



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**

**LAC LA RONGE TRI-COMMUNITY,
SASKATCHEWAN**

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

**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

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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

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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

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

- Each sector would benefit from clearly defined roles (i.e. prevention, intervention, treatment) and a common language across sectors.
- Adopt the Zero to Three Infant Mental Health Task Force (2014) definition of infant mental health and an understanding of core concepts:

"Infant mental health" is defined as the healthy social and emotional development of a child from birth to 3 years; and a growing field of research and practice devoted to the:

- *promotion of healthy social and emotional development;*
 - *prevention of mental health problems; and*
 - *treatment of the mental health problems of very young children in the context of their families.*
- Create and implement the dissemination of a universal brief/ pamphlet for physicians and practitioners to use with families that informs of key messages about developmental milestones, the importance of early mental health and responsive caregiving relationships for babies. Encourage all agencies in the region to use these documents to support a common language and understanding.
 - Explore how to strengthen coordinated, targeted messaging around parenting, child development and infant-early mental health to reach families more effectively in the public. The location of these messages is essential in reaching the families who may not otherwise access services or be aware of services available. Leverage existing parent and professional education initiatives.

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

- Build capacity and enhance the skills of frontline practitioners and clinicians to make observations of infant and toddler development, recognize the risk for early mental health and respond to concerns with appropriate services.
- Explore and identify both strengths and limitations in infant mental health expertise in your region's services. Look to engage children's mental health services in a collaborative discussion on building capacity for infant mental health treatment.
- Promote existing and/ or implement more multi-sector opportunities for staff to be coached on communicating and sharing information with parents about normal development and developmental concerns.
- Engage and begin a conversation with the post-secondary sector and professional associations to share knowledge of early mental health and encourage the inclusion of key

topics in curricula across disciplines, for example, working with parents with unresolved trauma and how it can affect their parenting capacity. Explore the development and delivery of an Infant Mental Health Program at your local college/ university.

- Explore building capacity specific to infant mental health as new staff are hired.

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

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

4) Agencies are often unaware of existing programs and services.

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

5) Transparency is key to collaboration and effective referral.

- Develop a “local developmental services pathways” reference document for parents/ families and community partners (i.e. health and social services) outlining local services available for prenatal to three years of age for early development, screening, assessment, prevention, intervention and treatment. Included in the pathways document should be:
 - ✓ Agencies and programs serving infants, toddlers, and families
 - ✓ Screening tools and initiatives being used in your region.
 - ✓ Intervention and treatment services that require a formal referral from a physician.
 - ✓ Services/tools that can be accessed by front-line practitioners.
 - ✓ A clear protocol for referral and transitions between services.

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

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

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

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

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

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

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

- Explore ways for parents/families with young children can better inform practitioners/ professionals of their needs (e.g., through a checklist document families fill out, etc.). This could include questions regarding the child's temperament and/ or the familial/ caregiving structure, for instance.
- Use the documents parents complete as an opportunity to engage, open conversation, dialogue, motivate families and to build relationships with staff. For example, the early learning and child care (ELCC) sector could look to create an "intake" resource for practitioners to learn more about a child, facilitate discussion between staff and families, and support families on a daily basis.
- Increase practitioner/ agency capacity for providing socially inclusive, empathetic, culturally and linguistically competent practices.

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

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

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

References

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

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)

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 and understanding of scientific research supporting early mental health and development 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 policies that support the design and implementation of programs and services 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 for 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 the 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
- Ottawa
- Simcoe County
- The Districts of Muskoka and Parry Sounds

- Regent Park, Toronto

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

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

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

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

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

- **Current programs and/or services** 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 infant mental health.
- **Current early intervention programs** with a focus on those that address infant mental health.
- **The current state of knowledge and skill of practitioners** in the community working with infants 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 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 candor was apparent. Speaking about strengths was enriching, often bringing moments of clarity to partners as they gained insight into what others were doing in their communities or regions. Identifying how services could be better, or policies needing to be refined because of the science related to infant mental health was more challenging. At each community table, there were members who helped create a safe environment in which these conversations could take place. These more difficult conversations were honest and positive and not riddled with blame or judgments from one sector to another. More so, they 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 in responding to infant and child vulnerability 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 practitioners or clinicians 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, a child's brain is most plastic creating an exciting opportunity to support their 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 including school achievement.



Embedding the Science of Infant Mental Health in Practice and Policy



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

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 program 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

Lac La Ronge Tri-Community

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.

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