A Call to Action

on Behalf of Maltreated

Infants, Toddlers and Preschoolers

in Canada

Infant and Early Mental Health Promotion

IEMHP

A program of

SickKids®

A Call to Action
on Behalf of Maltreated Infants and Toddlers in Canada

Infant and Early Mental Health Promotion (IEMHP)
The Hospital for Sick Children, Toronto

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Letter from the Director of Infant and Early Mental Health Promotion (IEMHP)

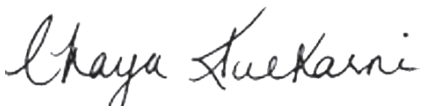
When young children experience adversity, it increases the risk of poor outcomes for them throughout their life. When infants, toddlers and preschoolers become involved with child protection, many of them have already experienced adversity and many, if not all, have been traumatized by it. Today, science is helping us understand just how that adversity is embedded into the body and how it ultimately influences brain development, health, education success and relationships. The science is also showing us that for this very vulnerable group of children a response that is exponentially greater in all respects is essential if we are committed to helping them achieve better outcomes. The time for a change in how we respond to this group of young children is now. The science has never been stronger.

Infants, toddlers and preschoolers served by child welfare need intervention that is relationship-based, child focused and trauma informed. They need a response that goes beyond wait lists. All of those involved in the system need to understand that simply removing a child is not enough. Today we know that infancy is a developmental period when children are most vulnerable and when they present with the greatest potential. Those supporting these children such as birth parents, foster parents, kin, child and family service workers, and others need tools and resources that make it possible to positively influence that child's outcomes.

In the next pages you will find rich evidence-based information about the unique vulnerability of maltreated infants. You will also find interesting policy recommendations which are informed by strong scientific evidence. I hope that you will be inspired by what you read and embrace the powerful role that you can play in the lives of these especially vulnerable young children. With the demanding tasks and pressures related to your work it is easy to forget how potent your influence can be. You may be the very buffer these infants need against some of the negative forces in their world. You may be the only person who sees the adversity and works to address the impact it has on their development and mental health.

I very much value the role that child protection agencies, health, education and other systems play in protecting our children's present and their delicately forming futures. I see you and every individual in those systems as a champion for each young child you work to protect. I hope that you can see this for yourself. Every child that you work with is an opportunity to change precious lives today, and also breeds hope for a better future. We hope this Call to Action will be a valuable new tool for you as you advocate on behalf of young children.

Thank you for everything you do for our little ones,



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October 29, 2018

Infant Mental Health Promotion
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Dear Friends:

lam writing to add my voice to the Call to Action on Behalf of Maltreated Infants, Toddlers and Preschoolers in Canada led by Infant Mental Health Promotion. As Ontario's Child Advocate I see full well the sequel experienced by young people when as a young child they experience harm. Ihave the privilege of listening to youth virtually every day. They tell me what science today confirms and explains, that their early life circumstances have lasting effects on them which are incredibly difficult to overcome. Isupport the call for increased attention towards those children experiencing early maltreatment. These children require a differential response based upon their developmental age and stage by service providers including child protection.

It is my strong belief that we must support those serving children in our country to better understand the consequences of early child maltreatment. Increased understanding and knowledge are essential and will allow us to work with young children, even infants, to overcome the deleterious life-altering affects of maltreatment.

Decades ago Janus Korczak, known as the father of children's rights, stated "there are no children, only people". It is this sentiment that we must accept in order to understand that infants, toddlers and preschoolers are people in their own right. We owe them a duty to think of them in this way and treat them accordingly.

Sincerely,

Irwin Elman
Provincial Advocate for Children and Youth of Ontario

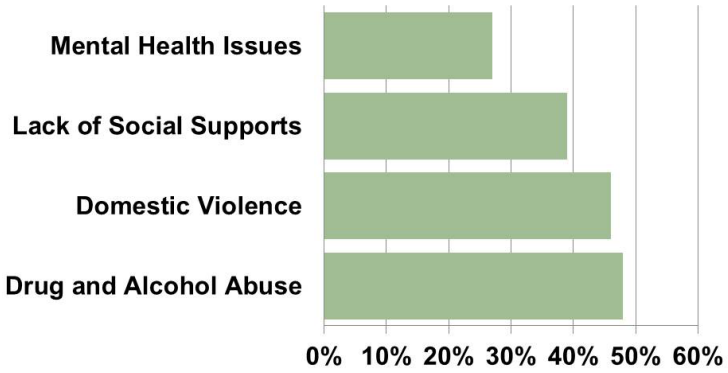
Introduction: A portrait of infants, toddlers and preschoolers in the child protection system

Infants and young children are especially vulnerable to the effects of trauma and maltreatment, and are also the most investigated group experiencing maltreatment in Canada prompting the need for immediate and targeted action to improve outcomes. In fact, the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (Public Health Agency of Canada, 2010) reveals that children ages 0 to 3 are involved in 26% of all child protection investigations, for a total of 61,195 investigations in 2008. Trends in the data demonstrate that the youngest children are those most prone to investigation. Children under 1 year old are the most reported, with 51.81 of 1000 children in this age group investigated. The next most reported population is children 1 to 3, of which 43.14 of every 1000 are investigated for maltreatment. The rate of children who come into contact with the child protection system decreases with age (Public Health Agency of Canada, 2010).

Children's developmental vulnerability to the corrosive effects of maltreatment is apparent in the data reported by the Public Health Agency of Canada (2010), which indicates that in 46% of all substantiated child maltreatment investigations, the child in question had a known functioning concern. Such concerns include academic difficulties, symptoms of depression, anxiety or withdrawal, aggressive behaviours, and attachment issues (Public Health Agency of Canada, 2010). While further research is required to highlight the particular dangers of maltreatment to the youngest age groups, developmental and neurological science tell us that the youngest children are likely to be the most negatively influenced by experiences of maltreatment and trauma which initiate toxic stress responses.

According to the Canadian incidence study of reported child abuse and neglect – 2008: Major findings report (Public Health Agency of Canada, 2010) a number of caregiver risk factors played a role in substantiated child maltreatment investigations. Parent qualities may be the best predictors of a child's likelihood tobe subjected to maltreatment, as children who have primary caregivers with mental health issues (27%), substance abuse issues (48%), who have lack of social supports (39%), or who are victims or perpetrators of domestic violence (46%) are well represented in substantiated investigations. The path forward for these children varies greatly.

Caregiver Risk Factors in Substantiated Child Maltreatment Investigations



(Public Health Agency of Canada, 2010)

Some 73% of cases identified in 2008 were closed, with 27% of cases remaining open for ongoing services (Public Health Agency of Canada, 2010). A small 8% of children engaged in the child protection system in 2008 were placed outside of their homes, half of whom went to informal kinship care, and the other half to foster care (Public Health Agency of Canada, 2010). Children ages 0 to 3 account for 29% of all foster children (Statistics Canada, 2012). Startlingly, nearly half of the children investigated in 2008 had been in previous contact with child protection services (Public Health Agency of Canada, 2010). This pattern of return to care suggests a need for systems of care that more effectively address the needs and risks to development faced by infants. It is crucial that practitioners in the child protection context remain abreast of developmental science and that service delivery becomes consistently informed by the needs of infants. Only when all maltreated children ages 0 to 3 are provided with care that reflects the realities of their early development can we be sure that we are providing beneficial protection services.

What is Infant Mental Health? A Note on Terminology

Please note that throughout this text the term infants will be used to reflect children from birth to three years of age.

Zero to Three (2016) has developed the following definition for infant and early childhood mental health:

> *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 (Zero to Three, 2016, adapted from Cohen, Oser & Quigley, 2005, pg. 2).*

The mental health of infants relies heavily on the support and care of adults, and on having their needs met consistently and appropriately. Infant mental health practitioners and advocates concern themselves with all domains of early development, as social and emotional developmental difficulties may present themselves in many ways. Infant mental health needs to be a great concern for all practitioners working with children and families; this may include educators, physicians, and early interventionists. Promoting infant mental health, as well as intervening when necessary should be a key consideration to professionals whose work directly influences maltreated and vulnerable children. Child protection workers, lawyers, and judges all have a significant role to play in ensuring that early adversity does not lead to poor outcomes throughout life.

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Children's Aid Society of Toronto, Infant Wellness Initiative, Toronto, ON

www.torontocas.ca

For a population already deemed to be at risk, excessive wait times can lead to further developmental delays. Research has shown that 30 to 35% of 0 to 3 year olds investigated for maltreatment have developmental scores which may qualify them for early intervention services, but only 13% of them receive services within 12 months of their referral (McCrae, Cahalane and Fusco, 2011).

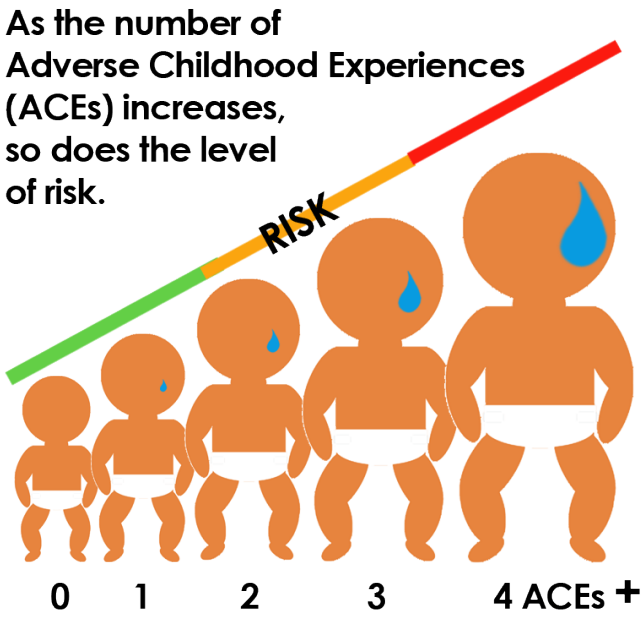
IEMHP partnered with Children's Aid Society of Toronto to develop a model for screening and interim support planning to:

- Train workers and foster parents on observing and understanding early mental health and risk factors that can derail early development;
- Implement the use of validated developmental screens to determine areas of concern;
- Interpret screening results and create an immediate plan of care that responds to the identified needs of the child;
- Provide tangible and helpful strategies for caregivers to address socio-emotional and physical development concerns while awaiting further assessment or treatment.

As a result, service plans for families and young children are better informed. Yearly screening has also been embedded in the Looking After Children, Assessment and Action Record for young children in the Society's care, and developmental support planning has been integrated into protocols for ongoing monitoring and support for children who demonstrate developmental concerns.

The Unique Challenges Faced by Maltreated Infants: Factors that threaten healthy development

Maltreated infants are a uniquely vulnerable population due to both their age and the early adversities they have encountered. While trauma and maltreatment are harmful at any age, the inherent vulnerability of infancy causes an amplification of maltreatment's harmful impact. Therefore, maltreatment occurring prenatally or in the first three years of life is a greater risk to development than maltreatment occurring at other stages in the life course. Infants who are the victims of maltreatment require early and effective services informed by their unique developmental needs and their social history. In the absence of this specialized care, maltreated infants become increasingly at-risk for delay and/or developmental trauma and will inevitably bend to the consequences of poor care giving and other early adverse experiences.



Exposure to Violence

Trends in substantiated maltreatment investigations show that neglect and exposure to intimate partner violence are the most common forms of maltreatment, each representing the primary form of maltreatment in 34% of substantiated investigations (Public Health Agency of Canada, 2010). Of all substantiated investigations:

- Physical abuse accounts for 20%;
- emotional maltreatment for 9%; and
- sexual abuse for 3%.

In addition, of all substantiated investigations 18% include more than one category of maltreatment, with neglect and exposure to intimate partner violence as the leading combination (Public Health Agency of Canada, 2010). It is clear that neglect poses a significant risk to the 0-3 population, as do other forms of trauma or maltreatment that may provoke a toxic stress response.

Neglect

Neglect is the failure of a caregiver to provide their child with the global care they require. Neglect can exist on a spectrum which includes occasional inattention, chronic under stimulation, medical neglect, severe neglect in a family context and severe neglect in an institutional setting (National Scientific Council on the Developing Child, 2012).
Some examples of neglect are lack of

Neglected children must be provided with consistent and responsive care in order to alleviate or reverse the developmental threat posed by this.

appropriate supervision, lack of medical care, or overall limited caregiver responsiveness. Evidence suggests that chronic neglect can be a greater threat to a young child's development than physical abuse (National Scientific Council on the Developing Child, 2012).

Children who are victims of chronic neglect or severe deprivation can sustain a range of adverse physical and mental health outcomes that actually produce more widespread developmental impairments than overt physical abuse (National Scientific Council on the Developing Child, 2012). These delays can encompass a wide range of developmental areas including cognitive delays, stunting of physical growth, impairments in executive function and self-regulation skills, and disruptions of the body's stress response (National Scientific Council on the Developing Child, 2012).

Toxic Stress

Healthy child development includes learning to cope with adversity. However, research has shown that healthy development can be derailed by excessive or prolonged activation of the stress response system in the body and brain (National Scientific Council on the Developing Child, 2015). This kind of stress, known as toxic stress, can have damaging effects on learning, health, and behaviour across the lifespan (National Scientific Council on the Developing Child, 2005/2014). Part of natural human development includes learning to cope with stress. When threatened, our bodies respond by increasing our heart rate, blood pressure, and stress hormones. An infant in distress is no different. When a young child experiences stress in an environment of supportive relationships, the experience is manageable and the risk of negative impact is significantly reduced. Through the use of these relationships, the physiological effects can be brought back to baseline, resulting in a healthy stress response system. However, in the absence of supportive relationships with caregivers, long lasting stress can actually hinder brain development (National Scientific Council on the Developing Child, 2012).

The three types of stress are highlighted in the following graphic.

Brief increases in heart rate and mild elevations in stress hormone levels.

Serious, temporary stress responses, buffered by supportive relationships.

Prolonged activation of the stress response system in the absence of protective relationships.

Graphic adapted from National Scientific Council on the Developing Child (2016). Used with permission. For more information visit: http://developingchild.harvard.edu/science/key-concepts/toxic-stress/

Toxic stress results from the prolonged and reoccurring activation of the stress response system in the absence of protective relationships, and has lifelong implications for health, learning and well-being (National Scientific Council on the Developing Child, 2005/2014).

Some studies have shown that infants who experience toxic stress due to extreme neglect have smaller brains than other infants (National Scientific Council on the Developing Child, 2005/14). Infants who experience toxic stress are prone to atypical stress response for the rest of their lives, as toxic stress helps to mature brain circuits that lead to negative or destructive responses to stress (National Scientific Council on the Developing Child, 2005/2014). Toxic stress in infancy may be derived from a multitude of factors which all occur in the caregiving relationship, including but not limited to poverty, parental depression, intimate partner violence, abuse and neglect.

A Promising Practice

Children's Cottage Society, Calgary, AB

www.childrenscottage.ab.ca

When families are in crisis and parents have nowhere to turn, the Children's Cottage Crisis Nursery offers a 24/7, 365 day safe haven where children can take a break from stressful situations. They are given nurturing care while their parents receive the help they need. Respite care during crisis helps reduce a child's exposure to stress. Parent support, both during crisis care and after discharge through home-based family follow-up, helps address the underlying cause of the crisis and helps reduce stress over the longer term.

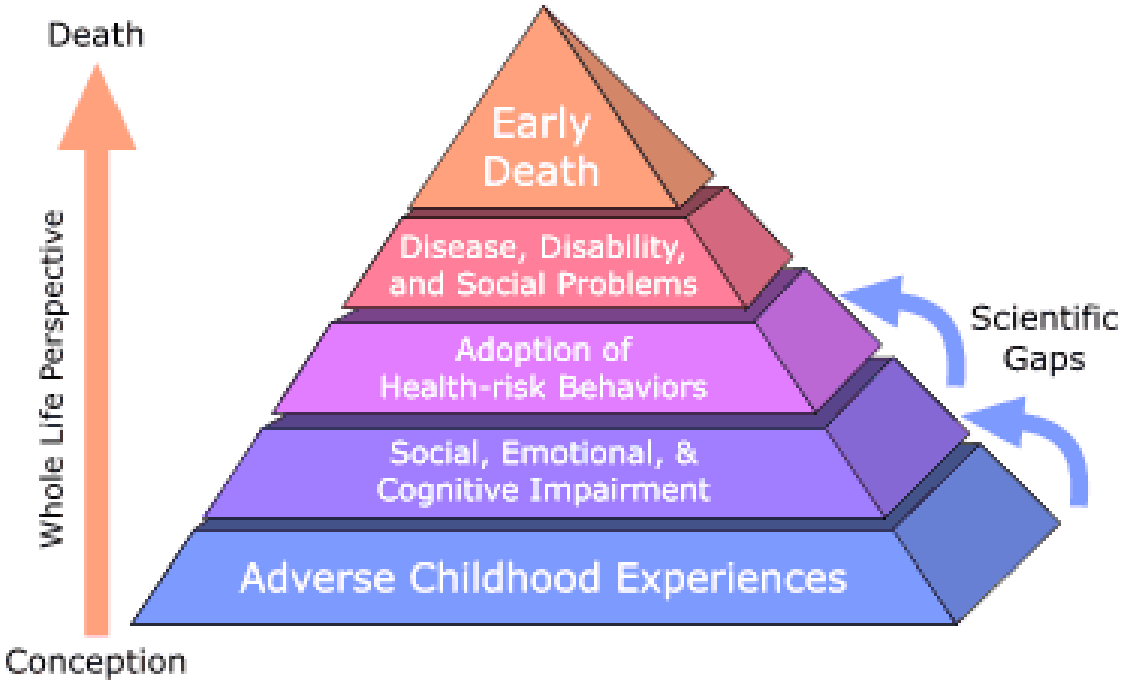
In their 30 years of operating, an estimated 60,000 children have received care. The 2015-2016 Annual Report alone indicates that 1,333 children from 776 families were cared for in the Crisis Nursery, and 39% of parents who reported their children were at risk of harm were protected by their stay.

Adverse Childhood Experiences

The Adverse Childhood Experiences (ACE) study is a longitudinal study analyzing the impact of adverse early life experiences on the lifespan. The ACE study focused on three main categories of adversity including abuse, family dysfunction, and neglect (Felitti, Anda, Nordenberg, Williamson, Spitz, Koss, & Marks, 1998).

- Abuse – including emotional abuse, sexual abuse, and physical abuse
- Family dysfunction – including having an incarcerated relative, witnessing mother/ step-mother being treated violently, mental illness in the family, parental divorce, and substance abuse in the family
- Neglect - both physical and emotional neglect

Participants in the ACE study are given a score between 1 and 10, reflecting the number of types of adverse experiences they were exposed to in childhood (Felitti et al., 1998). In short, the study found that the more adversities a child faces, the more likely they are to develop mental and physical illnesses in adulthood (Felitti et al., 1998). The findings also suggest that life expectancy decreases significantly for individuals with high ACE scores (Felitti et al., 1998). This study has led to an increased understanding of the urgency to act in the best interest of children in order to prevent them from facing adversities such as abuse, neglect, and family dysfunction that place them at a greater risk for health issues over the lifespan. A population–based study of Alberta adults showed that among the 1207 respondents, "Approximately one-third (27.3%) experienced at least one type of abuse, and almost half (49.5%) experienced at least one form of household dysfunction" (McDonald, Kingston, Bayrampour, Tough Mail, 2015).



ACEs have been demonstrated to lead to detrimental cumulative long-term effects such as:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Adolescent pregnancy

Children exposed to environments of abuse and neglect before birth and in the first few years of life warrant the greatest concern for early brain development. In the absence of supportive and consistent caregiving, these children are likely to suffer the inescapable pressures of neglect, toxic stress and trauma. The hurt experienced by maltreated infants stretches far beyond bruises and physical pain. A national study by Afifi (et. al, 2014) showed that 32% of Canadians have experienced some form of child abuse, and all types of child abuse were associated with all mental conditions, including suicidal ideation and suicide attempts with increasing number of abuse types experienced corresponding with greater odds of mental conditions. In a different study, Dube et al.,(2001) found that 80% of child or adolescent suicide attempts, and 64% of adult suicide attempts were attributable to having experienced 1 or more adverse childhood events.

It is critical that practitioners remain cognizant of the cognitive, social and emotional wear and tear of maltreatment. In the sections to follow we will explore the critical cognitive and emotional development that occurs in the first three years of life to solidify the importance of developmentally informed practice.

Infant Brain Development: Understanding early brain development and mental health, and their connection to lifelong outcomes

During the first three years of life, a baby's brain develops at a rate that is unmatched at any other point in their life. During this time, infants and toddlers acquire the ability to think, speak, learn and reason. Early experiences, both positive and negative, have a decisive effect on how the brain is wired. Practitioners who understand even the most basic science of brain development are

substantially better equipped to meet the needs of the infants, toddlers and preschoolers they serve. Brain development is intricate, involving many processes that are inter-connected. Over one million synaptic (neural) connections are formed every second during the first three years of an infant's life (Center on the Developing Child, 2009, Rev. 2017). Early and sustained exposure to risk factors such as child abuse and neglect can influence the physical architecture of the developing brain, preventing infants, toddlers and preschoolers from fully developing the neural pathways and connections that facilitate later learning. These changes in the brain can give rise to several psychological difficulties including cognitive delays, poor self-regulation, and difficulty in paying attention. Maltreated infants and toddlers may struggle with poor self-esteem, behaviour control and attachment formation, and may have difficulty showing empathy, controlling their behaviour in social situations, and initiating social interaction.

Building Brain Architecture

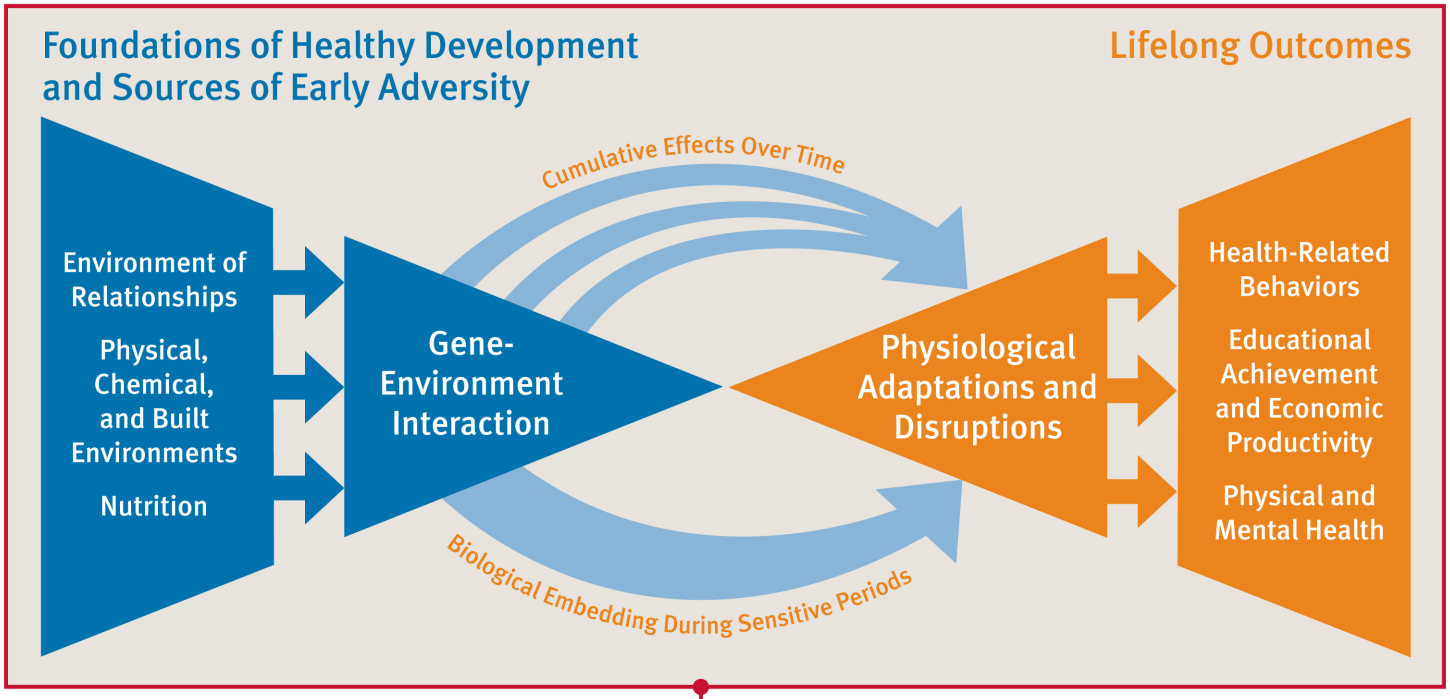
During early sensitive periods of development brain circuitry is most open to the influence of external experiences – negative and positive. During these sensitive periods, healthy emotional and cognitive development is shaped by responsible, dependable interaction with adults, while chronic or extreme adversity can interrupt normal brain development (National Scientific Council on the Developing Child. (2007). The brain is built in a bottom-up sequence, much like a house.

The circuits that control our most primitive functions and process basic information are developed first during infancy, before those that control more complex functions and process complicated information (National Scientific Council on the Developing Child, 2007). Early development builds a foundation for the development yet to come; therefore, when early brain development is hindered or strengthened, this has direct repercussions on a child's ability to develop effective complex functioning skills in later life. Much as the walls of a house may lean or tumble if its foundation has cracks, the higher skilled circuits in the brain will be compromised if the lower skilled circuits they are built upon are weak.

Brain Plasticity

Current research tells us that the brain is particularly sensitive to experiences in the first three years of life. Additionally, there are several processes by which early experiences directly influence our brains. One such process is brain plasticity. The human brain is malleable and plastic, transforming based on a combination of experiences and biology (National Scientific Council on the Developing Child, 2007). While this capability to change is in place for the duration of our lives, the ability of the brain to be reshaped by new experiences decreases over time (National Scientific Council on the Developing Child, 2007). The circuits become increasingly stabilized as we age, therefore, the plasticity of the brain is at its greatest earlier in life (National Scientific Council on the Developing Child, 2007). As a result, earlier experiences hold a greater influence on the brain than the experiences at any other time in life (National Scientific Council on the Developing Child, 2007). The plasticity of the brain allows the brain to be molded by experiences, which are both positive and negative. Therefore, trauma and maltreatment occurring in infancy has a strong tendency to influence the structure of the brain, but so too does intervention.

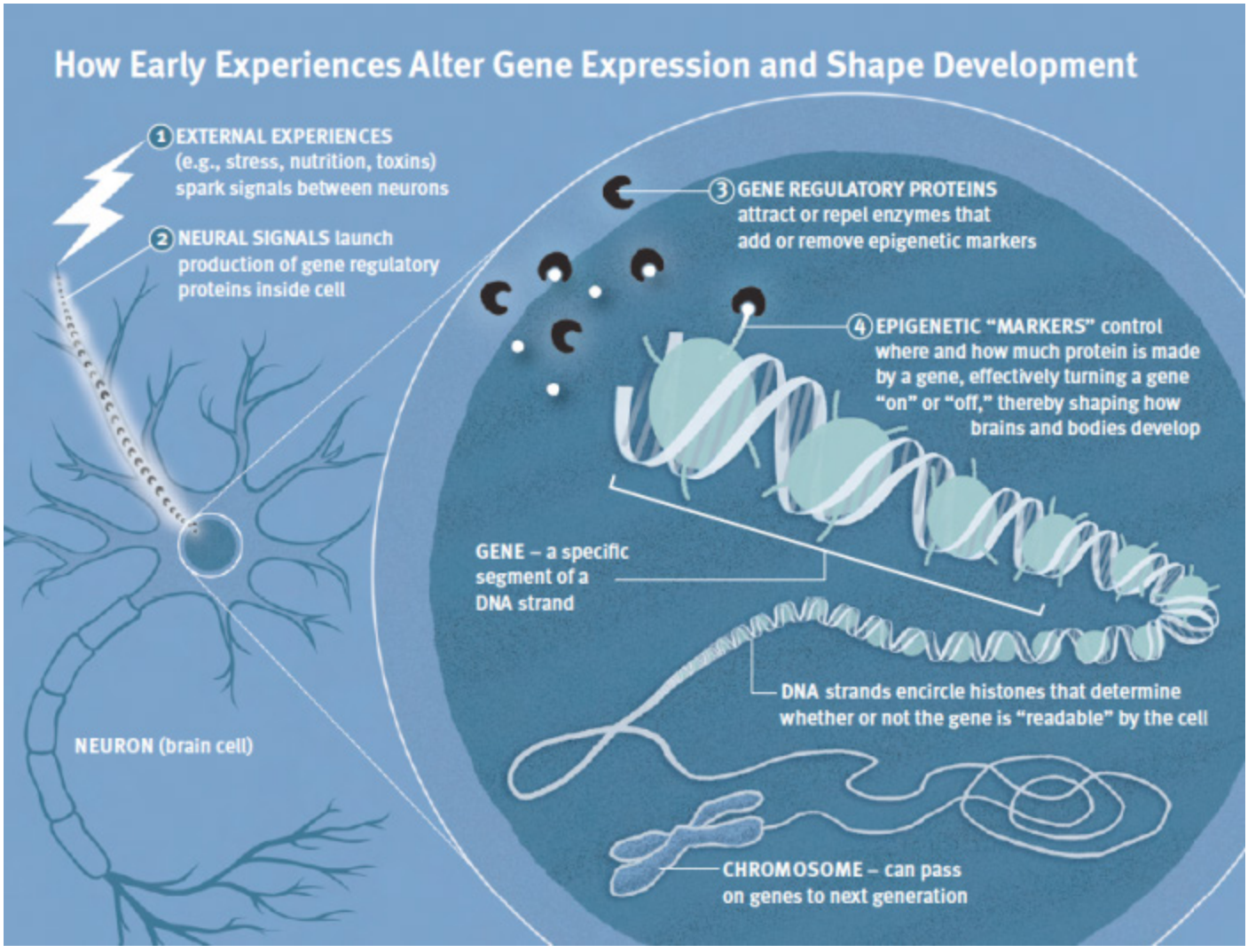
HOW EARLY EXPERIENCES GET INTO THE BODY: A Biodevelopmental Framework



This biodevelopmental framework highlights the shared early childhood roots of lifelong outcomes in learning, behavior, and both physical and mental health. An integrated approach to addressing disparities in those outcomes offers a promising opportunity to devise interventions that attack societal problems at their source. We know more now than ever before about how young children learn and develop and how to promote competencies in a variety of domains. These rapidly growing scientific frontiers offer unprecedented opportunities to catalyze a new era in early childhood policy and practice that is guided by science and driven by leadership that combines a strong sense of civic responsibility, an informed understanding of the positive returns that can be generated by wise investment, and a willingness to explore new ideas.

Sensitive Periods of Development

The timing of quality early experiences is crucial to brain development. There are periods of synaptic growth, or "sensitive periods", in which the brain expects to receive input to strengthen synaptic connections (National Scientific Council on the Developing Child, 2007). The input received determines the pathways through which the brain will process information. Therefore, positive input leads to healthy expectations, while negative input hardwires the brain in ways that may cause irregular stress response. When an abundance of stimulation is provided, connections are strengthened. Conversely, when a child does not receive the necessary stimulation, connections may be weakened and lost. There is an inherent 'use it or lose it' quality of the brain. When circuits are practiced repeatedly they are strengthened; those which are not activated regularly may be lost in the natural process of pruning (National Scientific Council on the Developing Child, 2007). However, it is important to note that there is always a possibility to change, the brain remains sensitive to new input throughout life and there is always hope for remediation, even once circuits become stabilized (National Scientific Council on the Developing Child, 2007).



Epigenetics

Recent neuroscientific research has highlighted the interactions between genes and the environment, and how this interaction shapes human development. The common misconception that genes are “set in stone” has now been debunked. We know now that early experiences can determine how genes are turned on and off, and even whether some are expressed at all (Harvard Centre on the Developing Child, Deep Dives, Gene-Environment Interaction, 2015).

Epigenetic changes occur at the intersection between genes and experience/ nature and nurture, as experiences leave a chemical signature on our genes which have the ability to mute or amplify the genes (McCain, Mustard, & Shanker, 2007). Infants are born with a genetic blueprint, a plan that is built upon or modified by experience (McCain, Mustard, & Shanker, 2007).

Studies in epigenetics are increasingly revealing that epigenetic signatures may be present inter-generationally (National Scientific Council on the Developing Child, 2010). Therefore, an infant’s gene expression can be influenced by their parents’ experiences, or even that of their grandparents. The risk of developing various chronic diseases such as cancer, cardiovascular disease, diabetes, and obesity in adulthood can be mitigated through epigenetic changes throughout early life and childhood (Gluckman, Hanson, & Beedle, 2007). The brain relies on effective care to develop to its best potential. Without proper nutrition, attentive care, and a secure attachment with a primary caregiver, an infant’s brain may develop poorly, which can set that infant up for a lifetime of negative consequences for their health, cognitive functioning, and well-being.

The Attachment Relationship: Early relationships build the foundation for lifelong success

Infants and toddlers develop in an environment of relationships. They rely on their primary caregivers for security and comfort. Children who are able to develop secure relationships with their primary caregivers show a greater capacity for self-regulation, effective social interactions, self-reliance, and adaptive coping skills later in life (Goldsmith, Oppenheim, & Wanlass, 2004). Attachment can be explained as negotiation for security on the part of the baby. How a parent responds to their infant in times of distress has a lasting influence on how that infant views and interacts with the world. Attachment security is established in the first year of life, making early infancy a delicate time that must be supported by a consistent and reliable caregiver.A child who experiences a secure attachment with their primary caregiver becomes a child who is more likely to be open and flexible in their interactions with others and the world. Alternatively, a child who experiences an avoidant, ambivalent, or disorganized attachment with their primary caregiver is a child who is more likely to

experience significant delays later in life such as;

- concealing feelings, expressing little emotion (avoidant)
- demanding, insistent, highly emotional (ambivalent)
- confused and frightened by their caregivers, role reversals, aggression, dissociative (disorganized).

The attachment relationship is essentially an external regulation system that helps the child cope with distress. A parent's style of responding to their infant's expressions of distress establishes a style of emotional expression that will continue into future relationships.

A child attaches to the caregiver regardless of the quality of care received, even if the caregiver is abusive and neglectful. While a neural system that ensures attachment regardless of the quality of care has immediate benefits, this attachment comes with a high cost. Traumatic experiences interact with genetics to change the structure and function of the brain, compromising emotional and cognitive development and initiating a pathway to pathology (Sullivan, 2012, p.1).

Serve and Return Interactions

Infant development occurs in the context of relationships. Much of brain development is dependent on the early serve and return interactions between an infant and the important adults in his or her life (National Scientific Council on the Developing Child, 2012). Another building block for early development occurs when a parent or another caring adult replies to an infant's attempts to initiate interactions. When parents respond to their infant's attempt to communicate, they engage them in a serve and return interaction (National Scientific Council on the Developing Child, 2012).

The basic concept of serve and return interactions is that the infant "serves" by offering an opening interaction such as a babble, smile, gesture or laugh, and with words once they are verbal, then the adult responds to that child's serve with a "return" that acknowledges the communication (National Scientific Council on the Developing Child, 2012). These interactions strengthen brain circuitry, are relationship building and are at the foundation of early language development (National Scientific Council on the Developing Child, 2012).Because responsive relationships are developmentally expected and biologically essential, their absence signals a serious threat to child well-being, particularly during the earliest years (National Scientific Council on the Developing Child, 2012, p.1).

Making the Case: The need to act early and effectively

Research confirms that the early years present an unparalleled window of opportunity to effectively intervene with at-risk children (Shonkoff & Phillips, 2000). To be effective, interventions must begin early and be designed with the characteristics and experiences of infants, toddlers, preschoolers, and families in mind. Child welfare organizations across Canada universally focus on the goals of safety, permanency and well-being for all children within their mandate. Understanding the need to act early and effectively for maltreated infants and toddlers will enhance

the workers ability to achieve these goals. The financial benefits of effective early intervention must not be ignored because investing in better programs in infancy may lead to less need for remedial supports later in life. Nobel Laureate James Heckman has long studied the economics of human development. Heckman (2007) has found evidence that investment in early childhood programs reduces the need for remedial services and offers a significant return on investment (Heckman & Masterov, 2007). Given this early window of opportunity, there are a number of ways in which policymakers and practitioners can intervene to improve outcomes for infants and toddlers.

A Promising Practice

Mothercraft, Breaking the Cycle, Toronto, ON

www.mothercraft.ca

Mothercraft's Breaking the Cycle (BTC) is one of the first Canadian early intervention programs for pregnant/parenting women using substances and their infants and young children 0-6 years, addressing maternal addiction problems and the mother-child relationship through a comprehensive, integrated, cross-sectoral, community-based model through the efforts of nine partner agencies creating a non-traditional collaboration. Its goals are to address service system problems such as fragmented services, multiple intake experiences, lack of consistency, multiple service-access locations, and coordination of services, especially between the adult treatment and child service sectors.

Evaluations since 1995 have reported enhanced birth and perinatal outcomes for infants of substance-involved mothers engaged earlier in pregnancy, enhanced developmental outcomes for children, parenting confidence, treatment outcomes, and decreased rates of separation of mother and child. Results demonstrate that infants and young children, even those experiencing complex risks, do better when their mothers have relationship-focused intervention.

The effect of early trauma, maltreatment and negative foster care experiences on healthy development can have lifelong implications if not properly addressed. Understanding of the needs of young children in the child welfare system and the science of early childhood development provides a starting point as well as an impetus for adopting a developmental approach to child welfare services. Important progress can be made on behalf of these infants and toddlers.

Key Points to Inform Discussions

The science is clear, early adversity increases the likelihood of poor physical and mental health outcomes throughout a child's life. Early experiences and relationships, both good and bad, have a profound and lasting impact on brain architecture and gene expression. When infants, toddlers and preschoolers experience lengthy wait times, or the absence of needed interventions, their development is further at risk.

To make a meaningful difference in the lives of Canada's youngest and most vulnerable population, policies and practices must ensure that:

Every child welfare decision and service has a goal of enhancing the well-being of infants, toddlers, and their families to set them on a more promising developmental path. Reorienting a child welfare system toward a developmental approach should be paramount. It requires commitment from policymakers as well as the inclusion of specific knowledge of the science of infant mental health and early development in training for child welfare workers, early childhood educators, family court lawyers and judges and others involved with this vulnerable population.

Every young child in care or service of the system has a stable and caring relationship present in their life every day. One loving, protective and nurturing relationship can buffer the impact of adversity for an infant, toddler or preschooler. Child welfare policies and practices should make supporting responsive, secure bonds between young children and their parents or caregivers a central goal. This means maintaining and encouraging parent–child contact when it is supportive of the child, the parents, and their relationship; minimizing the number of foster placements; and promoting permanence.

Every young child who is in service of child protection is screened regularly for social, emotional and developmental risk, and when such risk is present there is immediate access to early intervention services. With the appropriate training and skills, social workers, early

childhood educators and others can provide an immediate response until more intensive services become available by helping to address the relationship between baby and parent, and between baby and foster parent.

Every child and their family must be supported by a community of partners who collaborate to ensure the well-being of every child. The child welfare system cannot do it alone. Policies in health, social services and education must collectively facilitate coordination among agencies to provide comprehensive assistance for at-risk families by "breaking down the silos" that currently exist. For at-risk families with young children, help in building strong friendships and community connections that reduce isolation can provide an especially valuable network of support.

Child welfare administration at the provincial, territorial, and local levels must focus on infants, toddlers, preschoolers and their families in the delivery of services, data collection, research, and attention to special populations. It is extremely important that we learn more about what is happening for the youngest children in the child welfare system and what works best in addressing their needs. We must acknowledge and respond to their specific needs through research, program administration, data collection and analysis, as well as through the provision and evaluation of ongoing services.

The above is adapted from Zero to Three's 2011 A Call to Action On Behalf of Maltreated Infants and Toddlers "An Agenda for Addressing the Developmental Needs of Infants and Toddlers", p. 6-7.

Policy Recommendations and Action Plan

The next section identifies the elements of an approach that needs to be supported through policies and practices at the provincial, territorial, and local levels.

Change Knowledge

Training and education are pivotal to provide a clear understanding and language surrounding the mental health needs of infants and young children.

Change Policy

Systems must promote and encourage inter-agency collaboration for effective delivery of services that actively support early mental health.

Change Practice

Practitioners must attend to the full continuum of mental health including promotion, prevention and early intervention.

A Promising Practice

Alberta Children's Services

www.alberta.ca/ministry-childrens-services

Calgary is leading a revolution in practice by changing how vulnerable children under 5 are supported while involved with services such as child protection and/or early intervention. The vision for infants, children and youth involved with Child and Family Services is that they are nurtured by empathic, responsive caregivers who accept them as they are, respond to them in a developmentally appropriate manner, and can interpret their behaviour through a trauma- informed lens with an appreciation for the impact of grief and loss.

Policy makers and program staff have collaborated to implement significant practice and service reform that includes:

- Creating capacity for ongoing support to agencies by strengthening the knowledge of the sector and creating a network of local trainers.
- Developmental screening of vulnerable children involved with services such as child welfare and early intervention, at regular and frequent intervals.
- An immediate response to developmental risk through developmental support planning that ensures caregivers can begin to work immediately with a young child to promote stronger developmental outcomes
- Adapting the resources for diverse populations and Indigenous communities.

Not only is the Province providing the training to enhance workers' capacity to support caregivers, but they are ensuring that there is policy, program framework and evaluation to learn how this is improving outcomes for this young group of children.

Change Knowledge: Training and Education

Services and supports must be delivered in a developmentally appropriate manner for infants, toddlers, and families who come to the attention of the child welfare system so that decisions and services have the explicit goal of enhancing the safety, permanency, and well-being of infants and toddlers.

There is a wealth of scientific knowledge available about early childhood development that can be used to make informed decisions about placement, access visits, services, and permanency for infants and toddlers in the child welfare system. Policymakers should be focused on building and maintaining a well-trained interdisciplinary workforce which is educated in the science of early childhood development and informed by the most relevant and recent data.

For professionals who work with infants, toddlers and preschoolers in the child welfare system, this must include ongoing training and continuing education. Training must be focused on integrating the science of early development into child welfare practice in order to help child welfare workers understand the impact that early trauma and maltreatment has on a child's developmental trajectory.

Guidelines for Training and Education

1. Implementation of ongoing training and education to ensure a quality child welfare workforce that is guided by the science of early childhood development including:

   - ⇨ Knowledge of the science of infant and early mental health;
   - ⇨ Recruitment of front-line workers and supervisory staff with training in early child development;
   - ⇨ Knowledge and understanding of the importance of serve and return interactions and their impact on lifelong development;
   - ⇨ Understanding the issues that parents involved with the child welfare system might be facing (e.g., underlying history of severe and often debilitating trauma, substance abuse issues, mental health issues, and poverty) and education on the many protective factors that could help families succeed; and
   - ⇨ Policies that promote retention and increased professionalism such as trauma informed services, reflective supervision, more knowledge about the unique needs of infants and toddlers, and opportunities to discuss the traumatic circumstances of the client and how that affects the coping capabilities of the staff.

2. Training on developmentally appropriate care for infants, toddlers, preschoolers and their families should be provided to:

- ⇨ Child welfare workers;
- ⇨ Birth parents, foster parents, or other caregivers;
- ⇨ Lawyers and judges; and
- ⇨ Partnership agencies (e.g., mandated reporters and others who work in partnership with child welfare such as early childhood programs).

Change Policy: Inter/Intra-Agency Collaboration

Families, communities, resources, and child welfare agencies should work as key partners in ensuring the safety, permanency, and well-being of infants and toddlers.

It is important to support child welfare policy that seeks to encourage coordination and collaboration among agencies whose goal is to assist at-risk families. Assisting at-risk families with infants and toddlers requires a comprehensive approach that seeks to "break down the silos" which currently exist. We should encourage and support the development of community-based networks of social service supports to assist infants, toddlers, preschoolers and their families known to the child welfare system. These young children don't come in pieces. Coordination among services is essential. At a minimum, early childhood education, maternal care, and child health programs should be brought together with child welfare agencies. For at-risk families with young children, building strong friendships and connections to their community that reduce isolation is also critical to providing a network of support during challenging times.

Guidelines for Inter/Intra Agency Collaboration

Successful collaborations should include:

- ⇨ Collaboration among child welfare and community systems to create a web of concrete services for infants, toddlers, and families, and their communities;
- ⇨ Community resources that are linked with child welfare services to help families build formal and informal support systems;
- ⇨ Active communication among different child welfare staff within agencies about how best to serve infants and toddlers. For example, case conferences concerning an infant's developmental status and how to improve it happen on a regular basis, and outside resources are utilized when applicable; and

⇨ Infant/ early mental health services that are made available to families with infants, toddlers or pre-schoolers.

Practitioners in the field of infant mental health (IMH) come from diverse educational backgrounds and therefore, it requires interdisciplinary practice and collaboration.

Change Practice: Promotion, Prevention and Intervention

Early intervention procedures and services must be accessible in a timely manner to prevent the consequences of early adversity in infants and toddlers.

The mental health system in Ontario has made great gains since the 10-year Mental Health and Addictions Strategy was implemented six years ago, but policies specific to infant and early childhood mental health are lacking. In a document released by the Ontario Centre of Excellence for Child and Youth Mental Health in 2014, best practice guidelines for policy development regarding this vulnerable population are set, and an ideal framework is laid out. According to Zero to Three (2007, p.1), "an effective approach to promoting healthy social and emotional development must include equal attention to the full continuum of mental health services – promotion, prevention, and treatment – and to improving the capacity of the system to deliver these services". The recommendations for Ontario, which can encompass all provinces, are to move beyond the focus on mental illness, and instead include the full continuum looking at mental health. This includes promotion, prevention, early identification, and treatment. This life-course approach ensures the focus is on the well-being of caregivers and their children (Clinton et al, 2014).

This recommended focus on promotion, prevention, early identification, and treatment

is directly in line with the recommendations for working with infants and young children involved with child welfare. In order to implement effective policies for infants and young children, the full continuum of promotion, prevention and early intervention strategies should be targeted to the specific needs of families. An environmental scan of infant and early childhood mental health services in Ontario found that while the mental health needs of infants and young children are found to be vitally important, the current system is hampered by a number of inconsistencies including: fragmentation of services across ministries, limited early years workforce development, shortage of high-quality accessible child care, limited community and provincial monitoring and assessment, and lack of focus on the relationship between infants and families (Clinton et al 2014).

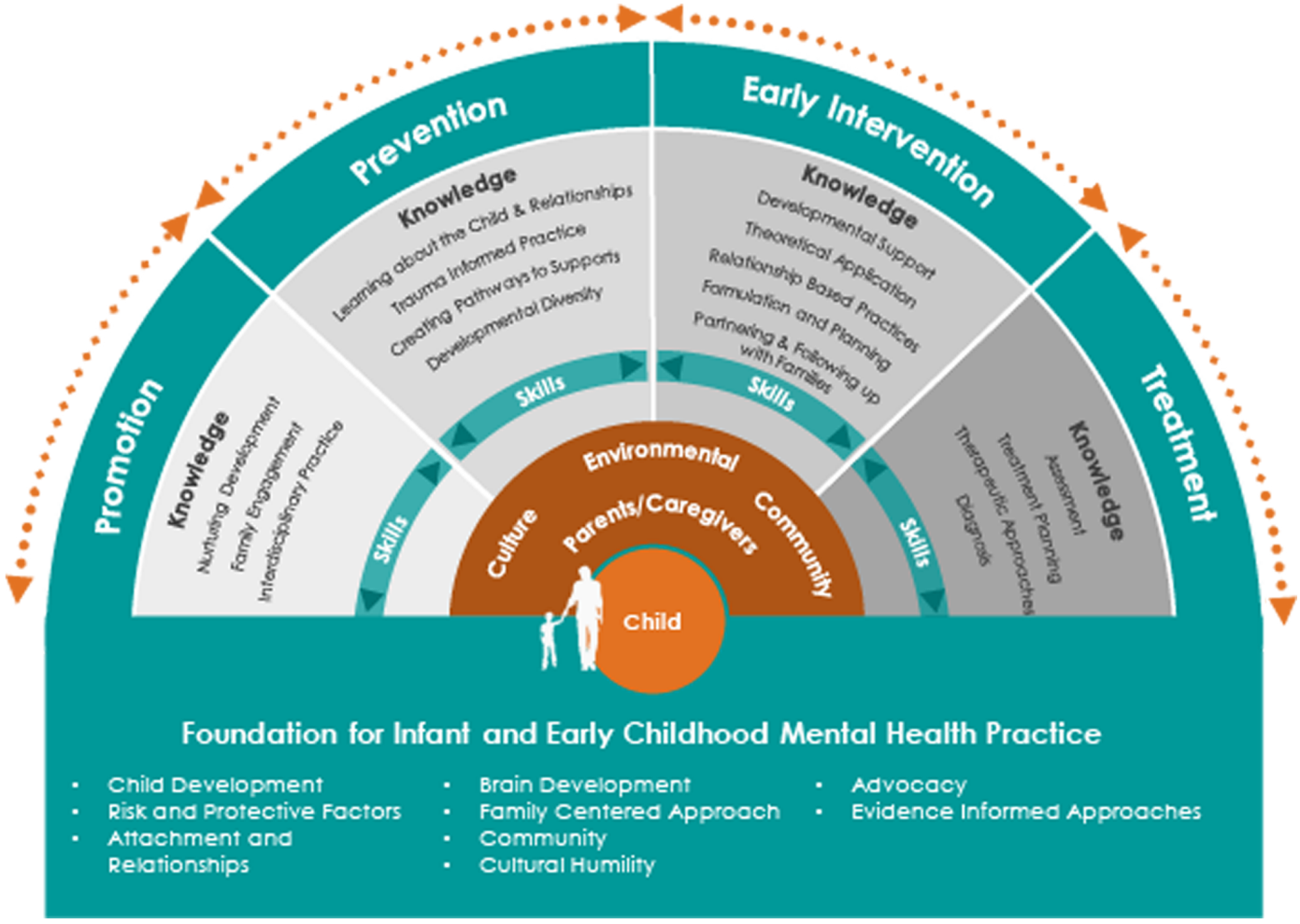
Infants, toddlers and preschoolers who have experienced trauma, abuse and neglect, or who have been exposed to prenatal maternal alcohol and/or substance abuse, have higher rates of physical and emotional problems. If not addressed, these health conditions and developmental delays can have serious consequences for children as they age (Dicker, Gordon & Knizer, 2002). Despite this understanding, there are inconsistencies in the use of developmental screenings, assessments and interventions for young children involved with child welfare. Provincial and Territorial policies should ensure that the developmental needs of infants, toddlers and preschoolers, as well as those of their parents, are identified and addressed. This means routinely using screening and assessments and intervening early and generously with developmental services. Program evaluation demonstrates that quality, research-based intervention programs that begin early can improve the odds of positive outcomes for Canada's youngest and most vulnerable children well into the adult years (Shonkoff & Phillips, 2000).

Guidelines for Improving Promotion, Prevention and Intervention

- A range of comprehensive physical, mental, emotional, developmental, and family assessments, reassessments, and services that address the needs of families with infants and toddlers are provided, such as:
  - Early periodic screening and intervention services or other preventive health services;
  - Infant and early childhood mental health services, including parent–child therapy;
  - Assessments and services to meet parents' needs regarding physical health, mental health, substance abuse, economic concerns, and housing;
- Priority is given to the participation of infants, toddlers and preschoolers in specialized treatment and quality early childhood programs;

- ⇨ High quality child care for at-risk families with infants and toddlers is funded at the Provincial and Territorial level;
- ⇨ Early intervention programs are made more responsive to the needs of infants, toddlers, and their families by strengthening collaborations between child welfare agencies and child care, and increasing staff training to ensure that early intervention professionals are equipped to address the unique needs of very young children whose families are involved with child welfare; and
- ⇨ Permanency planning includes shared responsibility between courts and child welfare agencies to oversee physical, developmental, and mental health, and other services for infants, toddlers, and their families, and to take active steps to ensure the children find permanent families through reunification, kinship, or adoption.

The child and caregiving circle of support must be at the centre of all promotion, prevention, early intervention and treatment activities.



Key Recommendations

Services must examine and improve policies and approaches to cases involving infants and young children in order to address the social and emotional impacts of early trauma and maltreatment and mitigate lifelong consequences.

Change Knowledge - Training and Education

Practitioners must be informed by relevant scientific knowledge of early childhood development in order to consistently offer services and supports in a developmentally appropriate manner, and to inform decisions towards the goal of enhancing the placement, safety, permanency and wellbeing of infants and toddlers.

Change Policy - Supporting Inter/ Intra-Agency Collaboration

Coodination and collaboration is imperative among families, communities, services, and child welfare agencies whose goal it is to assist at-risk families in ensuring the safety, permanency and wellbeing of infants and toddlers.

Change Practice - Promotion, Prevention and Intervention

Early intervention services must be developed to be accessible, responsive to the specific needs of the infant and family, and implemented in a timely manner to monitor and prevent the consequences of early adversity.

Caregivers, child protection workers, lawyers, judges, physicians and early interventionists all have a significant impact and role to play in ensuring that early adversity does not lead to lifetime consequences to health and well being.

How can you support infants and toddlers at risk?

1) Read and share the Call to Action on Behalf of Maltreated Infants, Toddlers and Preschoolers in Canada with professionals and policy makers within your agency and region, at meetings and through social media.

2) Get Involved - actively support and advocate for the adoption of the recommendations and encourage your agency to write a letter to endorse the Call to Action.

3) Contact your local MPP, Ministries of Child and Youth Services; Education; Health and Long-term Care, and advoacate for policies that support these recommendations.

Official Letter of Endorsement

A Call to Action on Behalf of Maltreated Infants, Toddlers and Preschoolers in Canada

As a representative of_____I endorse the document - A Call to Action on Behalf of Maltreated Infants, Toddlers and Preschoolers in Canada.

By the submission of this letter we agree that:

- Child Protection Services has a responsibility to address the social and emotional impacts of early maltreatment as early as possible to mitigate lifelong consequences.
- Infants, toddlers and preschoolers served by child welfare need timely intervention that is relationship-based, child focused, developmentally appropriate, and trauma informed.
- A differential response in service delivery, policy and practice that accounts for the unique developmental needs of young children is essential to helping them achieve better outcomes.
- All of those who support young children involved in child protection services need access to training, tools and resources that enable them to positively influence social, emotional and developmental outcomes.

In addition we agree to the key principles and recommendations below:

Changing Knowledge - Training and Education

Practitioners must be informed by relevant scientific knowledge of early childhood development in order to consistently offer services and supports in a developmentally appropriate manner, and to

inform decisions towards the goal of enhancing the placement, safety, permanency, and well-being of infants and toddlers.

Changing Policy - Supporting Inter/Intra-Agency Collaboration

Coordination and collaboration is imperative among families, communities, services, and child welfare agencies whose goal it is to assist at-risk families in ensuring the safety, permanency, and well-being of infants and toddlers.

Changing Practice - Promotion, Prevention and Intervention

Early intervention services must be developed to be accessible, responsive to the specific needs of the infant and family, and implemented in a timely manner to monitor and prevent the consequences of early adversity.

We agree that you may publish/ include this agency's/ organization's name (and Department if applicable) as a supporter (or endorser) in the Call to Action document and on the IMHPromotion.ca website. Any significant changes to future versions of the document will warrant renewed endorsement. We understand that we may withdraw this endorsement in writing at any anytime.

Contact Name _____

Title/ Position _____

Department _____

Agency/ Organization _____

Address _____

Contact Phone _____

Contact Email _____

Signature _____ Date submitted_____

Submit this letter on your agency letterhead, to:

Infant and Early Mental Health Promotion (IEMHP), The Hospital for Sick Children,
555 University Ave., Toronto, ON M5G 1X8
iemhp.mail@sickkids.ca (416) 813- 6062 FAX (416) 813-2258

Appendix A - Supporting IEMHP Resources

The Hand in Hand family of resources (available from Infant and Early Mental Health Promotion) is full of activities and tips for caregivers to support social and emotional development during the early years. These one page handouts provide simple strategies which can be shared with parents and caregivers to foster secure attachment relationships and support self regulation.

Hand in Hand Developmental Support Planning Resource Kit

- Manual and Templates of the full and one page plans in Word format.
- A selection of goals and strategies that can be included in the DSP.

Hand in Hand - Social and Emotional Milestones

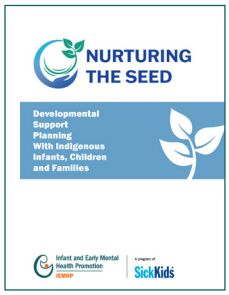
An overview of a young child's typical social and emotional development by age:

- 0 - 3 Months
- 4 - 6 Months
- 7 - 12 Months
- 13 - 18 Months
- 19 - 24 Months
- and 25 - 36 Months

Hand in Hand - Supporting Your Child's Social and Emotional Development

Charts provide valuable age appropriate strategies for parents and caregivers to be:

- Engaged and Engaging
- Enjoyable to Be With
- Consistent
- Responsive
- Sensitive
- Baby's Voice



Nurturing the Seed: A Developmental Support Planning Model for Working with Indigenous Infants, Children and Families

- The Hand in Hand model with supporting culturally appropriate considerations

Training is available on the use of both of these models.

Compelling research evidence consistently emphasizes that when parents comfort, play with and teach their children in a positive manner it enhances children's development. Comfort, Play & Teach was developed to communicate what developmental science tells us about key strategies in parenting.

Parents provide comfort to their children through words, physical presence and touch. Comfort is more than relief from distress. When it is provided with overall warmth, responsiveness and sensitivity to children's wide-ranging interests and needs, it is strongly related to infants' forming attachments to their parents and to toddlers' willingness to accept parents' guidance and requests.

Play is the "work of children" and parents are an essential play "partner" for their children. When parents play with their children, they learn to explore and discover the world and their role in it.

Teach is how parents help their children learn, both intellectually and interpersonally. When parents teach their children, they learn communicate, solve problems and how to relate to others.

Infant Mental Health & Family Law Initiative

Learning Modules

A collaboration among professionals concerned about the health, mental health and development of Canada's abused or neglected children under the age of three. Our first aim is to increase awareness of the unique developmental needs of infants and toddlers and educate professionals about the impact of maltreatment during this sensitive period. Our second aim is to provide family court judges, family law practitioners, and child welfare professionals with the resources they need to make clinically informed decisions about maltreated young children. Finally, we aim to promote collaboration among care providers who touch the lives of these children.

These modules will explain how it is through relationships with caring, consistent, secure, and protective adults that the human brain develops in response to the physical, social, emotional, and cognitive experiences in their world. The mechanism of this relationship-dependent feature of infants and young children, and how its ripple effects craft the foundation of development in every single realm over a lifetime is described in detail, as well as how Child Protection practitioners can embed knowledge to support early mental health in practice.

Infant Mental Health from the Bench

If infants and toddlers had the capacity to tell us their needs, what would they tell us? Young children are not directly in the courtrooms therefore their perspectives can be often ignored and unheard in legal proceedings. How do we know the decisions being made are in the best interest of the child?

As part of the Family Law Initiative, Infant Mental Health Promotion has created a video series focusing on understanding infant mental health within the judicial system.

This free Video series includes:

Module 1 - Understanding Infant Mental Health

Module 2 - (Part A) Understanding Infant Trauma

Module 2 - (Part B) Developmental and Psychosocial Consequences of Trauma for Children

The video series was developed to inform judges, lawyers and other legal professionals working on cases involving child protection and/or divorce.

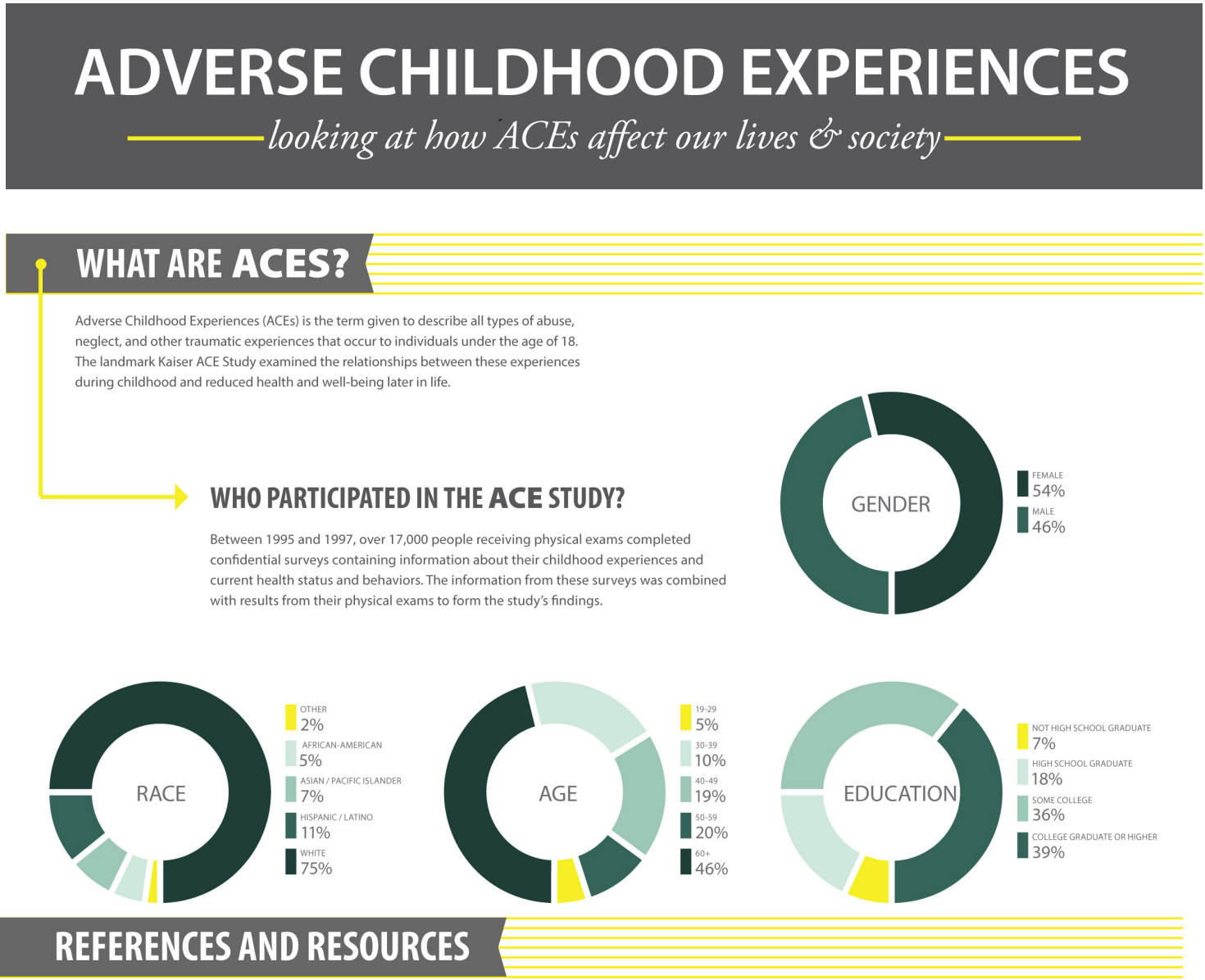
Module 3 - (Part A) Options for Supporting Infant Mental Health

Module 3 - (Part B) Interventions

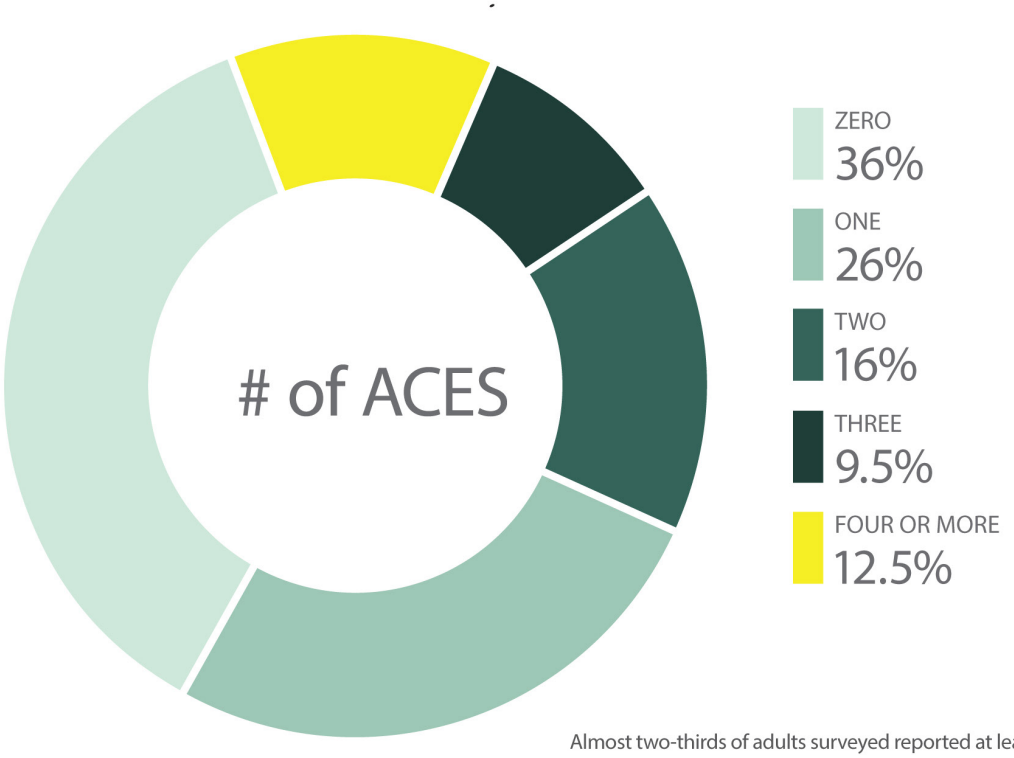
Module 3 - (Part C) Implications for Judicial Practice

Appendix B - Adverse Childhood Experiences Study (ACEs) Info-Graphic

http://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html



HOW COMMON ARE ACES?

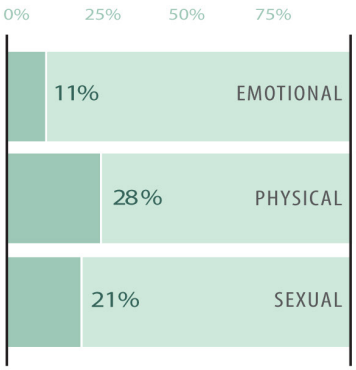


Almost two-thirds of adults surveyed reported at least one Adverse Childhood Experience – and the majority of respondents who reported at least one ACE reported more than one.

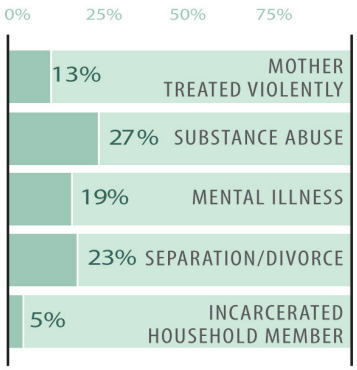
TYPES *of* ACES

The ACE study looked at three categories of adverse experience: **childhood abuse**, which included emotional, physical, and sexual abuse; **neglect**, including both physical and emotional neglect; and **household challenges**, which included growing up in a household were there was substance abuse, mental illness, violent treatment of a mother or stepmother, parental separation/divorce or had a member of the household go to prison. Respondents were given an **ACE score** between 0 and 10 based on how many of these 10 types of adverse experience to which they reported being exposed.

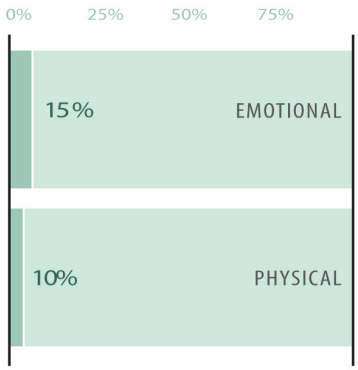
ABUSE



HOUSEHOLD CHALLENGES



NEGLECT



HOW DO ACES AFFECT OUR LIVES?

ACES CAN HAVE LASTING EFFECTS ON BEHAVIOR & HEALTH...

Simply put, our childhood experiences have a tremendous, lifelong impact on our health and the quality of our lives. The ACE Study showed dramatic links between adverse childhood experiences and risky behavior, psychological issues, serious illness and **the leading causes of death.**

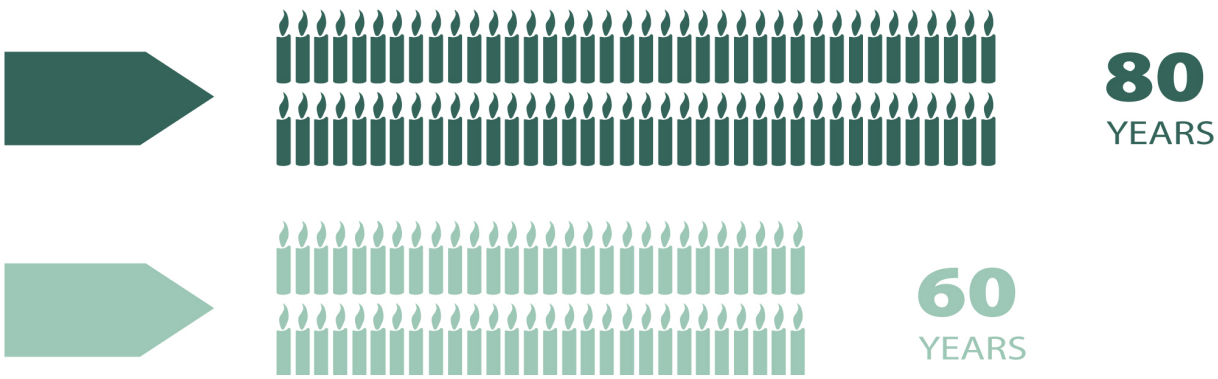
The following charts compare how likely a person with1, 2, 3, or 4 ACEs will experience specified behaviors than a person without ACEs.

*Having an ACE score of zero does not imply an individual could not have other risk factors for these health behaviors/diseases.

HOW DO ACES AFFECT OUR SOCIETY?

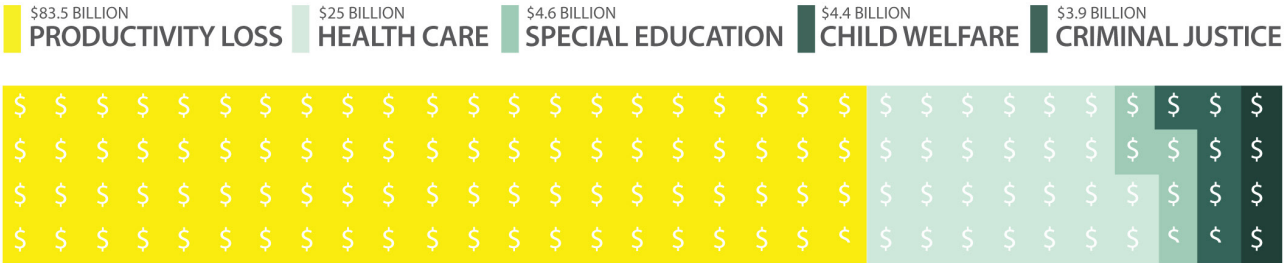
LIFE EXPECTANCY

People with six or more ACEs died nearly **20 years earlier on average** than those without ACEs.

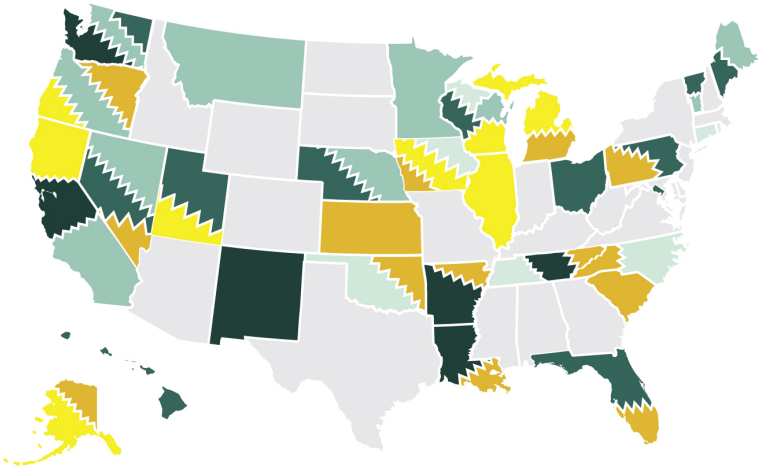


ECONOMIC TOLL

The Centers for Disease Control and Prevention (CDC) estimates that the lifetime costs associated with child maltreatment at **$124 billion.**



THE ACE STUDY CONTINUES



AR, CA, LA, NM, TN, WA
2009

DC, FL, HI, ME, NE, NV, OH, PA, UT, VT, WA, WI
2010

CA, ME, MN, MT, NE, NV, OR, VT, WA, WI
2011

CT, IA, NC, OK, TN, WI
2012

AK, CA, IL, IA, MI, OR, UT, WI
2013

AK, AR, FL, IA, KS, LA, NC, NV, OK, OR, PA, SC, TN, WI
2014

Although the study ended in 1997, some states are collecting information about ACEs in their population through the Behavioral Risk Factor Surveillance System (BRFSS).

What *can* Be Done About ACES?

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. Safe, stable and nurturing relationships **and environments** (SSNRs) can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:

Voluntary home visiting programs can help families by strengthening maternal parenting practices, the quality of the child s home environment, and children s development.
Example: Nurse-Family Partnership

Home visiting to pregnant women and families with newborns

Parenting training programs

Intimate partner violence prevention

Social support for parents

Parent support programs for teens and teen pregnancy prevention programs

Mental illness and substance abuse treatment

High quality child care

Sufficient Income support for lower income families

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Help us by sending your Agency's letter of endorsement today and HELP US GET THE WORD OUT!

IEMHP has developed this advocacy kit to share this information forward. Send the Call to Action documents to your networks and partners and encourage them to submit a letter of endorsement. Share this information with your local MPs and Ministries that provide services for infants and families to encourage them to actively examine policy and practice. Together we can influence policy and practice to make positive changes for vulnerable babies.

DOWNLOAD THE CALL TO ACTION EXECUTIVE SUMMARY

SEND IT TO YOUR NETWORKS WITH AN ADVOCACY LETTER

SUBMIT AN OFFICIAL LETTER OF ENDORSEMENT TO IEMHP

Every child that you work with is an opportunity to change precious lives today, and bring hope for a better future. We hope this Call to Action will be a valuable tool for you as you advocate on behalf of young children.

As of November 2018 this Call to Action has been officially endorsed by the following agencies:

Adoption Council of Ontario

Adventure Place

Aisling Discoveries

Aspen Family & Community Network Society

Canadian Mental Health Association (CMHA)

Catholic Children's Aid Society of Toronto

Child Development Centre – Yukon

Child Welfare League of Canada

The Child, Youth and Family Services Coalition of Simcoe County

Children's Mental Health Ontario (CMHO)

Columbus House (Pembroke) Inc.

Daybreak Parent Child Centre

Durham Family Resources

Etobicoke Brighter Futures Coalition

George Hull Centre

Health Nexus

Massey Centre

Mothercraft

Ontario Advocate for Children and Youth

Ontario Association of Children's Aid Societies (OACAS)

Ontario Association of Young Parent Agencies (OYPA)

Ontario Association for Infant and Child Development (OAICD)

Rosalie Hall

Rose of Durham

Saskatchewan Prevention Institute

Seneca College

Sheridan College (Faculty of Applied Health and Community Studies)

St. Clair Child & Youth Services

Vita Centre

Young Families Program, The Hospital for Sick Children

Youville Centre