reported that it would be beneficial to give the family that is on the waitlist resources to empower them to educate themselves while they wait for an appointment.

### Collaboration

#### COCHRANE

- Look at supporting child welfare workers at NEOFACS as they are reported to be overwhelmed and burnt out. Mental Health workers at Minto report having to provide support to the worker at NEOFACS for the first 15 minutes of the call when making a referral.

#### TIMMINS

- As people move away and new staff need to be retrained, someone will identify resource/ programs/ strategies that are cost effective.
- Once an IMH committee is formed, the committee will create a system pathway for clear referral when it comes to infant mental health.

# Competencies for Practice in the Field of Infant Mental Health

## What is Happening in Cochrane and Timmins Today

---

### COCHRANE

- While several organizations feel comfortable with physical child development, the community expressed that there is a big gap in terms of competencies to support children with behavioural issues. This knowledge gap is creating a lot of stress on the whole community.
- Front-line workers are respectful and open-minded when it comes to socio-cultural differences in child rearing and parenting expectations. The community noted that even though the demographic landscape is starting to change, workers still hold strong competency in socio-cultural differences.
- There is disconnect between the Ministry of Education's focus on the child only, while little to no supports are available for the parents/caregivers. Knowing the impact of past experience of being parented on parents' expectations of their infant and their parent-child relationship, this disconnect is important to address.
- When it comes to the competency of intervening, community participants reported that parents are not typically being counselled to understand and cope with unresolved issues from their past that might be interfering with their ability to parent. Strengthening capacity in this competency could make a big difference for infants 0-3.
- When it comes to difficult to reach families, the OEYC perseveres by going to parks, the grocery store, Giant Tiger, and stand outside the doctor's office to give families calendars of available programming. It's still important to note that across agencies, everyone expressed that they are missing hard to reach families.

### COCHRANE & TIMMINS

- There is a disconnect between the ministry and agencies at a top level which makes it difficult to discern research and interpret what is good evidence.
- Both communities have expressed difficulty reaching hard to reach or reluctant to engage families who aren't accessing services.

### TIMMINS

- There has been a cultural shift where this generation of young moms don't want to parent in a traditional way, and they are not interested in a naming ceremony.

- In Timmins, there are lots of places for parents to go for typical issues, but when it comes to more complicated issues, programs and services are more limited.
  - ✓ Families who are accessing programming in the community with their second child often express how they wish they knew about these programs with their first child.
  - ✓ When complex issues arise, families are sometimes referred to NEOFACS. Most families don't follow through on the referral to NEOFACS as there is big stigma attached to going to that agency. While mental health services are separate to the child welfare services, they are under the same agency title. Families expressed being afraid of "doing something wrong" while at that agency and having their kids taken away by child welfare.
- The TNFC expressed that it is difficult to get a diagnosis of FASD and consequently offer services. In order for families to get a diagnosis, they have to go to Sudbury, which is a 3.5 hour drive.
- The Public Health Unit expressed that there is a big disconnect between mandates and current information, especially between the ministry and agencies. The community expressed some difficulty discerning key messages.

## Knowledge & Skills

---

### **COCHRANE**

- Practitioners understand the social determinants of health as well as risk and protective factors (e.g., socio-demographic factors, infant characteristics and health, parental health and knowledge, family functioning, community and social supports) but the community expressed that tying it back to infant mental health would be beneficial.
- Programming is developed and refined on the basis that influences of community, social and family supports on parent-child interaction and infant well-being influences child development.
- Front-line workers are respectful and open-minded when it comes to socio-cultural differences in child rearing and parenting expectations.
- The community reported that most workers are aware that the impact of past experience of being parented on parents' expectations of their infant and their parent-child relationship influences child development. However, when it comes to the competency of intervening, community participants reported that practitioners are not effectively helping parents understand and cope with unresolved issues from their past that might be interfering with their ability to parent. Strengthening capacity in this competency could make a big difference for infants 0-3.
- Agencies such as CTTC and Porcupine health feel that establishing a therapeutic relationship with families is a strength.
- Collaborating with other community agencies is a strength in Cochrane with the aim of giving families a single service plan.

- Public health has debriefing available by phone, biweekly team meetings by phone, once a month they have reflective practice through case studies, and periodic chart audits.
- Across agencies, everyone expressed that they are missing hard to reach families. Public health expressed that some families accept services but then miss appointments.

### **COCHRANE & TIMMINS**

- Agencies, especially the Porcupine Health Unit are feeling comfortable with physical child development.

### **TIMMINS**

- The OEYC provides high quality early years programs and services, this is delivered by engaged and knowledgeable early years staff. The OEYC expressed that they would like to strengthen their knowledge in child development by having more opportunities for professional development to highlight the importance of remaining current with new research and literature. At TNFC, they have a collective body of knowledge and get together to talk about a child, utilizing the capacity of the collectivity. Public health nurses are well versed in child development but knowledge around complex feeding issues is lacking with consequently affects relational mental health.
- Even though NEOFACS receives training on interventions, none of it is geared for the 0-3 population.
- Community members expressed that they have difficulty getting families to come to group services. Because it is such a small community, the general feeling is that everyone will know that they are facing challenges; it is very exposing and vulnerable.
- When it comes to helping caregivers resolve their past which is impacting their ability to parent, workers have trouble reaching such caregivers as many believe they are okay and don't wish to be referred to services.

## Short Term Opportunities for Competencies

---

### Knowledge Building for Professionals

#### **COCHRANE**

- IMHP will share Greg Lubimiv's temperament scale to enhance capacity around temperament.
- IMHP will draft a letter to state that the Aboriginal Head Start summer program is really missed to send to the provincial government.
- Staff will share available training by email to the IMH community table to help share and coordinate training. She will remind people to send it to their front line staff.
  - ✓ The community expressed that staying on top of research can be challenging with demanding caseloads and time constraints. Most individuals wait for information to come to them (i.e., promotion of training through email). They will seek knowledge for specific child if needed, but the community would like a better strategy to stay up to date with research.
- The community wishes to strengthen capacity around behavioural issues in children. This knowledge gap is creating a lot of stress for the community.
- Strengthen support for the family versus only the child. There is a disconnect with the Ministry of Education's focus on the child while there are little to no supports offered to parents.

#### **COCHRANE & TIMMINS**

- IMHP will create 6 good slides on infant mental health to share with all community partners.
- IMHP will give the communities access to the 15 part webcast series on Infant Mental Health.
- Strengthen cultural competency to better serve the new families in the area.
- IMHP will share Nurturing the Seed with the communities.
- IMHP will give 2 days of training to each community (total of 4 days) in the fall. Two of the four days will fall on a weekend to allow childcare workers and teachers to attend. Individuals may access the training in the community they prefer and on the days they prefer.
  - ✓ All sectors must be present
  - ✓ IMHP will present the science of infant mental health, and;
  - ✓ ASQ screening to achieve consistency and create a common language within the community.

# Cochrane & Timmins

- IMHP will add names of participants at the table in the e-blast newsletters with the aim that participants at this community table can start attending IMHP Rounds through webcast.

## **TIMMINS**

- TNFC will introduce the conversation around traditional upbringing such as rites of passage at community events that are well attended.
  - ✓ Ask Timiskaming Elder if they know someone in the area who could help with this initiative.
- TNFC will look to find spiritual belief Elders in the community, or someone who is willing to travel to the community. They have Elders that know the land, but spiritual Elders are lacking.
- Identify a person who can educate mainstream agencies on cultural competency.
- NEOFACS will share a resource to show what services are offered, as community partners are not aware of what is available.
- Survey existing committees to organize an infant mental health committee that is outcome based.
  - ✓ Ensure there is Indigenous representation
  - ✓ This committee can make a plan on how they want to move forward with this report, and who should this be presented to.

## **Skill Building for Professionals**

### **COCHRANE & TIMMINS**

- The community wishes to strengthen capacity for intervention within the community. Opportunities have been identified under Core Prevention and Intervention.

## **TIMMINS**

- Determine who will take the lead to share with Indigenous partners when training is happening in mainstream agencies.



## Long Term Opportunities for Competencies

---

### Skills

#### COCHRANE & TIMMINS

- Once the IMH committee is formed, strategize and on how to reach hard to reach or reluctant to engage families who aren't accessing services.

#### TIMMINS

- The community is in need of a lactation consultant to address complex cases. The Porcupine Health Unit will explore opportunities (i.e., Skype) on how to have access to a lactation clinic or consultant.
- NEOFACS will provide education on brief solution focused therapy.
- TNFC will reach out to Timmins Counselling and CMHA to ask if they can join their training on how to support parents reconcile their past that may be impacting parenting. The community reported the following challenges:
  - ✓ There are not enough workers.
  - ✓ No one follows through, the client is responsible and clients don't get called back.
  - ✓ Unless you have an advocate it is very difficult.
  - ✓ There is a mental health crisis line but it is not effective and very difficult to navigate.
  - ✓ Although there are services available on paper, there are huge issues when individuals try to utilize them.

# Organizational Policies & Practices

## What is Happening in Cochrane and Timmins Today

---

### **COCHRANE & TIMMINS**

- IMHP will share questionnaire on organizational policies & practices to support high quality infant mental health services to better determine existing initiatives..
  - ✓ Include a question about adaptive technology: e.g. Do you require assistive technology? If yes, do you have the access that you need?
  - ✓ Add question about cultural awareness training and cross-cultural training.

## References

---

- Bray, M. (2015a). Cochrane (Ont). *In Historica Canada*. Retrieved from <http://www.thecanadianencyclopedia.ca/en/article/cochrane-ont/>
- Bray, M. (2015b). Timmins. *In Historica Canada*. Retrieved from <http://www.thecanadianencyclopedia.ca/en/article/timmings/>
- Boivin, M., & Hertzman, C. (Eds.) (2012). Early Childhood Development: adverse experiences and developmental health. Royal Society of Canada - Canadian Academy of Health Sciences Expert Panel (with Ronald Barr, Thomas Boyce, Alison Fleming, Harriet MacMillan, Candice Odgers, Marla Sokolowski, & Nico Trocmé). Ottawa, ON: Royal Society of Canada. Available from: [https://rsc-src.ca/sites/default/files/pdf/ECD%20Report\\_0.pdf](https://rsc-src.ca/sites/default/files/pdf/ECD%20Report_0.pdf)
- Center on the Developing Child. (2015). *Core concepts in the science of early childhood development*. Retrieved from [http://developingchild.harvard.edu/resources/multimedia/interactive\\_features/coreconcepts](http://developingchild.harvard.edu/resources/multimedia/interactive_features/coreconcepts)
- City of Timmins. (2011). *By-law no. 2011-7067*. Retrieved from <https://timmins.civicweb.net/document/10967>
- Clinton, J., Kays-Burden, A., Carter, C., Bhasin, K., Cairney, J., Carrey, N., . . . Williams, R. (2014). *Supporting Ontario's Youngest Minds: Investing in the mental health of children under 6*. 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)
- Cochrane Polar Bear Habitat. (2016). *What we do*. Retrieved from <https://polarbearhabitat.ca/what-we-do/>
- Cohen, J., Oser, C., & Quigley, K. (2012). *Making it happen: Overcoming barriers to providing infant-early childhood mental health*. Retrieved from <https://www.zerotothree.org/resources/511-making-it-happen-overcoming-barriers-to-providing-infant-early-childhood-mental-health>
- Froud, A. (2013). *Early Years Snapshot*. Source emailed from community member. For more information contact Amanda Froud, data analyst at [amanda.froud@neofacs.org](mailto:amanda.froud@neofacs.org)
- Infant Mental Health Promotion. (2002, rev. 2011). *Competencies for Practice in the Field of Infant Mental Health – Best Practice Guidelines*. Retrieved from [http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Competencies\\_Full%20Page\\_2.pdf](http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Competencies_Full%20Page_2.pdf)
- Infant Mental Health Promotion. (2004, rev. 2011). *Core Prevention and Intervention for the Early Years – Best Practice Guidelines*. Retrieved from: [http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Core%20Prevention\\_Full%20Page\\_2.pdf](http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Core%20Prevention_Full%20Page_2.pdf)
- Infant Mental Health Promotion. (2004, rev. 2011). *Organizational Policies & Practices to Support High Quality Infant Mental Health Services – Best Practice Guidelines*. Retrieved from [http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Organizational%20Policy\\_Full%20Page.pdf](http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Organizational%20Policy_Full%20Page.pdf)

- Kelly, L. (2016). *Magnesium mine promising jobs, diversity in Timmins*. Retrieved from <https://www.northernontariobusiness.com/regional-news/timmins/magnesium-mine-promising-jobs-diversity-in-timmins-371757>
- Lux, R. (2011). *Stroller strife for transit rider*. *Timmins Press*. Retrieved from <http://www.timminspress.com/2011/11/28/stroller-strife-for-transit-rider>
- Statistics Canada. (2011a). *Census agglomeration of Timmins, Ontario*. Retrieved from <http://www.thecanadianencyclopedia.ca/en/article/timmins/>
- Statistics Canada. (2011b). *Census subdivision of Cochrane, T – Ontario*. Retrieved from <http://www12.statcan.gc.ca/census-recensement/2011/as-sa/fogs-spg/Facts-csd-eng.cfm?LANG=Eng&GK=CSD&GC=3556042>



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

---

---

# Supporting Infant Mental Health in the Lac La Ronge Tri-Community

---



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 Lac La Ronge**

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

### **Project Contributors/ Authors**

Chaya Kulkarni, Director, Infant Mental Health Promotion, Facilitator  
Karine Collette, Project Coordinator  
Adeena Persaud, Project Coordinator  
Donna Hill, Editing and Formatting

### **IMHP would like to thank the following agencies from the Lac La Ronge Communities who participated in the Community Table process.**

Alex Robertson Public Library  
Children North: Early Childhood Intervention Program  
Churchill Community High School Day Care  
KidsFirst North  
Kikinahk Friendship Centre  
La Ronge Indian Child and Family Services: Prevention Services  
Lac La Ronge Indian Band Health Services: Aboriginal Head Start On-Reserve  
Mamawheton Churchill River Health Region  
MEND (Mind, Exercise, Nutrition, Do it!)  
Northern Lights School Division #113  
Piwapan Women's Centre  
Population Health Unit of Northern Saskatchewan – Health Promotion  
Population Health Unit of Northern Saskatchewan – Nutrition  
Pre-Cam Community School  
Saskatchewan Prevention Institute

## About the Lac La Ronge Tri-Community

---

Located in northern Saskatchewan, the Lac La Ronge Tri-Community consists of the town of La Ronge, the village of Air Ronge, and the Lac La Ronge Indian Band. Together the three communities work cohesively to provide services to residents across the tri-community.

The town of La Ronge is situated on the shores of Lac La Ronge with a population of approximately 3,000 people (Town of La Ronge, 2010). The town is directly next to Lac La Ronge Provincial Park (Nut Point) and near the Boreal Forest (Town of La Ronge, 2010). Two kilometers south of La Ronge is the village of Air Ronge with a population of just over 1000 (Air Ronge, n.d.).

According to their website, the Lac La Ronge Indian Band is the largest First Nation in Saskatchewan, with a population of 10,712 as of December 31, 2016 (Lac La Ronge Indian Band, 2016). The reserve land encompasses central Saskatchewan up to the Churchill River and beyond. There are a wide variety of services available on-reserve including education, employment, training, health, child and family, sports, recreation, justice, business, social development and many. Within the band, there is a strong sense of pride in the heritage and Cree language and the growth of many educational opportunities, economic successes and social development work made possible by many years of strong leadership (Lac La Ronge Indian Band, n.d.).

Programs and services for infants, toddlers, and their families are present in the Lac La Ronge Tri-Community but consistently face limitations. Existing services and programs are passionate and dedicated to ensure the positive wellbeing of children and families but experience challenges. For example, through our discussions, it was determined there are no designated spaces or programs where families can bring their children to socialize and interact with each other, which extends the difficult task of engaging families in services. Adding to this challenge is a limited number of available services which can result in year long waiting lists when families do decide to seek support and service.

Knowledge in infant mental health and its supporting practices is minimal but there is a strong commitment and eagerness increase capacity among practitioners to deliver services and at a community level with families. Building and strengthening infant mental health capacity within the community will be a key objective moving forward.

### The Lac La Ronge Tri- Community Table included the following agencies:

- Alex Robertson Public Library
- Children North: Early Childhood Intervention Program
- Churchill Community High School Day Care
- KidsFirst North
- Kikinahk Friendship Centre
- La Ronge Indian Child and Family Services: Prevention Services
- Lac La Ronge Indian Band Health Services: Aboriginal Head Start On-Reserve
- Mamawheton Churchill River Health Region
- MEND (Mind, Exercise, Nutrition, Do it!)
- Northern Lights School Division #113
- Piwapan Women's Centre
- Population Health Unit of Northern Saskatchewan – Health Promotion
- Population Health Unit of Northern Saskatchewan – Nutrition
- Pre-Cam Community School
- Saskatchewan Prevention Institute



# Core Prevention & Intervention for the Early Years

## What is Happening in the Lac La Ronge Tri-Community Today

---

**Note: This is not an exhaustive list of all programs, services, initiatives and projects present for children under five and their families in the Lac La Ronge Tri-Community 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

#### Alex Robertson Public Library

- The Alex Robertson Public Library offers free drop-in programs. The Baby Storytime program is for ages 0-2 and the Family Storytime program is for ages 2-5, servicing all community areas.

#### Churchill Community High School Day Care

- Churchill Community High School (CCHS) Day Care is a new Daycare facility. It is a non-profit provincially licensed childcare centre. The centre is licensed for infant, toddler and preschool spaces. The childcare centre is governed by a volunteer board of directors.

#### Pre-Cam Community School

- Pre-Cam Community School has a student population of 400 and includes a pre-kindergarten program situated on Lac La Ronge.

#### Lac La Ronge Indian Band – Health Services

- Maternal Parent Support for mothers with children 0-6 years old and Prenatal Support are available on reserve.

#### Population Health Unit of Northern Saskatchewan – Health Promotion

##### Northern Healthy Communities Partnership (NHCP)

- NHCP is a group of people and organizations who work together on some areas of common interest to promote and create healthier communities in northern Saskatchewan. The NHCP has members that represent multiple sectors including First Nations, public, private and non-profit.
- NHCP projects are carried out by *Action Teams* and guided by a *Core Group* of representatives from all partners. Currently, there is a NHCP Action Teams called Babies, Books and Bonding.
- **Babies, Books and Bonding (BBB):** BBB is a program which aims to increase literacy in children by providing books and other literacy tools at different stages of their early lives. BBB is funded through Northern Healthy Communities Partnership (NHCP) and coordinated by one of NHCP's five Action Teams: the Babies, Books and Bonding Team.

- The committee is made up of members of NHCP organizations from different sectors throughout the North. Committee members attend several meetings a year and collectively decide on promotion, program expansion, book selection and any other issues that arise.
- The BBB team creates packages of books and resources that have been recommended by both speech language pathologists and parents for each age group. Packages are shipped twice a year to all Northern Saskatchewan Health Centers. Packages include an instruction sheet with all of the information needed.

## **Population Health Unit of Northern Saskatchewan – Nutrition**

The Public Health Nutrition Program provides services for the three northern health authorities for babies, toddlers, and their families such as:

- Canada Prenatal Nutrition Program support, including pre/post-natal assessments, promotion of breastfeeding.
- Prenatal nutrition support through cooking classes.

## **KidsFirst North (KFN)**

In partnership with Northern Lights School Division and The Mamawetan Churchill River Health Region, KidsFirst North provides prenatal referral services and supports in the region. KidsFirst families receive:

- Home visits from KidsFirst staff who provide support regarding child development, parenting and connecting to the community.
- Mental health and addiction treatment services with programming to address the unique needs of each family.
- Connections for families to Prekindergarten, early learning and child care opportunities in order to maximize early childhood development.
- Connections to a range of community supports that will assist eligible parents in dealing with issues that affect them.
- Services include:
  - ✓ Prenatal referral and support
  - ✓ In-depth family assessment
  - ✓ Home-visiting services
  - ✓ Mental health and addiction services
  - ✓ Early learning and child care opportunities
  - ✓ Family support opportunities
- The Pinehouse location of KFN offer the Parent Program which is an 8 week program open to all parents to attend.

## **MEND (Mind, Exercise, Nutrition, Do it!) / MEND 2-4 Program**

- MEND 2-4 is a 10 week program which integrates the three elements necessary for sustained lifestyle changes: active play, good nutrition and behaviour change. MEND gives families a foundation for lifelong health by including practical learning about healthy eating, fun games that promote active play and behaviour modification strategies to change

unhealthy attitudes about food and activity. This integrated approach provides families with the foundation for feeling fit, healthy and happy for the rest of their lives.

- Parents/caregivers join their children in each session and allow them to meet other parents

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

### Lac La Ronge Indian Band Child & Family Services Agency

- In March 1994, the Minister of Social Services, now the Ministry of Social Services, announced that a Tripartite service agreement had been signed with Chief & Council of the Lac La Ronge Indian Band and Lac La Ronge Child and Family Services Agency Inc.. This agreement authorized Lac La Ronge Indian Band Child & Family Services Agency to take direct operational responsibility, for the delivery of child and family services, to the band members in the six (6) communities of Lac La Ronge Indian Band.
- Initially in 1994, there were approximately eight (8) permanent and non-permanent employees. As of April 2005, ICFS now employs a total of thirty-five (35) permanent and non-permanent employees in all program areas.
- The ICFS Agency is responsible for the administration and operation of the following services and programs, subject to the legislation of The Child & Family Services Act for the Province of Saskatchewan and the ICFS Agency Policy & Procedures:
  - ✓ Child Protection Services
  - ✓ Foster Care Services
  - ✓ Professional Management and Staff
  - ✓ Public Awareness and Education
  - ✓ Training in Human Resource Development
  - ✓ Program Evaluation
  - ✓ Family Support Services
  - ✓ Preventative Services
  - ✓ Child and Youth Services

### Lac La Ronge Indian Band Child & Family Services Agency: Prevention Services

- The Prevention Services Unit is a community based Family Support Program, which places an emphasis on establishing community resources, which support families through preventative measures. This unit is located in the Family Support Centre on Fairchild Reserve.
- This unit enhances the services of the ICFS team in delivering prevention and intervention programs, by supporting and educating parents, strengthening families, and promoting an environment that supports and nurtures the well being of children and families of the Lac La Ronge Indian Band.
- Some service examples provided are:
  - ✓ Triple P - Positive Parenting Program
  - ✓ Active Parent Groups
  - ✓ Child & Youth Workshops

## KidsFirst NORTH (KFN)

- KidsFirst NORTH is an early childhood development and family support program funded by the Ministry of Education – Early Years Branch in the province of Saskatchewan. The vision of the organization is that “children living in vulnerable circumstances enjoy a good start in life and are nurtured by caring families and communities.” The program main method of service delivery is home visiting, but also includes community based programming and a family resource centre in Sandy Bay, Saskatchewan.
- The program aims to increase utilization and uptake of prenatal care, promote and support positive parent-child interaction, optimize child and family health and safety and enhance parent self-efficacy and family functioning.
- Components of the program model include:
  - ✓ Screening and Assessment
  - ✓ Prenatal Supports
  - ✓ Home Visiting Supports
  - ✓ Mental Health and Addictions Support
  - ✓ Early Learning and Family Wellness Supports
- The program is voluntary and is focused on families that have children under the age of 6, are pregnant or just had a baby and is about 90% curriculum driven, meaning 90% of home visits are on Growing Great Kids and Growing Great Families curriculum.
- The programs works at risk families within the community to become stronger by enhancing child developmental knowledge by providing supports and building on their strengths.
- The average age of participating children is around 2 years. In La Ronge caseloads are mostly level 1s and 1-Ps, level meaning new to the program and 1-P meaning entering the program as a prenatal.
- There is a ‘wellness worker,’ aka mental health within KidsFirst North, but at the moment KFN is still looking to fill this position which has been vacant since last year February.
- KFN is also able to refer children with cognitive delay to Early Childhood Intervention Program (ECIP), offered in La Ronge and is available to surrounding communities.
- Our program also holds evening events where children are able to learn and meet other children, a good enhancing for social activities, which also accommodates the caregivers. We encourage curriculum at our events, so there is always curriculum incorporated into agency events.

## Early Childhood Intervention Program (Children North)

- The Early Childhood Intervention Program (ECIP) is a network of community-based supports for the families of children aged 0-6 years that experience developmental delays or are at risk of delay. ECIP consultants:
  - ✓ Build trusting relationships with families
  - ✓ Assist families in addressing the delay
  - ✓ Use assessment tools to identify the areas of delay
  - ✓ Add activities into daily routines that help parents address the delay

- ✓ Connect families to resources within their community
- ✓ Assist with the transition to school.
- Children involved with ECIPs are often behind in reaching age-appropriate development milestones such as walking, talking, playing or interacting with others. Some children are born with conditions that make it difficult for them to develop at rates that are typical for a specific age group.
- Children with delays, or who are at risk of developing delays, benefit most from ECIPs. ECIP work is most successful when delays are addressed at an early stage. Participation in the program can begin at birth or as soon as the delay appears.
- Involvement with the program is voluntary. Parents may refer themselves to their local ECIP or be referred by a professional with parental consent.

### Lac La Ronge Indian Band – Health Services: Aboriginal Headstart Program

- There are six components embedded in the Aboriginal Headstart Program:
  - 1) Culture and Language
  - 2) Education
  - 3) Health Promotion
  - 4) Nutrition
  - 5) Social Support
  - 6) Parent and Family Involvement
- **Cultural and Language:** The purpose of the Culture and Language component is to provide children with a positive sense of themselves as First Nations children and to build on the children's knowledge of their First Nations languages and experience of culture in their communities. More specifically, projects will enhance the process of cultural and language revival and retention, with the ultimate goal that, where possible, children will aspire to learn their respective languages and will participate in their communities' culture.
- Aboriginal Head Start On Reserve projects will: encourage thoughtfulness and reflection about how to ensure that this is a comfortable place for First Nations people to be who they are; demonstrate an understanding of, respect for and responsiveness to First Nations cultures and languages; focus on the First Nations cultures and languages of the children in the Program; create an environment in which children, families, employees and volunteers participate in relevant and significant activities on a daily basis; provide opportunities for Elders, traditional people and cultural people to participate; provide opportunities for children, families and communities to enhance their knowledge of their culture and language; and apply First Nations cultural values and beliefs to all aspects of daily programming, program governance and administration.
- **Education:** The purpose of the Education component is to support and encourage each First Nations child to enjoy life-long learning. More specifically, the projects will encourage each child to take initiative in learning and will provide each child with enjoyable opportunities to learn. This will be done in a manner that is appropriate to both the age and stage of

development of the child. The ultimate goal is to engage children in the possibility of learning, so that they carry forth the enthusiasm, self-esteem and initiative to learn in the future.

- Aboriginal Head Start On Reserve will focus on early-childhood development, including physical, spiritual, emotional, intellectual and social development; foster a desire for life-long learning in the child; and develop school readiness of the child in the following areas:
  - ✓ Physical well-being and appropriate motor development
  - ✓ Emotional health and a positive approach to new experiences
  - ✓ Social knowledge and competence
  - ✓ Language skills
  - ✓ General knowledge and cognitive skills
  - ✓ Spiritual well-being
- Provide the child with a learning environment and varied experiences that will contribute to his/her physical, spiritual, emotional, intellectual and social development.
- **Health Promotion:** The purpose of the Health Promotion Component is to empower parents, guardians, caregivers and those involved with AHS to increase control over and improve their health. More specifically, the projects will encourage practices for self-care, working together to address health concerns, and the creation of formal and informal social support networks. The ultimate goal is for those involved with Aboriginal Head Start On Reserve to take actions that contribute to holistic health.
- Aboriginal Head Start On Reserve will ensure that all children are immunized according to provincial standards. This will be done in co-operation with parents/guardians through local health-service providers to: ensure that qualified health professionals visit on a regular basis; ensure that the appropriate physical, vision and hearing assessments are done either within the first month following registration, or, in more remote communities, when arrangements are made for qualified personnel to do the assessments; assist parents in ensuring that these assessments are done, if required; assist parents to arrange for medical treatment, if required; teach, model and encourage good dental hygiene in the program; assist parents to arrange for dental examinations for the children; seek the assistance of Elders (for traditional healing circles and/or ceremonies) if needed, to meet the needs of each child; Seek the assistance of psychiatrists, psychologists, speech therapists, physiotherapists and other specialists, if needed, to meet the needs of each child; develop and undertake indoor and outdoor activities and games, including both children and staff, to promote development of gross motor skills and participation in an active lifestyle; and encourage parents to participate in activities that will promote a healthy and active lifestyle.
- **Nutrition:** The purpose of the Nutrition Component is to ensure that children are provided with food which will help meet their nutritional needs, and to educate staff and parents about the relationship of nutrition to children's ability to learn, physical development and mental development. Mealtimes provide opportunities for sharing, teaching and socializing. The ultimate goal is to empower children and parents to develop or enhance nutritional eating habits that will be maintained following the children's AHS experience.
- Aboriginal Head Start On Reserve will provide children the essential nutrients that they require to grow, develop and be active: feed children appropriately for the period of time each day that they are at the project; meet the children's nutritional needs by using the Aboriginal Food Guide, which is comparable to Canada's Food Guide, but also respects local traditions

and customs; and provide children and parents with opportunities to learn about and further develop nutritious and healthy eating habits.

➤ **Social Support:** The purpose of the Social Support Component is to ensure that the families are made aware of resources and community services available to impact their quality of life. The project will assist the families to access resources and community services. This may mean that the project will work in cooperation with the service providers. The ultimate goal of this component is to empower parents to access assistance and services which will support them to be active participants in their children's lives and Aboriginal Head Start On Reserve.

➤ Aboriginal Head Start On Reserve projects will:

**A.** Identify the need for and facilitate the provision of social support to First nations children and their families. Methods of social support could include:

- ✓ Provide referrals
- ✓ Implement family-needs assessments
- ✓ Utilize community-outreach programs
- ✓ Provide community-resource information
- ✓ Provide emergency-assistance information
- ✓ Provide crisis-intervention information

**B.** Develop a list of collaborative service providers, i.e. local, regional, provincial and national organizations, groups and individuals; and

**C.** Involve local service-providers in projects that could include:

- ✓ Canada Prenatal Nutrition Program (CPNP) projects;
- ✓ Brighter Futures projects
- ✓ Child and Family services
- ✓ Crisis centres
- ✓ Drug and alcohol treatment centres
- ✓ Child Care centres
- ✓ health centres or hospitals
- ✓ First Nations housing
- ✓ First Nations women's centres
- ✓ Parent resource centres
- ✓ Toy-lending libraries

➤ **Parental and Family involvement:** The purpose of the Parental and Family Involvement Component is to support the parents' and family's role as children's primary teachers. The parents and family will be acknowledged as contributors to the program through involvement with a parent body or participation in and/or contribution to classroom activities. This component provides the opportunity to empower parents to bring forth gifts and further develop as role models for children and in their communities. The ultimate goal is for parents and caregivers to complete the program being more confident, and assertive and having a deeper understanding of their children than when they began the program.

- Aboriginal Head Start On Reserve projects will: be managed, so that parents have a meaningful experience in the planning, development, operation and evaluation of the Program; support the role of the extended family, particularly the Elders, cultural teachers and traditional people, in the teaching of and caring for children; provide and communicate about opportunities to participate; encourage and empower parents to participate; and not make a child's registration and participation dependent on one or both parents' participation.

### **The Canada Prenatal Nutrition Program (CPNP) Kikinahk Friendship Centre - Parent Education/Support Program**

- The Parent Education/Support Program is a designated Canada Prenatal Nutrition Program funded through the Public Health Agency of Canada.
- The Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) are two programs that are committed to promoting healthy birth outcomes and the healthy development of children. These programs are typically embedded within community based agencies.
- The program offers Breastfeeding, Childcare Services, Collective Food Preparation and/or Purchasing, Family and Social Support, Father Involvement, Fetal Alcohol Spectrum Disorder (FASD) Information and Services, Food/Vitamin Supplements or Vouchers, Nutrition Consultation/Education & Prenatal Nutrition, Pre/Postnatal Information/Support, and Transportation Services.

### **Piwapan Women's Centre**

- The Piwapan Family Violence Outreach Program aims to provide support and information to any woman who has been affected by family violence. We offer individual and group support, networking, referrals, advocacy, education, sharing circles, and activities for survivors of family violence.
- Piwapan Women's Shelter also provides temporary shelter in a safe, confidential environment; for mothers ages 16 and over and their children who are experiencing family violence and abuse.

## **Early Screening and Assessment Activities**

Within the community, agencies are using the Ages and Stages Questionnaire (ASQ) tools and Saskatchewan's In-Hospital Birth Questionnaire to screen infants and toddlers for any potential developmental risks.

Across the community, the Edinburgh Postnatal Depression Scale (EPDS) is being used by the Population Health Unit, KidsFirst and many other clinics. However results are not shared among partners due to privacy restrictions. This results in mothers being screened multiple times with the tool.

### **Northern Travelling Clinics**

- Screening Clinics provided by Children North Early Childhood Intervention Program are available to children 0-6 in the La Ronge community with services available from occupational therapy, physiotherapy, social work, pediatrics, and speech and language.
- The Northern Travelling Clinic (La Ronge Developmental Outreach Clinic) is provided by Children North but funded by Health Canada and the Saskatchewan Department of Pediatrics.



## Lac La Ronge Indian Band Health Services

- Currently the Nippissing District Developmental Screening (NDDS) tool is being used for children under five.
- On the reserve, the Edinburgh Postnatal Depression Scale 1 (EPDS) is available for mothers.

## KidsFirst North

- Within the agency, the Ages and Stages Questionnaires are currently in use when referrals are made to Indian Child and Family Services or Speech and Language services from the Health Region when there are more intensive services required.

## Early Intervention Services

### Early Childhood Intervention Program (ECIP): Children North

- Early Childhood Intervention Programs (ECIPs) are a province-wide network of community-based supports for families of children who experience developmental delays. ECIPs utilize a strength-based approach to deliver family-focused, home- and centre-based services to families. Early childhood interventionists and consultants build trusting relationships with families and assist them in working toward mutually-identified goals.
- ECIP organizations share the vision of ". . . all families hav[ing] the capacity to meet the developmental needs of their children".
- Children who are involved with ECIPs are often delayed in reaching age-appropriate developmental milestones such as walking, talking, eating, maneuvering, playing or interacting socially with others, or are born with a condition or diagnosis that makes it more difficult for them to develop at rates that are typical for a specific age group.
- ECIP staff provide a link between families and other professionals in the Early Learning and Child Care sector and the PreK-12 sector. They strive to work collaboratively with child care providers, speech and language pathologists, physiotherapists, occupational therapists, nurses, physicians, early childhood psychologists, teachers, and school administrators, among others, to ensure family-centered goals are achieved and smooth transitions to school and other centre-based programs and services occur.
- Children North also offers family support from a Family Assistant. This is a home-based, outreach program working with vulnerable families and their children. Using a positive, strength-based approach, the assistant may mentor parents to build their skills in maintaining a healthy home. Parents may need assistance learning housekeeping, doing laundry, budgeting, meal preparation, developing routines, making and keeping appointments, or connecting with other services in the community. The assistant may also work with parents to establish and maintain healthy relationships with other parents.
- Other Services include:
  - ✓ Access to information about children with disabilities, developmental delays and or behavioural concerns. The child may be affected by Fetal Alcohol Spectrum Disorder, chromosomal anomalies, neurological or genetic disorders, congenital malformations, other spectrum disorders, chronic medical illnesses, etc.
  - ✓ Regular home visits to complete screening for developmental milestones, and provide information on parenting and disabilities

- ✓ Coaching on strategies to enhance the child's development, and the relationship between parent and child and community
- ✓ Service coordination, case management, referral to other supports
- ✓ Accompaniment to local and regional medical appointments, research and advocacy

### Treatment

#### Mamawetan Churchill River Health Region

- Mamawetan Churchill River Health Region provides a variety of therapy services throughout the region. Many are community-based services where clients visit clinics or have health care providers come to their homes. Services are provided in La Ronge, Creighton, Pinehouse, Sandy Bay, and Weyakwin.
- Services available for children under five include Autism Spectrum Disorder Services, Children's Dental Program, Occupational Therapy, Physiotherapy, and Speech and Language Pathology.

#### Preschool/Prenatal Dental Program

- A Dental Therapist provides:
  - ✓ An oral health assessment for preschool children from 0 to 5 years of age.
  - ✓ Children can receive at least two fluoride varnish applications each year, depending on their caries (cavities) risk.
  - ✓ Nutrition counselling relating to oral health.
  - ✓ Children with mild/moderate cavities may be seen for treatment depending on the child's capabilities. A referral will be made if we are unable to complete the treatment on site.
  - ✓ Children with severe treatment needs are referred to an appropriate oral health professional.
  - ✓ Children who have dental treatment under general anaesthesia are followed up in the community.
  - ✓ Prenatal women can access a dental screening, oral hygiene instruction and education, and limited preventive services including fluoride varnish.

#### Speech and Language Pathology

- Speech and Language Pathology (SLP) services are provided to children ages 0-60 months. They are focused on early diagnosis and intervention of speech, language and swallowing disorders. SLP Services also provides consultative services to the Food Services and Long Term Care departments. SLP provides long term care residents with an initial feeding/swallowing assessment and an annual review.

#### Occupational Therapy

- Paediatric: Many of the paediatric clients are seen as part of the Autism Services. Other referrals come from ECIP, Physiotherapy, the SLP and various doctors. When it is considered relevant these children, especially those through the Autism Services, are assessed for any difficulty with their sensory processing. Other areas that are assessed in the paediatric population, in order to provide an appropriate intervention, are fine and gross

motor development and skills, play, self-care, eating, attention and self-regulation. All these areas can also be assessed in the school and home.

## **Autism Services**

- Autism Spectrum Disorder (ASD) Services is made up of an ASD Consultant and Support Worker. The ASD Consultant and Support Worker provide support to individuals affected by ASD by enhancing access to effective and efficient services and supports while enhancing their capacity to function in the community. The ASD teams work closely with the Centralized Services Team which provides annual diagnostic assessments clinics in our region.
- These services are delivered through a combination of direct and indirect service, home and community-based resource development and education to children, youth, adults and their families throughout the process of diagnosis of ASD and/or during the implementation of subsequent interventions.
- The scope of services include screening and early supports, assessment and diagnosis, intervention and treatment, respite and family/caregiver supports, consultation and collaboration, training and education, transitional services and research and evaluation.

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

### **Lac La Ronge Tri-Community Early Years Committee**

- Using a collaborative, multi-disciplinary, multi-jurisdictional, holistic approach the Lac La Ronge Tri-Community Early Years Team will support the healthy development of children and their families through communication, advocacy, problem-solving and collective action.
- Values of the committee include:
  - ✓ Children and their families
  - ✓ Sharing, collaboration and action-based partnerships
  - ✓ Traditional and cultural knowledge
  - ✓ Open and honest communication
  - ✓ Community development
  - ✓ Opportunities and action
- Goals of the committee:
  - ✓ Focus on parenting skills, support and parent engagement.
  - ✓ Facilitate connections between human service providers to network and share best practices.
  - ✓ Provide grief and trauma support to children in care.
  - ✓ Provide a collective tri-community early-years calendar and subsequent communication plan.

### **Northern Early Years Coalition**

- The Northern Early Years Coalition is a north-wide early childhood interagency committee focused on ensuring that all northern children have a healthy start in life. The mission of the Coalition is “to collaborate, promote and facilitate effective integrated services and supports

that will provide more equitable opportunities for all northern children and their families.” This interagency is an initiative of the Northern Human Services Partnership (NHSP).

- Current action teams include:
  - ✓ Supporting Communities/Tools and Resources Action Team: Focused on mapping early childhood services throughout northern Saskatchewan and supporting local early childhood interagencies such as the Lac La Ronge Early Years Coalition.
  - ✓ Children’s Charter Action Team: Focused on the development, translation and distribution of the Northern Saskatchewan Children’s Charter leading to education and awareness of children’s rights.
  - ✓ Conference Action Team: Focused on the planning, implementation and evaluation of the Roots to Wings Early Childhood Conference June 7th to 9th, 2016.
- Membership of the Northern Early Years Coalition is open to all agencies with a vested interest in early childhood in Northern Saskatchewan.

## Short Term Opportunities to Enhance Core Prevention and Intervention

---

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

- Discuss how screening for PPD can be more collaborative: sharing results and making referrals amongst community agencies to support mothers more effectively. How can results be shared between partners to avoid multiple screenings of mothers.
- IMHP will contact Cindy Lee-Dennis – any issues using the Edinburgh tool multiple times with the same family.
- IHBQ committee to revisit this issue – discuss broadening the scope of the committee.

### Early Screening and Assessment Activities

- Create an inventory or list of all screening and assessments available for infants, toddlers and their families in the community.

### Collaboration

- Determine a strategy to collect and disseminate parenting programs and events in a more coordinated fashion (Community Calendars, Newsletters, Explore social media platforms)
- The table will go back to respective committees and explore hosting an infant mental health workshop in the Fall 2016.

## Long Term Opportunities for Core Prevention

---

### Screening and Assessment

- Explore how the community can begin to collect data on IMH (i.e. ASQ scores)

# Competencies for Practice in the Field of Infant Mental Health

## What is Happening in the La Ronge Community Today

---

- Across the community, the professional and educational backgrounds of practitioners working with the infant, toddler population vary: Bachelor of Education, Early Childhood Education (with a strong focus on early development and developmental stages), Religious Studies, Masters of Library Services, Bachelor of Arts, Educational Assistant Diploma, Nutrition Degree which includes a prenatal component, Bachelors of Social Work (with a trauma focus), Early Childhood Diploma/Certificate, Developmental Service Worker, and Youth Care Worker.
- Collaboration among agencies is strong in the La Ronge Community. To enhance communication on initiatives, projects, and training opportunities hosted in the community, a Google Group was created to keep all partners informed. Resources on infant mental health can also be shared in the group to help build knowledge capacity.
- The skill of engaging families in services is an area the community would like to strengthen. Finding alternate methods that work best for families in La Ronge is needed. This is made even more challenging when families are engaged but face lengthy wait times for services, which can be up to a year. When referrals are made for children, the referring agency can connect with the families but find limitations communicating with the services the referrals were sent to. All these components combine to challenge practitioners working with the 0-3 population and their families and connecting them with appropriate services.
- When working with children and families in the La Ronge community, it is important to understand cultural and traditional teachings. This knowledge is best learned through work experience which is key when supporting this population. It can be additionally challenging when the legislation and policies in place do not necessarily support or advocate on behalf of the cultural practice of the community.

## Knowledge & Skills

---

### Ministry of Education – Early Years Branch

- The Ministry of Education – Early Years Branch implemented the Play and Exploration: Early Learning Program Guides and Supporting Documents for Infants and Toddlers and the 3-5 year old population. The Early Learning Program Guide is an important part of Saskatchewan's early childhood development initiatives. The Guide affirms the importance of high quality experiences for all Saskatchewan children during their infant and preschool years. The Guide draws on knowledge gained from early childhood education research, examples from successful practice of early childhood educators and understandings passed on through community culture, values and beliefs.
- Young children experience learning through play and exploration in a variety of settings including the home, child care, Prekindergarten, preschool and other early childhood

programs. High quality programs engage children and their families in the planning and delivery of a healthy, safe, culturally sensitive and stimulating program that promotes children's abilities and interests. The intention is that all programs will reflect the vision, principles and quality elements described in the Guide; however, children, families, educators and community context will affect how a particular program looks and feels. The aim of this guide is to promote high quality, age-appropriate, play-based learning experiences for three-, four- and five-year-old children in a variety of settings.

### Saskatchewan Prevention Institute

- The Saskatchewan Prevention Institute is a non-profit organization, founded in 1980. Our focus is to reduce the occurrence of disabling conditions in children using primary prevention methods. We raise awareness by providing training, information, and resources based on current best evidence.
- Topics available for training and resources include Early Childhood Mental Health, Fetal Alcohol Spectrum Disorder (FASD), Infant Health, Maternal Health, and Parenting.

## Service Delivery

---

- There are programs and services available for infants, toddlers, and their families in the La Ronge Community however applying an infant mental health lens to intervention skills implemented within the community is a priority. This will be strengthened through the Infant Mental Health Training scheduled in fall 2016. This will help to build knowledge capacity across the community to further support infant mental health practices.

## Assessment and Formulation

---

- The training being offered in fall 2016 by Infant Mental Health Promotion will include how to administer the Ages and Stages Questionnaire 3 and Social Emotional. Training on the Hand in Hand Resource Kit will also be included for practitioners to support children under five who may be at-risk developmentally.

### Short Term Opportunities for Competencies

---

#### Knowledge and Skill Building for Professionals

- The La Ronge Early Years Table will look at current procedures/policies that prevent agencies from following up with a referrals with another agency. Discuss who will be the person to follow up.
- Explore as a group alternative strategies to engage families in programs and services offered.
- IMHP will share the Hand in Hand Resource Kit and support the community to use the Resource Kit through training in fall 2016.
- Engage each branch of (Family Services, Protection, Prevention, Foster Care) child welfare to participate at the La Ronge Early Years Table and attend the upcoming training offered.
- IMHP will send Children See Children Learn materials to the group. Saskatchewan Prevention Institute could explore hosting the training or parent workshop for La Ronge.
- Set-up a Google Group to share training opportunities/research/resources in the community with all partners at the table. Lee and Joan will share administrative roles for the group.
- IMHP will send the community training details and upcoming rounds presentation as well as IMHP resources (Hand in Hand, Comfort, Play, and Teach) to the Google Group.
- Saskatchewan Prevention Institute will send workshops on Attachment and Dad Matter details to the group.

### Long Term Opportunities for Competencies

---

#### Knowledge

- Discuss creating a long-term plan to strengthen infant mental health capacity (knowledge, skills, services within existing programs/services) in the La Ronge Community.
- Explore how as a group, we can share and address our concerns of long waiting lists for programs and services for children and families to policy makers and other decision makers.



# Organizational Policies & Practices

## What is Happening in the La Ronge Tri-Community Today

---

- Across the community, staff meetings and workshops are held regularly to support staff.
- Debriefing difficult cases with all staff involved within the agency occurs to ensure all aspects of the children and family are presented.
- At the Early Childhood Intervention program there is a designated coffee time which is used as time to discuss with staff what is happening, read something positive to begin the day, to help support staff wellness.

## Short Term Opportunities for Organizational Policies & Practices

---

### Supporting Staff Wellbeing and Supervision

- As a group, explore how to request supervisors to review current agency staff supervision as this is a growing time.
- Have a conversation with Dana from ECIP to see if she can share her model for supporting wellness among staff.
- Explore opportunities for IMHP to meet with policy makers to discuss importance of infant mental health.
- IMHP will adjust the Organizational Policies Survey to fit needs of the community – share how the results are interpreted.

# Long Term Opportunities for Organizational Policies & Practices

---

### Knowledge Mobilization for Professionals

- Check in with the group as goals are accomplished through regular committee meetings.
- Explore opportunities for building local training capacity in La Ronge.

### Data Collection

- Implement a staff survey on organizational policies and practices for agencies working with infants and toddlers for each community. IMHP has developed the survey based on the needs determined by the community from our 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.
- Create a plan for repeated implementation of the staff survey – complete 2016 and again two years later to see if there are any increases in staff knowledge and support.

## References

---

- Air Ronge. (n.d.). *About Air Ronge*. Retrieved from <http://airronge.ca/about/>
- Boivin, M., & Hertzman, C. (Eds.). (2012). *Early childhood development: Adverse experiences and developmental health*. Retrieved from [https://rscsrc.ca/sites/default/files/pdf/ECD%20Report\\_0.pdf](https://rscsrc.ca/sites/default/files/pdf/ECD%20Report_0.pdf)
- Center on the Developing Child. (2015). *Core concepts in the science of early childhood development*. Retrieved from [http://developingchild.harvard.edu/resources/multimedia/interactive\\_features/coreconcepts](http://developingchild.harvard.edu/resources/multimedia/interactive_features/coreconcepts)
- Clinton, J., Kays-Burden, A., Carter, C., Bhasin, K., Cairney, J., Carrey, N., . . . Williams, R. (2014). *Supporting Ontario's youngest minds: Investing in the mental health of children under 6*. Retrieved from [http://www.excellenceforchildandyouth.ca/sites/default/files/policy\\_early\\_years.pdf](http://www.excellenceforchildandyouth.ca/sites/default/files/policy_early_years.pdf).
- Cohen, J., Oser, C. & Quigley, K. (2012). *Making it happen: Overcoming barriers to providing infant-early childhood mental health*. Retrieved from <https://www.zerotothree.org/resources/511-making-it-happen-overcoming-barriers-to-providing-infant-early-childhood-mental-health>
- Infant Mental Health Promotion. (2002, rev. 2011). *Competencies for practice in the field of infant mental health – Best practice guidelines*. Retrieved from [http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Competencies\\_Full%20Page\\_2.pdf](http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Competencies_Full%20Page_2.pdf)
- Infant Mental Health Promotion. (2004, rev. 2011). *Core prevention and intervention for the early years – Best practice guidelines*. Retrieved from [http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Core%20Prevention\\_Full%20Page\\_2.pdf](http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Core%20Prevention_Full%20Page_2.pdf)
- Infant Mental Health Promotion. (2004, rev. 2011). *Organizational policies & practices to support high quality infant mental health services – Best practice guidelines*. Retrieved from [http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Organizational%20Policy\\_Full%20Page.pdf](http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Organizational%20Policy_Full%20Page.pdf)
- Lac La Ronge Indian Band, Band Membership. (2016). *LLRIB community population statistics as of December 31, 2016*. Retrieved from <http://llrib.com/llrib-community-population-statistics-as-of-december-31-2016/>
- Lac La Ronge Indian Band. (n.d.). *About us*. Retrieved from <http://llrib.com/about-us/>
- Town of La Ronge. (2010). *Visiting La Ronge*. Retrieved from [http://www.laronge.ca/visiting\\_la\\_ronge/index.php](http://www.laronge.ca/visiting_la_ronge/index.php)



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

---

---

# Supporting Infant Mental Health in the Indigenous Community of Simcoe County

---



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 the Indigenous Community of Simcoe County**

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

**Project Contributors/ Authors**

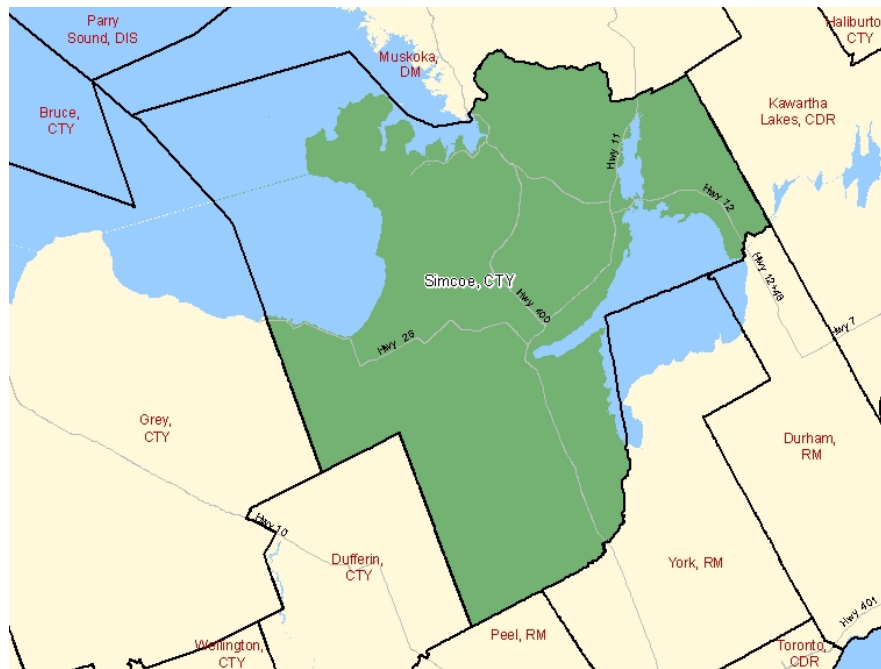
Chaya Kulkarni, Director, Infant Mental Health Promotion, Facilitator  
Karine Collette, Project Coordinator  
Adeena Persaud, Project Coordinator  
Donna Hill, Editing and Formatting

**IMHP would like to thank the following agencies from the Indigenous Community of Simcoe County who participated in the Community Table process.**

Barrie Area Native Advisory Circle  
Barrie Native Friendship Centre  
Centre de santé communautaire Chigamik Community Health Centre  
Community Living Huronia: Preschool Resource Services  
Enaahdig Healing Lodge  
Enaahdig Aboriginal Community Mental Health Program  
Georgian Bay Native Friendship Centre: Young Children and Family  
Georgian Bay Native Friendship Centre: Akweigo  
Georgian Bay Native Women's Association  
Georgian College Early Childhood Education  
Métis Nation of Ontario Community Wellness  
Métis Nation of Ontario Healthy Babies Healthy Children  
Ontario Early Years Centres of Simcoe County  
Orillia Native Women's Group  
Perinatal Mood Disorder Coordinator- Orillia Soldiers Memorial Hospital  
Public Health Agency of Canada  
Simcoe County Community Action Program for Children and Canada Prenatal Nutrition Program  
Catulpa Community Support Services  
Simcoe County District School Board FNMI Education Department  
Simcoe Muskoka District Health Unit  
Simcoe Muskoka Family Connexions First Nations Métis Inuit Unit Protection/ Resource Team

## About the Indigenous Community of Simcoe County

“Simcoe District” was established in 1843 by the Legislature of Upper Canada. Today, the Corporation of the County of Simcoe is comprised of sixteen towns and townships. The County has a population of 446,063 people, of which 23,350 are aged 0-4 years old, is the second largest County based upon population and third largest based upon physical size in Ontario (County of Simcoe, 2014; Statistics Canada, 2011).



The Barrie Area Native Advisory Circle’s (BANAC) report (2016) titled Community-Based Mapping of Indigenous Children and Youth Services in Barrie/Midland Region described the following:

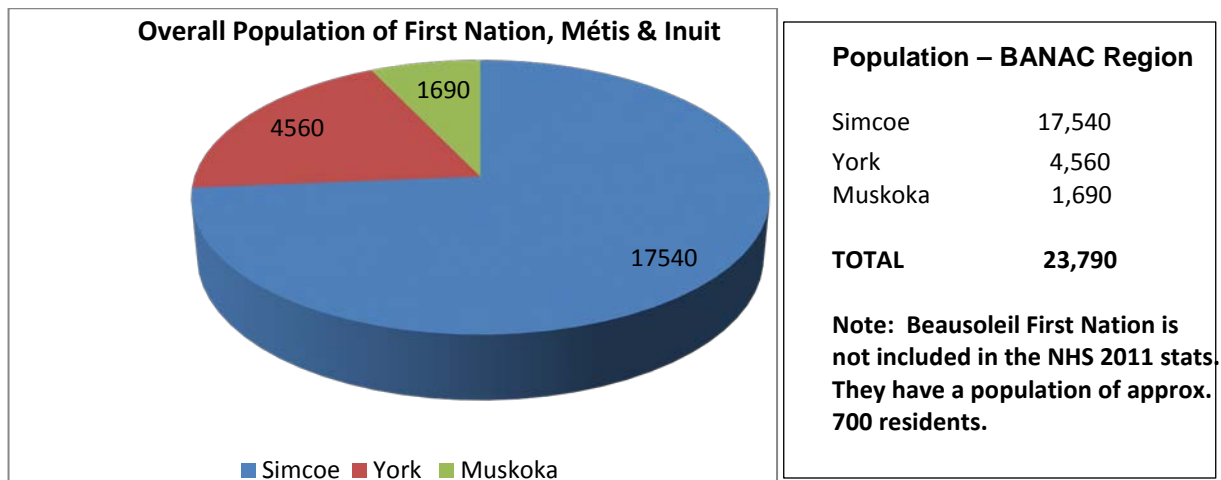
### Demographic Profile

The Barrie Area Native Advisory Circle, (BANAC), catchment area is the Simcoe County, York and Muskoka district. It is home to 5 First Nation communities (Rama, Beausoleil, Wahta, Moose Deer Point, Georgina Island), 2 Friendship Centres (Georgian Bay and Barrie), 1 Healing Lodge (Enahtig), 4 local Native Women’s Groups (Georgian Bay, Orillia, Rising SUN, York Region), Regional Aboriginal Women’s Transitional Housing (BRAWC), 1 Equine Therapy Program (Mistatim), 4 Housing Groups (SUN, Huronia, Infinity Property, Endaad), 2 Métis communities (Georgian Bay Métis Council and Moon River Métis Council) and a local Métis Nation of Ontario office.

The National Household Survey/2011, (NHS) reports an Aboriginal population of 23,790 for this region. Of these, 12,915 or 54% identified as First Nations, 9,855 or 42 % identified as Métis, 220 or 1 % identified as Inuit and other Aboriginal identity accounted for 800 or 3%.

Breakdown of **First Nation, Métis & Inuit (FNMI)** population for the Simcoe, Muskoka and York region is demonstrated in the following table. (Note: Aboriginal peoples of Canada are defined in the Constitution Act, 1982, section 35 (2) as including the Indian, Inuit and Métis peoples of Canada.) (p. 6)

## The Indigenous Community of Simcoe County



Chansonneuve and Hache's (2013) Indigenous Cultural-Linguistic Framework described the following:

### **A Unique History**

For millennia, the lands now known as Canada were home to many Nations of Indigenous peoples with distinct languages, cultures, and worldviews. Population estimates prior to sustained European contact in 1500 range from 500,000 to over two million. While all other 'diversity' groups in Canada share a history of themselves or their ancestors immigrating, settling and adapting to life in a new country and climate, Indigenous people's history stretches back many thousands of years before European arrival. Indigenous history tells of this time, when forms of governance were based on gender equality and consensus decision-making, when remote communities and Nations were connected to each other through trading routes and trap lines, and when hunting, agricultural and medicinal skills were well developed through an intimate knowledge of, respect for, and kinship with the land. (p.6)

### **Impacts on Children and Families Today**

Today there are approximately three times more Indigenous children in the care of Canada's child protection system than at the height of the residential school system in the 1940's. While Indigenous children represent only five percent of the children in Canada, they constitute about 40 per cent of the children in care. This overrepresentation of Indigenous children and families in the child protection system is symptomatic of a larger crisis for Indigenous people that can be traced to Canada's legacy of colonization, marginalization and oppression. (p.8)

## The Indigenous Community of Simcoe County

The Indigenous Community of Simcoe County table included the following agencies:

- Barrie Area Native Advisory Circle
- Barrie Native Friendship Centre
- Centre de santé communautaire Chigamik Community Health Centre
- Community Living Huronia: Preschool Resource Services
- Enaahdig Healing Lodge
- Enaahdig Aboriginal Community Mental Health Program
- Georgian Bay Native Friendship Centre: Young Children and Family
- Georgian Bay Native Friendship Centre: Akweigo
- Georgian Bay Native Women's Association
- Georgian College Early Childhood Education
- Métis Nation of Ontario Community Wellness
- Métis Nation of Ontario Healthy Babies Healthy Children
- Ontario Early Years Centres of Simcoe County
- Orillia Native Women's Group
- Perinatal Mood Disorder Coordinator-Orillia Soldiers Memorial Hospital
- Public Health Agency of Canada
- Simcoe County Community Action Program for Children and Canada Prenatal Nutrition Program
- Catulpa Community Support Services
- Simcoe County District School Board FNMI Education Department
- Simcoe Muskoka District Health Unit
- Simcoe Muskoka Family Connexions First Nations Métis Inuit Unit Protection/Resource Team



# Core Prevention & Intervention for the Early Years

## Highlights from Community Table Discussions

---

- Supporting Indigenous families prenatally and during the postpartum period are areas that require attention from many sectors in Simcoe County. This was discussed in a variety of settings:
  - ✓ Education for families and practitioners working with these families should include cultural and traditional teachings.
  - ✓ Mentorship and role modeling from people within the Indigenous community are ways of promoting prenatal and preconception education.
  - ✓ Specifically after the discharge period, breastfeeding activities can be challenging. There are no protocols that support mothers during this vulnerable time. Education at both the professional and community level can to be strengthened to address this. There may be funding required but using a community/collaborative approach can help to determine various resources to assist this. Elders are knowledgeable members of the community who can support mothers during this time, providing in home or community visits.
- There is a prevalence and tendency to use a ‘one-size fits all’ approach by agencies who offer services and programs for children and families which does not allow for flexibility or the incorporation of cultural practices and teachings of Indigenous families.
- Programs that were targeted for Indigenous families such as Aboriginal Head Start no longer exist due to lack of funding despite being effective at reaching families and improving school readiness – there is a strong interest to bring this back to the community.
- The First Nations, Inuit, and Métis Community continues to grow in Simcoe County however services have not adjusted to this increase. There are sparse pockets but a consistent availability of programs and resources for Indigenous children and families is needed across the county.
- There are a growing number of grandparents parenting their grandchildren when their biological parents are experiencing mental health or substance use challenges. This is a factor that must be considered when discussing services intended to support families with young children. Tailoring programs and resources to recognize grandparents as the primary caregiver is required.

# What is Happening in the Indigenous Community of Simcoe County Today

---

***Note: This is not an exhaustive list of all programs, services, initiatives and projects present for children under five and their families in the Indigenous Community of Simcoe County community. It is solely based upon the participation of the identified community partners over the two day event. These services are specifically available, targeted, and accessed by the Indigenous Community of Simcoe County.***

## 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.***

### **Barrie Area Native Advisory Circle: Biinoojinsauk Child Care Centres**

- Offers child care for the 0-3 age group.
- The centres enhance a positive sense of identity and understanding of the Aboriginal Heritage through a culturally based curriculum. The programming provides for the holistic nourishment of our children. Their spiritual growth, self-esteem, personal validation and identity will be met at our centre. The centres also recognize the need to deliver culturally and community relevant teaching and develop programs that are family centered and culturally appropriate.
- The vision is that children are able to reach their full potential and our communities take on responsibility to ensure this happens. Aboriginal people view the care of their children as one of the most important responsibilities of a community and share the belief that "children are the future".
- At Biinoojinsauk, children should be children and should enjoy developing and practicing their skills while socializing and playing with others. They provide an environment where children gain confidence in their ability to do and make things. The children are guided by responsible teachers; nurturing, giving, caring and a positive influence. They believe children will flourish in a culturally enriched, positive and friendly environment.
- High quality child care is sensitive, responsive, personal, developmentally and culturally appropriate and not custodial. It is also characterized by small group sizes, well trained staff, adequate health, safety and physical environment precautions, high adult to child ratios and stable consistent care giving.
- The goals in meeting and supporting the child care needs of Aboriginal families are:
  - ✓ Recognize the need for Aboriginal children to receive culturally and community relevant teaching and care.
  - ✓ Develop programs that are family centered; educational and community based; culturally appropriate and sufficiently funded to meet the need.
  - ✓ Provide ongoing and continuous care for the children.

## The Indigenous Community of Simcoe County

- ✓ Provide for parent involvement through parent council, volunteerism, parent education, parent orientation and planning with parents.
- **Elder Involvement:** The programming is intended to address the holistic development of children and as such, Elders play a vital role in our programs. Elders may participate in the following areas:
  - ✓ **Project Support** – Elders provide guidance to the Parent Council, integrate the use of the sacred medicines and provide teachings, as well as provide input into curriculum development.
  - ✓ **Program Delivery** – Elders and Grandparents are invited attend training for the Nookimis / Mishomis and Mother Goose programs to enhance and implement new skills.
  - ✓ **Classroom Involvement** – Elders may be asked to facilitate and provide smudges, opening prayers, legends, and teachings. They may be asked to provide guidance where required as well as lead with songs and stories.
- **Family Wellness Workers:** The Bebbinot Family Wellness Workers will provide guidance and support to the parent councils of the three Biinoojinsauk Childcare Centres to address child development, life skills, basic needs, parenting, cultural and traditional teachings, in home support, education and intervention and cultural identity.
- **Parent Council:** Parent Councils consist of parents with children currently enrolled in Biinoojinsauk Child Care Centres, grandparents, and parents that have previously had children enrolled in centres and will be guided by the Biinoojinsauk Coordinator and Elders from the community.

### Barrie Native Friendship Centre

- **The Aboriginal Health Babies Healthy Children Program (AHBHC)** offers support to Aboriginal families prenatally and until their child reaches 6 years of age. The program attempts to ensure that all Aboriginal families and their children who need assistance with physical, mental, emotional, and social issues have access to early intervention services. To provide accessible services to families, the program is delivered primarily through home visiting. The AHBHC program is completely voluntary and open to any Aboriginal family that also requests immediate emergency assistance.
- **The Aboriginal Family Support Program** is for children ages 0-6 years old and their families. We offer programs and services which include:
  - ✓ **Community Kitchen, Brown Baggin It and Kids in the Kitchen**, which are hands-on activities that focus on nutrition and encourage healthy family and community interactions.
  - ✓ **The Creative Cultural Play Group** fosters a positive cultural identity through play language, games, and positive peer interaction for both parents and children.
  - ✓ **The Parent Relief** program provides time for parents to engage in self-care, make appointments, etc.
  - ✓ **The Parent Circles** program fosters relationships through a parent-child play group in a cultural setting. It also provides a networking opportunity for parents. The Parent Circles program also integrates access visits for children in care.
  - ✓ The Aboriginal Family Support Program makes referrals, home visits and has case conferences to ensure that all the different needs of families are addressed.

## Centre de santé communautaire Chigamik Community Health Centre

- **Traditional healing programs** are offered on site where Honoured Traditional Healers use traditional Aboriginal approaches to bring about wellness for individuals and/or groups with mental, physical, spiritual and emotional holistic healing needs.
- **Mama Tribe:** mamas nurturing mamas who nourish children. This drop-in breastfeeding peer support group is offered to mothers who are looking for caring, non-judgmental, mother-to-mother support and educational opportunities. Led by trained peer leaders who support, protect and promote breastfeeding, pregnant women, new moms and their babies will have the opportunity to meet other moms in the area, speak with trained peer leaders and visit with special guests including a public health nurse, lactation consultant, nurse practitioner, postpartum mood disorder specialist and many others. Whether mothers choose to bottle or breastfeed, all are welcome to drop by.
- **Breastfeeding Clinic:** This free drop-in program provides education and peer support to mothers who would like advice on feeding their baby. There is a Registered Nurse and Lactation Consultant available to answer questions. Participants can come to learn more about feeding their baby or just to spend time with other moms. There is no need to register, simply drop in.
- **Primary Care:** Chigamik Community Health Centre offers holistic primary health care to registered clients, in English and French, including the services of nurse practitioners, family doctors (physicians), and registered nurses. The culturally respectful services are grounded in the philosophy of client-centered care, striving for individual and community empowerment. The primary care team looks at all the factors that contribute to an individual's health and well-being. Clients within the clinic are assigned a family doctor and/or a nurse practitioner, as well as a nurse. Some of the services primary care provides include pre and post-natal care. During the perinatal process, midwives from Nottawasaga collaborate closely with practitioners and see clients at the Chigamik Community Health Centre.
- **MotherCare & Next Step** programs are offered out of Chigamic weekly. For further information on these programs, see page 14, Chigamic provides space and in-kind dietitian support to the program.

## Ontario Early Years Centres

- Programming includes **Grow With Your Baby**, **Infant Mother Goose**, and **Triple P**.
- **The Getting Ready for K** program is offered to the First Nations Reserves in the community.
- There is capacity to provide OEYC programming on reserves for families.
- **The Best Start Child and Family** Centres include an Aboriginal context within their programming.
- The Mother Goose Program was previously adapted for Indigenous children and families but this could not be maintained due to a lack of funding.

## 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.

#### Orillia Native Women's Group

- Offers a CPNP program for prenatal to postnatal up to 18 months old. The focus of the program is nutrition of mothers and their children which is completed through a variety of activities including a community kitchen and breastfeeding support- tied into attachment and bonding.
- The program provides Traditional Baby Carriers to promote attachment between mother and child.
- Additionally many traditions and cultural ceremonies are available to families at the Orillia Native Women's Group such as naming ceremonies. Families also receive a baby bundle with traditional items that welcome the baby into the world. Including in the baby bundle is a baby shaker which replicates the first heartbeat of the child.
- Elders are invited to the program to connect with the baby and to welcome them into their community. The baby is then held by each member of the community.
- Prenatal yoga classes are available for pregnant women and mothers with children.
- Baby blanket making is offered which passes on cultural traditions.
- Playtime within the program through sensory play supports bonding with mothers with activities that can be done at home.
- One on one maternal support is provided to mothers to those who attend but it can be a challenge to attend programs with limited to no transportation services.
- Local outreach to help support mothers who may not come to the program. It is important to check in whether through phone call/visits.
- A First Nations Doula is currently being piloted at the agency with the opportunity for others to become First Nations Doula to help others to build capacity in the community.

### Georgian Bay Native Women's Association (GBNWA) - CPNP program

- The goal of the Canada Prenatal Nutrition Program is to enable communities to develop and/or enhance comprehensive programs to improve the health of pregnant women and their children. The cornerstone of the program is nutrition counselling, education and maternal food and/or nutrient supplementation.
- The overall goal of the CPNP is to improve the health of pregnant women and their children up to six months after birth.
- Objectives:
  - ✓ To provide an opportunity for parents to share their experiences with one another through a parent support circle.
  - ✓ To provide opportunities for parents to practice nutrition teachings and learn to cook within a limited budget.
  - ✓ To provide pregnant women and their children with access to nutrition counselling, assessment and prenatal supplements.
  - ✓ To provide educational workshops focusing on lifestyle issues, FAS and FAE, breast feeding, infant care, exercise and fitness, fetal development, physical, emotional and spiritual changes during pregnancy and the process of childbirth.
  - ✓ To provide postnatal information in order to improve mothers and their children's health and well-being.
- **GBNWA Children's Cultural Program:** This program is dedicated to promoting the Native language, culture, values and traditions while keeping in tune with childhood principles.

The program will provide children the opportunity to participate in a positive learning environment that is culturally sensitive to their own culture and social background. It will allow them to develop at their own individual level. The children will be exposed to situations which will stimulate: Ojibway language, Native arts and crafts, Native culture, values, independence, self-esteem, decision making skills, respect for others and environment, physical activity and communication skills.
- **Parent Support Circles & Parenting Classes:** Parents discuss issues related to parenting and personal growth. Guest speakers and elders facilitate on Native parenting and cultural teachings.
- **Mom and Tot Program:** The program focuses on Ojibway cultural teachings which follow the principles from social, physical, spiritual and emotional development of the child and parent.
- **Special Events & Recreational & Other:** Promote healthy lifestyles by having family picnics, community feasts, family camping trips, field trips, and holiday parties. Ongoing: transportation home visits, advocacy referrals, crisis intervention, outreach services and one on one support.

### Catulpa Community Support Services

- Catulpa is the sponsor/host agency of CAPC/CPNP in Simcoe County. This agency welcomes and offers services to children and families who are Indigenous. For culturally sensitive

## The Indigenous Community of Simcoe County

services, the Orillia Native Women's Group offers a CPNP program (description above) and the Georgian Bay Native Women's Association offers a CAPC program (description above).

- For more information on programs and services that Catulpa Community Support Services offers, please refer to the Simcoe County Community Report "Embedding the Science of Infant Mental Health in Practice and Policy".

### Simcoe Muskoka District Health Unit (SMDHU)

- **Health Connection:** A free, confidential health information and advice service. Available by phone, email, Facebook and Twitter.
- **Prenatal classes:** in person and online (coming soon). Includes information about labour and birth, newborn care and comfort, breastfeeding, safety, becoming a parent and much more.
- **Triple P:** a parenting program to support parents to engage with their infants and children in positive ways. Triple P is offered in a variety of ways throughout Simcoe County in groups, and individually.
- **Breastfeeding support groups:** Peer breastfeeding support groups, facilitated by public health nurses and community peers allows parents to connect with each other, receive information and support on parent infant attachment and breastfeeding.

### SMDHU: Healthy Babies Healthy Children Program (HBHC)

- 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 Simcoe Muskoka District Health Unit.
- 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.
- 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.

### Georgian Bay Native Friendship Centre

- **The Young Children and Family Program:** (YCFP) is designed to provide Aboriginal families healthy opportunities for the development of their children (0 – 6 years of age) through education, family home visiting, service coordination and referrals. It is a voluntary program open to any Aboriginal family who requests the service. The program ensures that families have access and support, inclusive of early intervention and prevention services. Culturally appropriate and holistic, the program begins during pregnancy and is carried through the critical years of early childhood education. It offers opportunities for healthy childhood development through participant based program activities. YCFP is funded through

## The Indigenous Community of Simcoe County

the Ministry of Community and Social Services and the Ministry of Health, in partnership with the Aboriginal Healing and Wellness Strategy.

### **Simcoe Muskoka Family Connexions: First Nations, Métis, Inuit Unit Protection/Resource Team**

- Support for mothers is provided as they access outside services and program. Often individual home visiting services are preferred. Family Connexions promote families to self-refer to the agency and supports clients as they transition between services.
- All early intervention service referrals are done through Royal Victoria Hospital (Barrie south, Collingwood south, there is no FNIM team but there is in the Midland area)
- Pilot with Ontario Early Years and Simcoe Muskoka Family Connexions, Barrie Friendship Centre, OEYC provide space for CAS to have access visits for families. Having access visits at the CAS agency is intimidating for families. Also teaches parent more appropriate ways to feed their children within a family setting. This aligns with the shift to more therapeutic access visits. Family contact workers and resource workers create a supportive parenting plan (this takes away from the home visiting component of the family resource worker).
- **Barrie Native Friendship Centre** have opened up their agency to provide alternate locations for access visits.

### **Métis Nation of Ontario: Healthy Babies, Healthy Children**

- The MNO Healthy Babies Healthy Children Program, funded by the provincial government is a prevention/intervention strategy for families with children aged 0-6. It includes preparation for parenting, prenatal and postnatal care. The goal is to assist all Aboriginal families in providing an environment for the healthy development of children through home visits, service coordination and referrals. The program, which provides support for children at risk, is voluntary and open to any Aboriginal family who requests the service.
- The Program is provided MNO Health Services Workers through local Community Councils located in Kenora, Dryden, Fort Frances, Thunder Bay, Timmins, Sudbury, North Bay, Georgian Bay/ Midland, Baptiste Lake/ Maynooth, Toronto, Windsor/ Essex, and Welland

### **Centre de santé communautaire Chigamik Community Health Centre**

- **Kizhaay Anishnaabe Niin (I am a Kind Man):** At a time when violence is common across communities, this program reminds us that violence has never been an acceptable part of Aboriginal culture. This program embraces the Seven Grandfather Teachings which show men how to live in harmony with Creation through wisdom, love, respect, bravery, honesty, humility, and truth.

This program will provide education to men to address issues of abuse against women, re-establish traditional responsibilities by acknowledging sacred teachings, to inspire men to engage other men to get involved and stop abuse, and to support Aboriginal men who choose not to use violence.



## 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.*

### Royal Victoria Hospital

- The ERIK Assessment and Referrals to Royal Victoria Hospital is often the community procedure when developmental delays or behavioural concerns present with a child under five in Simcoe County. Addressing the social-emotional difficulties is not always included. Lengthy waiting lists are still a concern for the community. Social determinants of health further contribute to the mental health of young children as well as the ability to access services. It is important to note that although the ERIK assessment may be administered by an Indigenous worker, the referrals which are handled by the Royal Victoria Hospital may not necessarily result in Indigenous specific services.
- The CANS tool was previously used in this community with an Indigenous version created and piloted however its prevalence and use currently is unknown. There is a need for a more culturally reflective assessment tools to assess child outcomes and wellbeing.

### CAPC and CPNP

- Offers the Early Referral Identification Kit (ERIK) screens.

### Centre de santé communautaire Chigamik Community Health Centre

- Well Baby Visits are available for families.
- The Nipissing District Developmental Screening (NDDS) Tool is available.
- Nurses within the agencies are using the Edinburgh Postnatal Depression Scale (EPDS).

### Community Living Huronia Preschool Resource Services

- Trained on using the ERIK tool and how to share development information with families.
- Child care consultations available – when there is a concern, they can attend with parents, complete the ERIK and then make appropriate referrals (Speech and Language, Occupational Therapy, etc.) help to build strategies for parents and caregivers.

### Simcoe Muskoka District Health Unit: Healthy Babies Healthy Children

- 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.

## The Indigenous Community of Simcoe County

- 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 Ages and Stages Questionnaire 3 (ASQ-3) is completed by parents with PHNs if there is a concern and the appropriate referrals are made directly from HBHC to the agency or service deemed appropriate by the Nurse.
- 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 these strength-based tools are discussed with families and guides interventions for enhancing parent-child relationship.
- HBHC uses the Edinburgh Postnatal Depression Scale (EDPS) in pre/postpartum visits. This tool is also used by nurses who answer the health connection line.

### **Métis Nation of Ontario: Healthy Babies Healthy Children**

- Prenatal screening available to assess risk of mothers and child. Risk assessments does not assess for mental health conditions.

### **Ontario Early Years Centre of Simcoe County**

- Offers the Early Referral Identification Kit (ERIK) screens.

## 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.***

***There is a very significant gap in Indigenous services/programs to address infant mental health concerns. The community is working with limited resources to address the lack of service however culturally grounded services are not available in most instances.***

### **Barrie Native Friendship Centre**

- **The Aboriginal Healing and Wellness Coordinator** is responsible for providing services to families and children most at risk in the urban community of Barrie. These services include, but are not limited to: crisis intervention, peer counseling, mediation, advocacy, transportation (limited), referrals to woman and children’s shelters, drug and alcohol treatment centers, therapeutic counseling services, trauma recovery programs, food banks as well as internal referrals to other program staff at BNFC. Also offers Ojibway language teachings and weekly hand drum circles.

## Enaahdig Healing Lodge

- Mental health services and programs for parents and caregivers of the children in the community are available at Enaahdig Healing Lodge
- The Enaahdig Community Mental Health Program provides mental health treatment, care and support to community members as close to home as possible in partnership with other Aboriginal and non-aboriginal service providers (Shared Care).
- An Aboriginal culture based approach is utilized and built upon Aboriginal best practices.
- Some of the types of services offered are:
  - ✓ Family Consultation
  - ✓ Counseling and Psychotherapy
  - ✓ Community Clinical Consultation
  - ✓ Frontline Worker Peer Support
  - ✓ Intensive and non-intensive Case Management
  - ✓ Community capacity building, training, service system liaison and networking
  - ✓ Screening and Assessment, Comprehensive Assessments, Care Planning and Referral.
- Specialized services available for:
  - ✓ Families affected by mental health challenges
  - ✓ Persons affected by Concurrent Disorders (a number of different mental health challenges at the same time; i.e. someone affected by a mental illness and a substance abuse problem)
  - ✓ Children, youth and adults needing aftercare.

## Simcoe Muskoka District Health Unit: Healthy Babies Healthy Children (HBHC)

- HBHC offers home visiting programs to families deemed to be at risk for poor developmental outcomes.
- HBHC creates a Family Service Plan for each family that supports parents and ensures stronger service coordination and integration for home and clinics. One plan includes several components to prioritize needs and strengths.
- 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/ lay home visitors who work with families, offer health information and support, and connect families to parenting services in the community.
- Positive Parent Program (Triple P) is also offered through HBHC

## The Indigenous Community of Simcoe County

- The “Partners in Parenting Education” (PIPE) activities are used across the province within HBHC to complement the NCAST assessments and support the enhancement of parent- child relationships.

### Community Living Huronia Preschool Resource Services

- **Resource Teacher Program:** provides an active offer to First Nations, Metis and Inuit families living in the geographical service area, with the option of receiving support from a First Nations, Metis and Inuit Resource Teacher. The Resource Teacher Program also offers developmental services to Urban FNMI families with children ages 2 to school entry the choice of receiving support from an FNMI Resource Teacher. This is funded by the Ministry of Education through the County of Simcoe. This will allow the family to receive culturally sensitive consultative services along with keeping connected with the community. Consultation services are also offered in Community Programs and licensed childcare programs like Biinoojinsauk Childcare Centre for children 0-school entry.
- Through a unique contracted partnership with Beausoleil First Nations, CLH provides Resource Teacher support that is funded by BFN that allows for support for families of children 0- 7 years of age who may have concerns regarding developmental delays or special needs. This Resource Teacher Program also provides direct consultative support to Beausoleil Daycare, Christian Island Elementary School and the Mna Bmaadzijig Before and After School Program.

### Individual Family Service Plan (IFSP) &Single Plan of Care (SPOC)

- The IFSP or SPOC is an action plan focused on visions, goals and priorities for your child and family. Through this plan, professionals work together to help a child progress through their preschool years and make a smooth and successful transition to school. The IFSP or SPOC is reviewed as the child develops and is adjusted when new goals or strategies are needed or when circumstances change. There is a commitment to provide all the information needed to make decisions about a child's care and be an active member of the team.
- The plan outlines goals and describes how the various service providers will work with the family and child to achieve them. It notes where services will be delivered – at home, in preschool or in an early learning setting. Some services may be 'hands-on', while others will be more consultative, aimed at training and supporting families and others who see the child regularly to work on specific tasks and activities.

## 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.***

Many treatments services in the community are intended for parents not the child directly. There are limited options for children’s mental health treatment until they are older (school-age).

### Simcoe Muskoka Family Connexions: First Nations, Métis, Inuit Unit Protection/Resource Team

Child and Family Therapy (only provided out of the Muskoka branches) is available to children, youth and their families who are experiencing mental health difficulties and want/need either a short term or longer term treatment. Therapists use a variety of strength-focused and goal /outcome-based therapies to assist children and youth. They also provide some case coordination with other services/service providers (school, other agency services, ACL, medical). Participation in services is voluntary and consent is required.

### **Orillia Soldiers' Memorial Hospital (OSMH)**

#### **Maternal Child and Youth Program**

- The Maternal, Child & Youth program at OSMH provides obstetric and paediatric core services to North Simcoe Muskoka. The program works to partner and collaborate with many other OSMH services and community partners to ensure seamless access to quality care from pre-conception, to prenatal, postnatal and paediatric care.
- OSMH provides regional level paediatric services to a large area consisting of five Level 1 community hospitals. The program includes a 12-bed Paediatric unit and a network of comprehensive outpatient services to support children and their families. Services are provided to infants, children and youth from 0 – 18 years who live in Simcoe, Muskoka, Parry Sound and Haliburton.
- The Maternal, Newborn and Regional Neonatal Intensive Care Unit (NICU) supports the management and care of pregnant women with strong links to our Regional Neonatal Intensive Care Unit. As a result, the program is well equipped to support women experiencing complications associated with pregnancy and labour whereby the services of an advanced Level 2 are required. The NICU is recognized Level 2 Regional facility, ensure the added care and supports are available to ill neonates from our surrounding and immediate area.
- Our Maternal, Child and Youth acute inpatient programs include:
  - ✓ Obstetrics
  - ✓ Paediatrics
  - ✓ Paediatric Outpatient Services
  - ✓ Regional Level 2 Neonatal Intensive Care Unit
  - ✓ Sexual Assault and Domestic Violence Treatment Centre
- The OSMH multi-disciplinary team works diligently to ensure that the safest and best care is provided.
- The Perinatal Mood Disorder Coordinator is funded by the North Simcoe Muskoka LHIN to create an understanding of existing and needed services to support women and their families affected by perinatal mood disorders. The Indigenous steering committee is working to put recommendations forward to the LHIN for culturally safe Indigenous perinatal mood disorder services.

### Regional Sexual and Domestic Assault Treatment Centre

- The Treatment Centre provides emergency medical care and treatment options to victims of sexual and domestic assault. Police involvement is not required to access the service. In a quiet, safe place at OSMH, nurses and physicians provide care and treatment options for victims of sexual assault, domestic violence, and suspected child abuse and neglect.

### Canadian Mental Health Association (CMHA) Simcoe County Branch: Umbrellas Outpatient Counselling

- Through the Umbrellas Outpatient Counselling program, services are provided to women who are pregnant and/or parenting a child 0-6 years of age and who are concerned about their use of drugs (excluding tobacco in isolation) or alcohol.
- Services include assessments (fast-tracked), treatment planning, outpatient groups. Treatment options available include information/education, individual and group counselling, residential treatment, and links with prenatal and other community services.
- Services provided are holistic, woman-centered, based in best practices research, and grounded in harm reduction principles.
- Women may also receive further support with ancillary resources such as nutritional supplements and financial assistance for transportation and childcare. Involvement is voluntary.

### Center de santé communautaire (CSC) Chigamik Community Health Centre (CHC)

- **Mental Health Walk-In Clinic:** The North Simcoe Mental Health Walk-In Clinic is located at CSC Chigamik CHC. This service is a collaborative partnership with Canadian Mental Health Association Simcoe County, Catholic Family Services of Simcoe County, CSC Chigamik CHC, Waypoint Centre for Mental Health Care and Wendat.
- This service may be helpful if you are experiencing issues such as: family conflict, stress, depression, anxiety, relationship issues, addictions, or abuse.
- **Mental Health and Addictions:** Individual, couple and family counselling is available to registered clients of CSC Chigamik CHC who are 12 years or older. The purpose of counselling is to provide individuals with a confidential opportunity to explore personal, psychological, relational, and/or addiction-related issues. Clients are provided up to 10 sessions at a time. These sessions may occur weekly or bi-weekly and are on-hour in length.
- **Traditional Healing:** CSC Chigamik CHC's Aboriginal Traditional Healing services understand that sickness begins in spirit, then impacts one's mind, emotions, and body. Healers use traditional Aboriginal approaches to bring about wellness. They provide non-judgmental and compassionate support, working with both First Nation, Metis, and Inuit or Non-Aboriginal individuals on a broad range of issues. Some of these problems include: stress, depression, abuse, effects of the residential school system, identity, substance abuse, self-esteem, and relationship issues. Through culture and traditional healing methods, healers strive to help individuals achieve balance, harmony, and good health.

## The Indigenous Community of Simcoe County

Traditional Healing is open to anyone in the north Simcoe community. Sessions are provided one-on-one, and are one-hour in length. This service is free, however, a gift of tobacco for the healer is required at each visit.

- **Methadone Clinic:** Chigamik CHC provides a Mental Health and Addictions Counsellor on site at the Georgian Bay Clinic in Midland, ON 1.5 days per week to support mothers who are utilizing the Methadone Maintenance Treatment Program at the clinic.
- **Opiate addiction (or any substance use issue) support for mothers** provides counselling support, health, safety and risk reduction teachings, free harm reduction supplies (clean needles and crack kits) and referrals to other community services if required.

### 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.*

#### Barrie Area Native Advisory Circle (BANAC)

- BANAC collectively serves a regional social planning organization based upon the concepts of life-long learning, self-determination, and community participation. They are dedicated to promoting a holistic approach to address common concerns of all member communities. They instill the importance of the Anishnabe language, wisdom and knowledge in all their endeavors.

Since its inception in 1989, BANAC has actively developed and delivered a number of initiatives throughout Simcoe County, Muskoka, and northern York Region. Their primary objective is to serve as a regional social health and planning organization functioning as an incubator of ideas in areas where a strong regional voice is needed. Their current initiatives include Aboriginal community development in the areas of child care, health planning, social development, and support to seniors and families.

- **The Biinoojinsag Circle:** The Circle is mandated by way of BANAC Board to provide guidance with respect to the development of coordinated regional response to the needs of First Nations, Métis and Inuit children/youth and their families in keeping with the authority of the BANAC Board of Directors. The Biinoojinsag Circle will meet 9 times per year on the 2<sup>nd</sup> Thursday of each month excluding July, August and December with rotating locations. Committee membership represents participating organizations which include, but are not limited to:

- ✓ Barrie Area Native Advisory Circle-BANAC
- ✓ Barrie Native Friendship Centre-BNFC
- ✓ Beausoleil First Nation-BFN
- ✓ Biiminaawzogin Regional Aboriginal Women's Circle-BRAWC
- ✓ Catulpa
- ✓ Children's Aide Society of Simcoe County-CAS
- ✓ Child Welfare Advisory Circle for First Nations, Métis and Inuit-CWAC

## The Indigenous Community of Simcoe County

- ✓ Enahtig Healing Lodge and Learning Centre-EHLLC
- ✓ Chippewa of Rama First Nation-
- ✓ Georgian Bay Native Women's Association-GBNWA
- ✓ Georgian Bay Native Friendship Centre-GBNFC
- ✓ Georgian Bay Métis Council
- ✓ Georgina Island
- ✓ Orillia Native Women's Group-ONWG
- ✓ OEYC/Aboriginal Early Years
- ✓ Simcoe Muskoka District Health Unit
- ✓ Elders
- ✓ Executive Director of BANAC

### The Best Start Network of Simcoe County

- Best Start is the primary planning table for all 0-6 programs and services in the county.
- **Best Start Child and Family Center hub locations:** Early Years service providers and multi-sector working together to support families with children 0-6 years old.

### The centre de santé communautaire Chigamik Community Health Centre

- Shares an important partnership with Midwives Nottawasaga who collaborate closely with primary care practitioners during the perinatal process and see clients at the community centre.
- CSC Chigamik CHC is part of the growing and vibrant network of Ontario's CHCs. With more than seventy (70) across the province, gaining momentum over the past thirty (30) years, the CHC Model of Care is proven to build healthy communities. Each CHC is as unique as the communities it serves.

### Simcoe County MotherCare Network

- 10 locations offering weekly programs across the county.



# Short Term Opportunities to Enhance Core Prevention and Intervention

---

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

- Gather information on the Umbrellas Program from CMHA to share with the group.
- Write a letter for a LHIN there is not enough support and service for babies born addicted to methadone - it should go to the LHIN both the Aboriginal Health and Child and Youth tables.
- Indigenous Community agencies will explore the peer to peer mentoring support training model call from Best Start and discuss with Simcoe Muskoka District Health Unit opportunities to build capacity for perinatal/breastfeeding support for Indigenous mothers.
- PHAC Consultants will explore and discuss how an Aboriginal Head Start program could be brought by to the community.
- Open up a discussion with Simcoe Muskoka Family Connexions – look at the services/programs and capacity available to support grandparents. The Indigenous community needs to be a part of this dialogue in a nonjudgmental and safe manner.
- Outreach to physicians to address early mental health and Indigenous culturally specific services.

### Early Screening and Assessment Activities

- Explore assessment tools that are created for FNIM that are available.
- IMHP will send research on the use of the ASQ tools with Indigenous population.
- Continue to advocate for incorporating social emotional screening in the ERIK.

### Collaboration

- There are families in this communities who are experiencing difficulties navigating many systems (health, social services, etc.). Discuss with the LHIN how these families can be better supported.
- Invite the education sector to the Early Years tables to discuss sexual and reproductive health including the Indigenous cultural component to ensure all agencies are aware of the various teachings available.
- To enhance awareness of prenatal and breastfeeding programs in Simcoe County, the Simcoe Muskoka District Health Unit has a list which can be found at [www.simcoemuskokahealth.org](http://www.simcoemuskokahealth.org).

## The Indigenous Community of Simcoe County

- Hospital, Public Health, LHIN – lactation and post-partum services (such as home visiting) for women have been cut but there is a need for it to support mothers when they return after giving birth.
- As a community, determine what is the best strategy to build capacity and support mothers post-partum (breastfeeding).
- Anojiisak Table – discuss what data can be collected to educate funders/decision makers on the needs of the children and families in the community. IMHP can support, keep, and analyze whatever data the community decides they would like to collect.
- IMHP will connect the CPNP programs with Claire Zlobin from Life with Baby website to build an online network for support, and will also connect the CPNP programs to Brian Russell.
- Connect back to the Muskoka Infant Mental Health Community Table and HANDS program to explore the capacity for infant psychiatrist.

## Long Term Opportunities for Core Prevention

---

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

- Creating a one page or package for mothers with resources on pre & postnatal services that are culturally specific to be given to Hospital and Family Health teams. Included in this could be the perinatal service map from the Orillia Soldiers' Memorial Hospital but adapted for parents/families to understand and other resources already created by community partners.

### Early Screening and Assessment

- Explore how we can create a culturally appropriate screening tool for PPMD.

### Early Intervention

- The community has a strong interest in bringing back the Aboriginal Head Start program that was previously piloted one summer.
- Need a plan to bring an infant-child psychiatrist for the community – there is some capacity through OTN.

# Competencies for Practice in the Field of Infant Mental Health

## Highlights from the Discussion

---

- There has been support within the Simcoe County in building capacity in infant mental health knowledge and practices by participating in the Infant Mental Health Community Training Institute. Funded by the Local Health Integrated Network and The County of Simcoe, agencies across the community were given access to the online training.
- Culturally, there are teachings and traditions that are used to support child development and parenting knowledge within the Indigenous community such as the Seven Grandfather Teachings and the Medicine Wheel. These teachings help children to develop the nurturing relationships with their parents, grandparents, Elders, family members, caregivers, environment, and surroundings.
- There was a great deal of discussion at the community table around the need for Indigenous Cultural Competencies and Sensitivity Training. When families decide to access a service or program, staff should be aware and sensitive to the diverse cultural teachings and traditions of the Indigenous communities. This would help to build and support the relationship between Indigenous families and service providers. Many agencies are opting to have a designated Indigenous worker however this has only added to limitations of accessing services due to availability.
- Many of the areas of competencies in the Best Practice Guideline (2011) are similar to Indigenous cultural teachings, values, and concepts but are not labelled in the same way. Practitioners may be demonstrating the essential skills and knowledge for infant mental health practices from a different perspective. As a community, it will be important to determine a way to capture this as it supports infant mental health and the growth of Indigenous children and families.
- Through our discussions, the importance of sharing information on infant mental health with families was an area that needed support across agencies. Having different ways to share this information with families in ways they will understand and be able to incorporate it in their everyday lives. One way this could be done is through storytelling which is a valuable way families and practitioners share their experiences with each other. Additionally, the Indigenous Hand in Hand Document, *Nurturing the Seed*, from Infant Mental Health Promotion helps to explain the importance of the first three years of a child's life from an Indigenous cultural perspective.
- Services/treatment to help heal from residential schools and intergenerational trauma are still needed within the community. Although staff are trained in trauma informed practice, the context of intergenerational trauma in trauma informed care needs to be strengthened. People are at different stages of healing and agencies need to understand the different levels/needs of supports/services. Local capacity within the community needs to be built and supported.

### **Georgian College: Early Childhood Education**

- Students are prepared to educate and care for children from birth to twelve years old. Our program philosophy ensures that students learn the skills necessary to plan and implement play-based learning that supports children in all areas of their development. Students learn how to be responsive caregivers to facilitate a child's feelings of self-worth and social-emotional resiliency. Partnerships with parents, families, other professionals, and community programs are encouraged. These connections form the foundation of working in the field of early learning and care. Field placements offer students the opportunity to practice the skills and techniques that are learned in the classroom. The program offers students a unique balance between theoretical knowledge and practical experience.
- Mandatory Courses (related to 0-3):
  - ✓ ECED1012 Child Development: Conception to 4 years
  - ✓ ECED1014 Nurturing Infants and Toddlers
  - ✓ ECED2011 Social/Emotional Health and Behaviour

### **Public Health Agency of Canada – Canada Prenatal Nutrition Program:**

- All CPNP programs have access to the Infant Mental Health Community Training offered by the Public Health Agency of Canada.
- The staff has also completed breastfeeding training to support mothers in their programs more effectively.

### **Public Health Agency of Canada – Community Action Program for Children**

#### **Georgian Bay Women Centre: Children's Cultural Program**

- The Children's Cultural program has a strong background in recognizing when a child is at-risk or demonstrating red flags however interventions from an infant mental health lens needs further training.
- The Children's Cultural program incorporates activities which promote young children to experience Indigenous culture through sharing Ojibway language, Native arts and crafts, Native culture, values, independence, self-esteem, decision making skills, respect for others and environment, physical activity and communication skills.

## Short Term Opportunities for Competencies

---

### Knowledge Building for Professionals

- The 3-day training on infant mental health, using the ASQ tools, and creating developmental support plans will be offered to the community however it is missing a significant cultural sensitivity piece. IMHP is finalizing their Hand in Hand Document for Indigenous Families which will support this training. The training is to be offered to both Indigenous specific and mainstream agencies working with children under six and their families
- IMHP will share access to the 15-part Community Training Institute to agencies who attended the community table event.

### Skill Building for Professionals

No opportunities were discussed however new opportunities may be identified.

## Long Term Opportunities for Competencies

---

No opportunities were discussed however opportunities may change from short term to long term or new opportunities may be identified.

# Organizational Policies & Practices

## Long Term Opportunities for Organizational Policies & Practices

---

### Data Collection

- Review and implement IMHP's 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.

## References

---

- Barrie Area Native Advisory Circle (BANAC). (2016). *Community-based mapping of Indigenous children and youth services in Barrie/Midland Region*. Retrieved from <http://www.simcoecountycoalition.ca/wp-content/uploads/2016/06/BANAC-Final-Report-Community-Map-Dec-19-2016-4-40-pm-Final.pdf>
- Boivin M, & Hertzman C (Eds.) (2012). *Early Childhood Development: adverse experiences and developmental health*. Royal Society of Canada - Canadian Academy of Health Sciences Expert Panel (with Ronald Barr, Thomas Boyce, Alison Fleming, Harriet MacMillan, Candice Odgers, Marla Sokolowski, & Nico Trocmé). Retrieved from [https://rsc-src.ca/sites/default/files/pdf/ECD%20Report\\_0.pdf](https://rsc-src.ca/sites/default/files/pdf/ECD%20Report_0.pdf)
- Center on the Developing Child (2015). *Core concepts in the science of early childhood development*. Retrieved from [http://developingchild.harvard.edu/resources/multimedia/interactive\\_features/coreconcepts](http://developingchild.harvard.edu/resources/multimedia/interactive_features/coreconcepts)
- Chansonneuve, D., & Hache, A. (2013). *Indigenous cultural-linguistic framework*. Retrieved from <http://www.timiskamingbeststart.ca/pdf/ICLCF-EN.pdf>
- Clinton, J., Kays-Burden, A., Carter, C., Bhasin, K., Cairney, J., Carrey, N., . . . Williams, R. (2014). *Supporting Ontario's Youngest Minds: Investing in the mental health of children under 6*. Retrieved from [http://www.excellenceforchildandyouth.ca/sites/default/files/policy\\_early\\_years.pdf](http://www.excellenceforchildandyouth.ca/sites/default/files/policy_early_years.pdf)
- Cohen, J., Oser, C., & Quigley, K. (2012). *Making it happen: Overcoming barriers to providing infant-early childhood mental health*. Retrieved from <https://www.zerotothree.org/resources/511-making-it-happen-overcoming-barriers-to-providing-infant-early-childhood-mental-health>
- County of Simcoe. (2014). *About the county of Simcoe*. Retrieved from <http://www.simcoe.ca/about>
- Infant Mental Health Promotion. (2002, rev. 2011). *Competencies for Practice in the Field of Infant Mental Health – Best Practice Guidelines*. Retrieved from [http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Competencies\\_Full%20Page\\_2.pdf](http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Competencies_Full%20Page_2.pdf)
- Infant Mental Health Promotion. (2004, rev. 2011). *Core Prevention and Intervention for the Early Years – Best Practice Guidelines*. Retrieved from [http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Core%20Prevention\\_Full%20Page\\_2.pdf](http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Core%20Prevention_Full%20Page_2.pdf)
- Infant Mental Health Promotion. (2004, rev. 2011). *Organizational Policies & Practices to Support High Quality Infant Mental Health Services – Best Practice Guidelines*. The Hospital for Sick Children, Toronto. Retrieved from [http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Organizational%20Policy\\_Full%20Page.pdf](http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Organizational%20Policy_Full%20Page.pdf)
- Statistics Canada. (2011). *NHS profile, Simcoe, CTY, Ontario, 2011*. Retrieved from <https://www12.statcan.gc.ca/nhs-enm/2011/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CD&Code1=3543&Data=Count&SearchText=Simcoe&SearchType=Begins&SearchPR=01&A1=All&B1=All&GeoLevel=PR&GeoCode=3543&TABID=1>



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

---

---

# Supporting Infant Mental Health In the Indigenous Community of Timiskaming District

---



A program of

**SickKids**<sup>®</sup>



# Indigenous Community of Timiskaming District

## **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 the Indigenous Community of Timiskaming District, Ontario**

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

### **Project Contributors/ Authors**

Chaya Kulkarni, Director, Infant Mental Health Promotion, Facilitator  
Karine Collette, Project Coordinator  
Adeena Persaud, Project Coordinator  
Laura Banfield, Project Support  
Donna Hill, Editing and Formatting

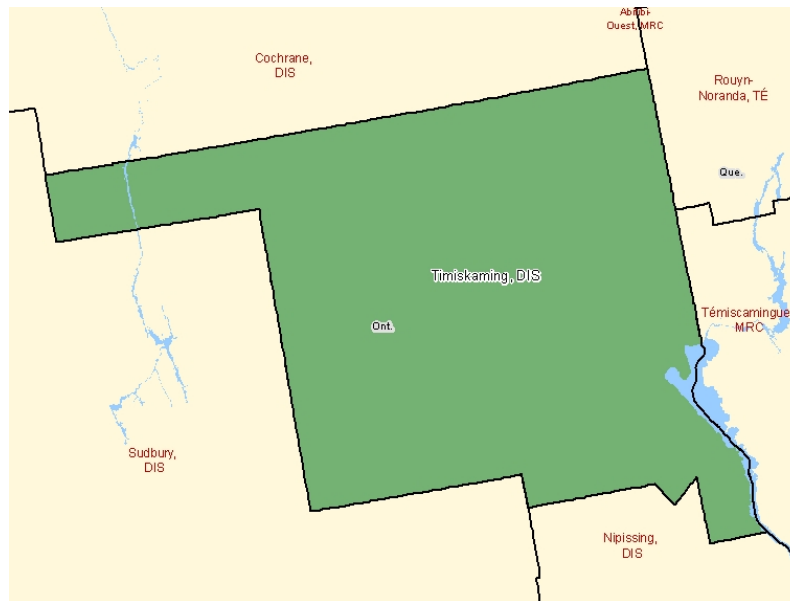
**IMHP would like to thank the following agencies from the Timiskaming District who participated in the Community Table process.**

Beaverhouse First Nation  
Best Start Indigenous Committee  
Centre pour enfants Timiskaming Child Care  
Community Living Timiskaming South  
Kunuwanimano Child & Family Services  
North Eastern Ontario Family and Children's Services (NEOFACS)  
Northern College  
Timiskaming Métis Council  
Timiskaming Native Women's Support Group: Keepers of the Circle  
The District of Timiskaming Elders Council  
Timiskaming Best Start Network  
Timmins Native Friendship Centre  
Town of Kirkland Lake Daycare

# Indigenous Community of Timiskaming District

## About Timiskaming District

Timiskaming is a district and census division in Northeastern Ontario. The division has a population of 32,635 where 1,555 are between the age of 0-4 years old. The land area is 13,399 square kilometers, equating to a population density of 2.5 people per square kilometer (Statistics Canada, 2011).



Chansonneuve and Hache's (2013) Indigenous Cultural-Linguistic Framework described the following:

### **A Unique History**

For millennia, the lands now known as Canada were home to many Nations of Indigenous peoples with distinct languages, cultures, and worldviews. Population estimates prior to sustained European contact in 1500 range from 500,000 to over two million. While all other 'diversity' groups in Canada share a history of themselves or their ancestors immigrating, settling and adapting to life in a new country and climate, Indigenous people's history stretches back many thousands of years before European arrival. Indigenous history tells of this time, when forms of governance were based on gender equality and consensus decision-making, when remote communities and Nations were connected to each other through trading routes and trap lines, and when hunting, agricultural and medicinal skills were well developed through an intimate knowledge of, respect for, and kinship with the land. (p.6)

### **Impacts on Children and Families Today**

Today there are approximately three times more Indigenous children in the care of Canada's child protection system than at the height of the residential school system in the 1940's. While Indigenous children represent only five percent of the children in Canada, they constitute about 40 per cent of the children in care. This overrepresentation of Indigenous children and families in the child protection system is symptomatic of a larger crisis for Indigenous people that can be traced to Canada's legacy of colonization, marginalization and oppression. (p.8)

## Indigenous Community of Timiskaming District

The District of Timiskaming Elders Council has a unique position in the community as it fulfills a leadership role traditional to First Nations and Métis communities. The Elders Council provides support to both Indigenous and non-Indigenous organizations that serve First Nations and Métis children and families. They advocate for the needs of First Nations and Métis children and families and are available to agencies who want to apply a cultural worldview specific to the local area.

Overall, funding is lacking for infant mental health services and supports in the Timiskaming District. Because of the lack of services available within the District, individuals often need to travel to neighboring communities such as Cochrane or Timmins, which proves to be demanding because of their geographical distance and the resources required to access services outside the community. For example, there is no pediatric or birthing healthcare service or hospital in the town of Kirkland Lake. Instead, these services are accessed through either the hospital in Timiskaming Shore or Timmins.

### **The Timiskaming District Community Table included the following agencies:**

- Beaverhouse First Nation
- Best Start Indigenous Committee
- Centre pour enfants Timiskaming Child Care
- Community Living Timiskaming South
- Kunuwanimano Child & Family Services
- North Eastern Ontario Family and Children's Services (NEOFACS)
- Northern College
- Timiskaming Métis Council
- Timiskaming Native Women's Support Group: Keepers of the Circle
- The District of Timiskaming Elders Council
- Timiskaming Best Start Network
- Timmins Native Friendship Centre
- Town of Kirkland Lake Daycare

Note: Individuals from agencies in Cochrane and Timmins attended the two-day meeting as observers. In addition, individuals from other Indigenous community agencies also attended the meeting as observers from Simcoe and Algoma. The Elders from the community had planned on staying for the beginning of the first day only, but ended up taking part in the full two-day meeting. This reinforces the importance of the process. It is imperative to engage the Elders Council in all short- and long-term opportunities listed in this report. It is an integral part to engage the Elders in this community engagement process.

# Core Prevention & Intervention for the Early Years

## What is Happening in Timiskaming District Today

---

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

### Highlights from Community Table Discussions

- North Eastern Ontario Family and Children's Services (NEOFACS) delivers a universal Community Action Program for Children (CAPC) across the District called Brighter Futures. The Timiskaming Native Women's Support Group delivers an Indigenous-specific Canadian Prenatal Nutrition Program (CPNP) through Keepers of the Circle in Kirkland Lake and Timiskaming Shores.
- There are no Indigenous children's mental health organization services in this area.
- As a consequence of the residential school era, the Sixties Scoop, and the continued over-representation of Indigenous children in state care, Indigenous families are hesitant to access mainstream services because of a fear their children would be apprehended. Therefore a trusting relationship is not easily established.
- Indigenous Traditional Knowledge (ITK) and cultural practices are a key consideration in supporting the wellbeing of Indigenous children and families. As Keepers of Knowledge, local Elders guide traditional ceremonies, e.g., Naming Ceremonies and Cedar Baths. Non-Indigenous practitioners and clinicians should connect with Indigenous agencies and become familiar with where and how these practices can be accessed by families.
- There is no pediatric or birthing healthcare service or hospital in the town of Kirkland Lake. Instead, these services are accessed through either the hospital in Timiskaming Shores or Timmins. Developing capacity within the community and establishing rapport with the hospitals is important in supporting Indigenous families as they transition between hospital and community services.
- There is a lack of accessible screening and formal assessments for children 0-5 years of age. Often screenings are not performed in a culturally sensitive manner, adding to the reluctance of Indigenous families to access them when they are available.

# Indigenous Community of Timiskaming District

## 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.

Note: Although universal programs are delivered to the population base in a catchment area, access can be impacted by cultural barriers.

### Centre pour enfants Timiskaming Child Care

- **Early Learning Programs:** The Early Learning Program is designed to help pre-school aged children develop the skills that will help to prepare them for kindergarten. Each day the children learn through play and they are also guided by the instruction of an Early Childhood Educator. They learn to follow routines, practice the skills they are learning, and even enjoy some exercise and a healthy snack together. The focus of the program is on healthy child development. The program will help young children learn and practice language and numeracy, self-help skills, gross and fine motor skills, as well as social and emotional development. The half-day program runs from 9:00 am until 11:30 am, Monday to Friday and follows the school year. It is for children aged 2.5 to 4 years old.
- **Resource Centre/Toy Lending Library:** The Professionals/Parents Resource Centre and Toy Lending Library provide a large variety of resources to lend out to families, caregivers, professionals and facilitators. It offers entertaining, educational and instructional child care aids such as CDs, DVDs, books, games, puzzles, toys and equipment. The Professional Resource room is full of information and aids for teachers, caregivers, group facilitators and parents.
- **Early Literacy Specialist:** The Early Literacy Specialist (ELS) serves Child Care Educators from child care centres, early learning programs as well as early years practitioners who work with individuals, families and groups of children, prenatally to 6 years of age.
- **Ontario Early Years Centres:** Centre pour enfants Timiskaming Child Care's Ontario Early Years Centres are welcoming, supportive and accessible places where parents, grandparents, caregivers and young children can play and learn together. The centre offers programs and resources for children from infancy to 6 years to help them develop social, communication and early literacy skills that will give them a great start in school and in life.

### North Eastern Ontario Family and Children's Services (NEOFACS)

- **Brighter Futures:** Brighter Futures is a CAPC initiative which provides programming for families with children 0-6 years of age. This program is offered in communities throughout the NEOFACS service area. The programs operate in partnership with other services and organizations in their respective communities. The population served includes families who are at risk due to isolation, social or economic status, health or age. Programs include teen prenatal, transition to teen parenting and teen parenting groups, playgroups, lending libraries and collective kitchens.

### Town of Kirkland Lake Daycare

- The Kirkland Lake Daycare offers programs for all ages up to 12 years old. Each program will provide learning experiences, materials, and activities that are age appropriate. The staff encourage and support children's development in an environment that is warm, loving, challenging and fun.

# Indigenous Community of Timiskaming District

## Timiskaming Health Unit

- **Prenatal Classes:** The Timiskaming Health Unit offers free prenatal education for couples, singles and teens in two ways:
  - 1) Prenatal Classes (in person)
    - ✓ The Timiskaming Health Unit offers Prenatal Classes for expectant women and their partners. Each series consists of 5 chapters on a variety of topics.
    - ✓ Public health nurses facilitate interactive sessions about nutrition and healthy weight gain during pregnancy, fitness, breathing techniques, postpartum issues, things to avoid, breastfeeding, preparation for childbirth, infant care, and much more.
  - 2) Online Childbirth Education
    - ✓ Participants learn about pregnancy and birth with this interactive tutorial. It is a very easy to understand and user-friendly program which has received three eHealthcare Leadership awards. Parents learn at their own pace to be prepared for baby's birth. Login access is available for 90 days.

## Centre de santé communautaire du Témiskaming: Activités en famille

- **Programmes/activités communautaires:** Free programming and activities targeting children 0-12 years old and their families with the goal of offering activities responding to the community's needs. Each event is posted on the centre's Facebook page and includes activities such as swimming, gym time, yoga for children, and acroyoga. Children must be accompanied by an adult.

## Indigenous-Specific Programs and Services for Children and Families

Note: Although universal programs are delivered to the population base in a catchment area, access can be impacted by cultural barriers.

## The District of Timiskaming Elders Council

- The District of Timiskaming Elders council fulfills a leadership role traditional to First Nations and Métis communities. The purpose of the Elders council is to provide support to both Indigenous and non-Indigenous organizations that serve First Nations and Métis children and families.

## Timiskaming Native Women's Support Group: Keepers of the Circle Aboriginal Family Learning Centres

- **Early Learning Childcare:** Keepers of the Circle Family Learning Centre offers children and families of all cultures an immersion experience in First Nations and Métis communities. This inter-cultural environment explores our shared human values and celebrates our uniqueness building toward a strong, inclusive community. Our fully licensed, family-oriented daycares have small classroom sizes allow that the Early Childhood Educators to give more one-on-one attention to each child, creating a warm and welcoming environment. The South Timiskaming centre hosts a program called "Seeds of Empathy", where a volunteer mother and child visit the center.

# Indigenous Community of Timiskaming District

## Kunuwanimano Child & Family Services

- The mission of Kunuwanimano Child & Family Services is to work collaboratively with First Nations members to ensure the safety and well-being of children is secured by strengthening, supporting and encouraging the healthy development of families. They are committed to providing services in a manner that is holistically and bi-culturally appropriate for First Nations. Programs take into consideration the best interests and well-being of the child, specifically the programs that recognize the uniqueness of First Nation's culture, heritage and traditions of preserving a child's cultural identity.
- Services include:
  - ✓ Family support and prevention services
  - ✓ Advocacy
  - ✓ Band representative function
  - ✓ Counselling and referral
  - ✓ Customary care/foster care

## Misiway Milopemahtesewin Community Health Centre

- Based in Timmins, but offers the support of a Traditional Healer to the North end of the District of Timiskaming. Misiway was established to provide quality programs and services that honour, respect and support Aboriginal culture, values and healing practices, complimented by western approaches to primary health care. Through education, promotion and service delivery, the Misiway Milopemahtesewin Community Health Centre encourages individuals, families, and communities to:
  - ✓ Integrate and balance their physical, mental, emotional, and spiritual needs.
  - ✓ Become aware of lifestyle choices that impede and/or enhance one's state of health and wellness.
  - ✓ Increase awareness and participation in determining one's own health and wellness choices, decisions and healing strategies.
  - ✓ Establish respectful and collaborative relationships with health care providers and other external resources.
  - ✓ Encourage the involvement of family members and significant others as part of the health team.
  - ✓ Adopt a pro-active approach and self-empowerment/self-help model.

# Indigenous Community of Timiskaming District

## Support for All 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.

### **Métis Family Wellbeing Program (MFWB) – Métis Nation of Ontario Community Council**

- The MFWB aims to disrupt and prevent the cycle of violence against Indigenous women by developing policies and resources to support children and youth affected by violence. The strengths-based and prevention-oriented programs developed at the local level by Indigenous partners will reduce the need to bring children into care by supporting families through the least disruptive means possible.
- With the program's focus on the connection between violence in Indigenous families and communities and improved child and youth outcomes over a lifetime, the longer-term objectives of the program reflecting this includes:
  - ✓ The reduction of the number of Indigenous children and youth in the child welfare and justice systems by reducing the need to bring children in to care;
  - ✓ The reduction of the occurrence of violence in families; and
  - ✓ The improvement of the overall health and well-being of communities.

### **Northern Eastern Ontario Family and Children's Services (NEOFACS)**

- **Child Protection:** Child Protection Services are mandated by the Child and Family Services Act to protect children between the ages of 0-16 from various forms of abuse and neglect.
- Services include accepting referrals, conducting investigations and providing short-term and long-term intervention for children, youth and families.
- Child Protection services promote family strengths through the development of service plans with parents to alleviate risk factors for children to ensure their safety. Services also extend to include advocating for and coordinating essential supports with community partners.
- **Emergency After Hours Services:** Emergency After Hours Services are provided to the communities throughout the Districts of Cochrane and Timiskaming to ensure child protection services are available twenty-four (24) hours each day.
- Intervention for children and youth experiencing a mental health crisis can also be accessed through Emergency After-Hours Services by initiating the Mobile Crisis Response Team.
- **Children's Services:** Services to children while in care include, support, referral services, preparation for independence, access to natural family, permanency planning, appropriate medical, dental and optical care, and much more. Individualized Service Plans are developed for each child/youth as part of the Ontario's Looking After Children (OnLAC) documentation identifying goals and objectives in the areas of health, education, self-care, family/social relationships, identity and emotional/behavioral development.
- **Supervised Access Program:** When parents separate or divorce, difficulties sometimes arise between the parents at the time the children are exchanged for a visit and/or there may be concerns about the visits themselves. The Supervised Access Program offers separated or divorced families a way to deal with some of these difficulties.



## Indigenous Community of Timiskaming District

- Children and their parents involved in custody and access disputes can utilize a safe, neutral, and child-focused settings where visits and exchanges can take place under the supervision of trained staff and volunteers. Children, their parents and/or family members can preserve or reconstruct caring relationships through the use of our service.
- Access to services is through a self-referral or through the court process. Voluntary referrals may be appropriate when both parties consent to the service being used.
- Each adult participant must complete an intake interview and agree to follow the policies and procedures before the service commences.
- Supervised Access Services is a program offered by NEOFACS and funded by the Ministry of the Attorney General.

### The Pavilion Women's Centre

- **Emergency Shelter:** The Pavilion Women's Centre has a short-term emergency shelter to accommodate women and children in need, whether they are fleeing an abusive relationship or find themselves in a housing emergency or another crisis situation.
- **Crisis/Support Line:** If women or children are in need of support or are experiencing a crisis, there is a toll free number (1-888-871-9090) that they can call 24 hours a day. The staff are supportive and can provide an array of resource information and or referrals.
- **Outreach Programs:** This provides out client service for women in the community dealing with issues or as a follow up for women who have left the shelter. The outreach workers provide support counselling to women (16+) struggling with a variety of issues including assistance in accessing information on employment, housing, education, self-esteem and domestic violence. In addition, they are available to provide in service training or presentation on a variety of topics. Workers can also provide accompaniment to appointments such as court appearances, lawyer, police, etc.
- **Historical Abuse / Sexual Assault Program:** The aims of this program are to provide individual and group counselling to survivors of sexual assault who are over 16 years of age and to develop individualized treatment plans. Through counselling, women are able to explore their past to determine whether or not abuse actually took place as some clients may be in the process of discovery. In addition, workers are able to meet issues dealing with recent sexual assault in terms of support counselling. Within this program, workers also provide education to the community about sexual assault and available support services as well as providing necessary referrals.
- **Childcare Program:** In addition to providing child care for residential clients, staff also offer support for children and mothers who enter the shelter, on-going outreach support for children and youth, and the Changing Patterns Child Witness Group for children who have been exposed to domestic violence.

### Timiskaming Health Unit: Healthy Babies Healthy Children

- A child's early years, from before birth to age six, are very important. Healthy babies are more likely to develop into healthy children, and healthy children are more likely to grow up to be healthy teenagers and healthy adults.

## Indigenous Community of Timiskaming District

- The purpose of Ontario's Healthy Babies Healthy Children Program is to help children get a healthy start in life. The program does this by helping infants and children up to age six and their families through:
  - ✓ Screening and assessments to see if there are any risks that could affect a child's healthy development and referrals to community programs and services.
  - ✓ Help in finding community programs and resources on all kinds of subjects such as: breastfeeding, nutrition and health services, parenting programs and family literacy programs.
- **Well Baby Clinics:** Well Baby appointments are free, and provided at the Health Unit in New Liskeard, Englehart and Kirkland Lake. A Public Health Nurse offers the following:
  - ✓ Weighing and measuring of babies and toddlers
  - ✓ Provide breastfeeding support and information
  - ✓ Provide nutrition information
  - ✓ Provide child development information
  - ✓ Provide immunization
  - ✓ Screen for postpartum mood changes
  - ✓ Provide referrals as required
- Part of the Timiskaming Health Unit's Healthy Babies Healthy Children Program is to ensure the best possible outcomes for parents and their children. Within this program, staff offer a service for families that might be suffering from post-partum mood disorder. HBHC would like to extend this supportive counselling service to those families that may be experiencing any of the symptoms.

### Timiskaming Native Women's Support Group: Keepers of the Circle Aboriginal Family Learning Centres

- **Canada Prenatal Nutrition Program (CPNP):** CPNP supports pregnancy planning, women who are pregnant and new moms and dads. The Program offers cooking sessions as well as information about nutrition, breastfeeding, labour and delivery. It also includes home visits and explores birthing and parenting from an Indigenous perspective.
- The Canada Prenatal Nutrition Program (CPNP) programs are federally funded initiatives through Public Health Agency of Canada (PHAC) and are often embedded in community based programs and services.
- The capacity of this program is somewhat limited with only two staff (one fulltime, one part-time).
- Breastfeeding and postpartum support are available through this program.
- **Best Start Indigenous Service Connectors:** The Best Start Indigenous Service Connectors support children up to 12 years of age and their parents so they are able to access support services offered to families in the District of Timiskaming . The Service Connectors help Indigenous families 'navigate' the system and work with both Indigenous and non-Indigenous organizations to address barriers that may prevent families from accessing services.

# Indigenous Community of Timiskaming District

- The Service Connectors function as a bridge between the Indigenous community and non-Indigenous service providers including educational institutions to ensure services are culturally appropriate. The Service Connectors strive to raise the profile of the Indigenous community within the District in positive ways with the aim of reducing stereotypes and promoting integration.
- The work of the Service Connectors is guided by both the Indigenous Best Start Committee and the District of Timiskaming Elders Council. The Indigenous Cultural-Linguistic Framework also guides the work of the Service Connectors and assists in developing inter-agency partnerships and cross-cultural training initiatives.

## 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.

### Community Living Timiskaming South

- The Diagnostic Inventory for Screening Children (DISC) is used in the agency with referrals made after assessment is complete.

### Timiskaming Native Women's Support Group: Keepers of the Circle Family Learning Centres - Canada Prenatal Nutrition Program (CPNP)

- The Nipissing District Developmental Screen (NDDS) is offered to parents.

### North Eastern Ontario Family and Children's Services (NEOFACS)

- 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. The Ages and Stages Questionnaires (3 and Social Emotional) are both included in the AAR.
- Mental health staff implement The Ages and Stages Questionnaire (Social Emotional) throughout practice.
- Mental health staff are trained in Watch, Wait and Wonder, Marschak Interaction Method, and Playtherapy.

### Timiskaming Health Unit – FAIR START Program

- The Timiskaming Health Unit supports FAIR START, a program adapted from Thunder Bay, which promotes healthy child development by offering free developmental screening and resources for families. The program is for families with children 18 months to school age throughout our District. FAIR START screening helps parents and caregivers have a quick look at their child's development and can link families up with local services.
- FAIR START is sponsored by the Timiskaming Health Unit and funded by the Ontario Ministry of Health through the Healthy Babies/Healthy Children initiative.

## Indigenous Community of Timiskaming District

- **Early Years Screening:** Timiskaming Health Unit offers developmental screening services for children aged 18 months to school age. Staff help to identify any concerns in development prior to children entering school.
- Screening services can help answer any questions parents may have regarding their child's development and to identify any potential concerns.
- The earlier a developmental concern is identified, the better the chances are for a successful outcome. Timiskaming Health Unit provides the opportunity for parents to have their child's development screened and to assess their development.
- The screening process is easy to use and takes approximately 30 minutes. The developmental screeners are all professionals with a background in child development and know how to make screening fun for kids.
- First, staff ask parents a few questions about their child's development including; speech and language, motor skills, nutrition and socialization. The child is then presented with a variety of tasks depending on their age. Tasks are based on the DPS (DISC Preschool Screen) section of the DISC (Diagnostic Inventory for Screening Children), a screening tool developed in Ontario.
- Parents may be present for the screening process or receive/ discuss the results at their earliest convenience.
- **Screening for Junior Kindergarten:** Getting ready for Kindergarten is an important step for families. An important step that cannot be forgotten is ensuring that a child's developmental skills are ready to be successful in school. Booking an appointment for developmental screening will look at their speech, literacy, language, fine and gross motor, social interaction skills and nutrition.
- Screening is not a test. It does not label a child or provide an in-depth assessment of a child's abilities in any area. It is intended to help both the parent and the school to identify any concerns which may interfere with learning. The earlier a problem is identified, the more likely it is that it can be remedied.
- The screener will have some activities for children and questions for parents in many areas of a child's development. Results will be shared with parents/guardians on the same day. If a child requires follow up in any area, parents will be given the information so that they can connect with the appropriate agency.
- This program screens for:
  - ✓ Vision
  - ✓ Hearing
  - ✓ Fine Motor
  - ✓ Gross Motor
  - ✓ Speech & Language
  - ✓ Social Development
  - ✓ Nutrition

# Indigenous Community of Timiskaming District

## Early Intervention Services

Agencies who 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.

### Cochrane Timiskaming Resource Centre: Infant Development Program

- The Infant Development Program is an early intervention program that serves families of children from birth to five years of age who may have delays or are at risk for delays in development. The risks may include complications during pregnancy, labour or delivery, prematurity, Down syndrome, cerebral palsy, sensory impairments or a disadvantaged home environment. A referral can be made by contacting any of the Developmental Consultants at our Head or Satellite Office locations.
- Services include:
  - ✓ Case coordination
  - ✓ Early intervention
  - ✓ Developmental assessments and screens
  - ✓ Play based therapeutic programs
  - ✓ Transition to school
  - ✓ Home visits
  - ✓ Assistance with applications for funding
  - ✓ Linking to other services

### Cochrane Timiskaming Children's Treatment Centre

- The Cochrane Timiskaming Children's Treatment Centre is committed to providing quality rehabilitation and supportive services to children, youth, and their families in the Districts of Cochrane and Timiskaming who have a variety of physical, development, and communication challenges. Their catchment area is from Hearst to Latchford, including the City of Timmins, as well as the communities of Moosonee and Moose Factory in the James Bay area.
- Therapists travel to communities in the catchment area and there are therapy assistants who reside in six communities. They provide their services in the Centre's offices and in homes, schools, daycares and community settings.
- The centre offers services to children from birth to 19 years of age (or 21 if they are still in school). They offer many types of individual and group services, programs and clinics that fall under the following categories:
  - ✓ **Infant-Preschool Clinic:** A multidisciplinary and multi-agency approach for kids 0-6 when there is a concern around development, mental health, and overall development.
  - ✓ **Occupational Therapy and Physiotherapy:** Facilitate the development of physical skills, independence and productive lifestyle by the use of mobility equipment, promoting balance and coordination, improve written and communication and motor skills with use of adaptive equipment and facilitating daily living such as dressing and eating.

# Indigenous Community of Timiskaming District

- ✓ **Speech and Language Therapy:** Provides a variety of services aimed at helping individuals develop effective communication skills.
- ✓ **Social Work:** Provides intervention services for individuals, family and groups to help them cope and adjust to new diagnosis or acquired trauma, and facilitate transition planning.
- ✓ **Recreational Therapy:** Provides children and youth with physical challenges to develop and maintain skills, knowledge and behaviors in the area of recreation and leisure during all seasons.
- ✓ **Tumble and Swing Group:** Provides program to preschoolers to play together while targeting gross motor skills with the supervision of a caregiver and therapist.

## Community Living Timiskaming South

- **Resource Teacher Program:** The Resource Teacher Program supports children up to the age of twelve who have delays in one or more developmental domains or who may be at risk of a developmental delay. Services are designed to be responsive to child and family needs and priorities. Services are also flexible and portable in the manner of delivery and delivery location.

## Northern Eastern Ontario Family and Children's Services (NEOFACS)

- **Child and Family Intervention Programs:** Children, youth and their families who are experiencing mental health difficulties may benefit from the broad range of services offered through these programs. Professionals assist families in identifying and addressing their child/youth's behavioral, social and/or emotional issues. Psychological assessments may be requested and performed as an appropriate form of intervention. Children and/or youth referred to these programs must be under the age of eighteen (18) and reside within the Districts of Cochrane or Timiskaming. Referral can be made by telephone, mail or in person. Participation in services is voluntary and consent is required.
- **Intensive Service Coordination:** Intensive Service Coordination is used to address and develop a plan of service for children and youth with complex special needs. This service applies system case management practices which involve inter-agency and cross-sector networking. It is an effective process used when multiple service providers collaborate to develop, synchronize and manage the implementation of an integrated service plan to meet the identified needs of the child/youth and family and support goal achievement.
- Intensive Service Coordination is available at the community level and provides support to children/youth and their families through a family centered approach. Qualified staff will assist children/youth and families to identify strengths, goals, informal supports and potential service providers to be engaged in service planning.
- **Mobile Crisis Response:** The Mobile Crisis Response Service addresses the needs of children, youth and families who require an integrated and coordinated, community-based crisis management intervention. This service is responsive to children and youth up to eighteen (18) years of age and who reside in the Districts of Cochrane and Timiskaming. The service includes 24-hour telephone response, risk assessment, access to appropriate professional and clinical services and supports including hospitalization, where required, and linkage to follow-up services and plans of care.

# Indigenous Community of Timiskaming District

## 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.

### Northern Eastern Ontario Family and Children's Services (NEOFACS)

- **Applied Behaviour Analysis Program:** Applied Behaviour Analysis Program (ABA) is designed to support a broad range of children and youth with Autism Spectrum Disorder (ASD). Specifically the program aims to develop skills in key areas and to address behaviours that interfere with functional life skills and decrease interfering behaviours. The services and supports of the program promote the generalization and maintenance of skills across settings and conditions and help children and youth with ASD build skills and manage behaviours so that they can participate in their communities.
- **Telepsychiatry Services:** The Telepsychiatry Services include Psychiatric and Psychological Services. These services are available within the community via teleconferencing and are provided by professional Psychiatrists and/or Psychologists from the Hospital for Sick Children.
- The Telepsychiatry Services include consultations, interviews with parent/legal guardian of a child/youth, interactive discussions regarding a client, and program consultations.

## Collaborative Frameworks and Partnerships

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

### The District of Timiskaming Elders Council

- The District of Timiskaming Elders Council fulfills a leadership role traditional to First Nations and Métis communities. The purpose of the Elders Council is to provide support to both Indigenous and non-Indigenous organizations that serve First Nations and Métis children and families.
- The Elders Council will play a key role in guiding the implementation plan of the Indigenous Cultural-Linguistic Framework established by the District of Timiskaming Best Start Network.
- The Elders will advocate for the needs of First Nations and Métis children and families and will be available to agencies who want to apply a cultural worldview specific to the local area. The Elders are currently working on protocols for the organization, as well as an Elders Manual including an in-depth explanation of who they are and what they signify.

# Indigenous Community of Timiskaming District

## Short Term Opportunities to Enhance Core Prevention and Intervention

---

NOTE: It is imperative to engage the Elders Council in all short- and long-term opportunities listed in this report. It is an integral part of the community engagement process.

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

- Identify a way to share training and resources among the Timiskaming District community partners: Is there an online portal that exists that we can leverage for this?
- Share the Me, My Baby, My World documents from the Timmins Native Friendship Centre with the group.
- Write a letter to the Local Health Integrated Network documenting the need for funding to support prenatal support positions in various community agencies and the creation of a list of Aboriginal resources and services in hospital after birth.
- TNWSG with support from IMHP will discuss with the Timiskaming Health Unit and other service providers what resources are available for the 0-3 years of age Indigenous population and whether they are culturally appropriate.
- Explore how Elders can be incorporated in the programming available for children and families to share the various traditions and teachings.

### Early Screening and Assessment Activities

- Identify a method to capture screening and assessments that are available in the District and by whom.

### Collaboration

- IMHP will connect with the Maternal-Child Health Unit to discuss breastfeeding support and resources for the community
- Facilitate a meeting with CMHA and Misiway to discuss support for parents with mental health or addiction concerns. Explore training for community partners on the Health Unit's recovery model. However, the model is not from an Indigenous cultural lens. TNWSG with support from IMHP will connect with Clark McFarlene (CEO), Omer Durcharme (Director).
- IMHP will reconnect with Arlene Hache to explore an approach to funding opportunities for the community.
- Identify and meet with stakeholders to share the 2016 Community Reports with the emphasis of discussing the strengths and opportunities of the Indigenous communities.



# Indigenous Community of Timiskaming District

## Long Term Opportunities for Core Prevention

---

NOTE: It is imperative to engage the Elders Council in all short- and long-term opportunities listed in this report. It is an integral part of the community engagement process.

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

- IMHP will create a resource that can be shared with prenatal programs explaining the importance of infant mental health and early development to parents and caregivers.
- The PHAC consultants will explore how to enhance the CPNP program by increasing the number of hours to reflect the need. Additionally, they will bring attention to the underfunding of CAPC programs among the Indigenous communities in Timiskaming District.
- Work with the District of Timiskaming Elders Council and Indigenous Circle of Services to identify priorities and locally developed solutions for children and their families.
- Begin to identify ways to engage parents/caregivers/families in the parenting and family support programs available in the community.

### Early Screening and Assessment

- Begin to discuss and understand accessibility for screening and formal assessment as it is scarce, costly for families, and not delivered in a culturally sensitive fashion.

### Collaboration

- Begin the conversation to discuss what the community would like to focus on when addressing stakeholders and decision makers in meetings.

# Competencies for Practice in the Field of Infant Mental Health

## Highlights from the Community Discussion

---

- There is knowledge within the Keeper's Circle CPNP to support mothers prenatally and postpartum however there is still sometimes a hesitancy to engage in services which is a challenge staff understand and recognize. Families tend to rely to their informal support systems rather than formal community services. Creating awareness and education for the entire community on how to support these families is important.
- Given the limited staff capacity and funding, there are few training opportunities in the community. Building capacity in infant mental health is important across the community – IMHP will share the 15-part Community Training Institute with the group.
- Culturally appropriate trainings and programs are available, but are largely underfunded compared to mainstream counterparts.

## Knowledge and Skills

---

- There is a considerable amount of traditional and ancestral knowledge within the Timiskaming community that is used informally. Support from Elders and other community members is a resource many families rely upon.

### Keeper's of the Circle CPNP

- This program has access to the 15-part community training institute.

### North Eastern Ontario Family and Children's Services (NEOFACS)

- Some employees at NEOFACS in the Timiskaming area have completed the Infant Mental Health Certificate Program and the 15-part Infant Mental Health Community Training Institute.

### Northern College

- Northern College offers programs across North Eastern Ontario including Timiskaming District.
- The college offers the following programs in the area of Community Services:
  - ✓ Addictions Counsellor
  - ✓ Child and Youth Worker
  - ✓ Developmental Services Worker
  - ✓ Early Childhood Education
  - ✓ Educational Support
  - ✓ Social Service Worker

# Indigenous Community of Timiskaming District

## Short Term Opportunities for Competencies

---

NOTE: It is imperative to engage the Elders Council in all short- and long-term opportunities listed in this report. It is an integral part of the community engagement process.

### Knowledge Building for Professionals

- Access to training is an identified need among community agencies which includes the cultural lens that is needed for working with FNIM families. Explore leveraging training opportunities from other community agencies.
- IMHP will share the 15-week Community Training Institute with the community partners to build capacity and begin conversations around infant mental health.
- Include the community in the many training and knowledge exchange events to ensure that everyone is able to support children and families.
- IMHP will share the parent friendly version of the IMH presentation with the group.
- Discuss how NEOFACS can share the training opportunities within their agency with other community partners. Hosting the training in community friendly location is important vs. a main stream agency location.
- IMHP is committed to three days of training on IMH, ASQ tools, and Hand in Hand. The IMH Presentation will be modified to include and compliment Indigenous teachings.
- Convene an Indigenous Table of Expertise that will guide IMHP as we create Infant Mental Health presentations which include Indigenous teachings.
- Share Child Discipline Campaign with the community members.
- Explore capacity to share Baby Love videos/ posters with hospitals, child care, and other areas in the community

## Long Term Opportunities for Competencies

---

### Knowledge

- IMHP will explore how to present their knowledge/training in a way that compliments Indigenous teachings and traditions for staff to understand how it can be implemented into practice.

# Indigenous Community of Timiskaming District

## Organizational Policies & Practices

### Highlights from the Community Discussion

---

#### The Indigenous Cultural-Linguistic Framework

- The Indigenous Cultural-Linguistic Framework was created as a resource document to facilitate Indigenous cultural competency among service providers, educators, policy makers, planners and community leaders in the District of Timiskaming.
- Its purpose is to:
  - ✓ Provide an overview of relevant history and context related to cultural competency from an Indigenous perspective;
  - ✓ Promote a shared understanding and vision for Indigenous cultural-linguistic competency in the District of Timiskaming based on local priorities identified by stakeholders;
  - ✓ Provide a structure for activities aligned with the four key areas of focus identified by the Timiskaming Best Start Network;
  - ✓ Promote and encourage a culture of collaboration among service providers and educators in the District that is mutually respectful, compassionate, self-reflective and models their shared vision for cultural competency;
  - ✓ Provide some options for tools that service providers, educators and planning groups may adapt to enhance cultural competency;
  - ✓ Help maintain a focus on outcomes that matter most to First Nations and Métis children and families in the District Timiskaming aligned with the Best Start mandate.
- When discussing more culturally component practices that reflect the Indigenous communities of Timiskaming District, this document should be utilized by all practitioners working with Indigenous children and families.

### Long Term Opportunities for Organizational Policies & Practices

---

NOTE: It is imperative to engage the Elders Council in all short- and long-term opportunities listed in this report. It is an integral part of the community engagement process.

#### Data Collection

- Review and implement IMHP's 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.

## References

---

- Boivin, Michel, & Hertzman, Clyde. (Eds.). (2012). *Early Childhood Development: adverse experiences and developmental health*. Royal Society of Canada - Canadian Academy of Health Sciences Expert Panel (with Ronald Barr, Thomas Boyce, Alison Fleming, Harriet MacMillan, Candice Odgers, Marla Sokolowski, & Nico Trocmé). Ottawa, ON: Royal Society of Canada. Available from: [https://rsc-src.ca/sites/default/files/pdf/ECD%20Report\\_0.pdf](https://rsc-src.ca/sites/default/files/pdf/ECD%20Report_0.pdf)
- Center on the Developing Child. (2015). *Core concepts in the science of early childhood development*. Retrieved from [http://developingchild.harvard.edu/resources/multimedia/interactive\\_features/coreconcepts](http://developingchild.harvard.edu/resources/multimedia/interactive_features/coreconcepts)
- Chansonneuve, D., & Hache, A. (2013). *Indigenous cultural-linguistic framework*. Best Start Indigenous Committee. November. Retrieved from <http://www.timiskamingbeststart.ca/pdf/ICLCF-EN.pdf>
- Clinton, J., Kays-Burden, A., Carter, C., Bhasin, K., Cairney, J., Carrey, N. & 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. Ottawa, ON. 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)
- Cohen, J., Oser, C., & Quigley, K. (2012). *Making it happen: Overcoming barriers to providing infant-early childhood mental health*. Zero to Three. Washington, DC. Retrieved from <https://www.zerotothree.org/resources/511-making-it-happen-overcoming-barriers-to-providing-infant-early-childhood-mental-health>
- Infant Mental Health Promotion. (2002, rev. 2011). *Competencies for practice in the field of infant mental health – Best practice guidelines*. The Hospital for Sick Children, Toronto. Retrieved from [http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Competencies\\_Full%20Page\\_2.pdf](http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Competencies_Full%20Page_2.pdf)
- Infant Mental Health Promotion. (2004, rev. 2011). *Core prevention and intervention for the early years – Best practice guidelines*. The Hospital for Sick Children, Toronto. Retrieved from [http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Core%20Prevention\\_Full%20Page\\_2.pdf](http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Core%20Prevention_Full%20Page_2.pdf)
- Infant Mental Health Promotion. (2004, rev. 2011). *Organizational policies & practices to support high quality infant mental health services – Best practice guidelines*. The Hospital for Sick Children, Toronto. Retrieved from: [http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Organizational%20Policy\\_Full%20Page.pdf](http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Organizational%20Policy_Full%20Page.pdf)
- Robbins, J. A. , Dewar, J. (2011). Traditional Indigenous Approaches to Healing and the modern welfare of Traditional Knowledge, Spirituality and Lands: A critical reflection on practices and policies taken from the Canadian Indigenous Example. *The International Indigenous Policy Journal*,2(4) . Retrieved from: <http://ir.lib.uwo.ca/iipj/vol2/iss4/2>
- Statistics Canada. (2011). *2011 Census of Canada: Topic-based tabulations*. Retrieved from <http://www12.statcan.ca/census-recensement/2011/dp-pd/tbt-tt/Rp-eng.cfm?LANG=E&APATH=5&DETAIL=0&DIM=0&FL=A&FREE=0&GC=3554&GID=0&GK=2&GRP=0&PID=101998&PRID=0&PTYPE=101955&S=0&SHOWALL=0&SUB=0&Temporal=2011&THEME=88&VID=0&VNAMEE=&VNAMEF>