



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**

**LANGLEY,
BRITISH COLUMBIA**

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 Langley**

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

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BC ASSN of Family Resource Programs
Child and Youth Mental Health/Kamloops CYMH Office
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City of Langley
Early Years Office [BCGW]
Encompass Support Services Society
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Fraser Valley Aboriginal Child and Family Services
Human Early Learning Partnership, UBC
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Langley Child Development Centre
Langley Community Services Society/Child Care Resource and Referral
Langley Community Services Society/Settlement and Integration Services/Early Learning Program
Langley Community Services Society/Substance Use Program
Langley ECD Coordinator
Langley District School Board
Pediatrician from Langley
Public Health Agency of Canada/Public Health Programs
The Centre for Child Development
Township of Langley
United Way of the Lower Mainland

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

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

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

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

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

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

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

Methodology

Selection of Communities

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

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

Establishing Community Tables

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

- Niagara, Ontario

- Ottawa, Ontario
- Simcoe County, Ontario
- The Districts of Muskoka and Parry Sound, Ontario
- Regent Park, Toronto, Ontario

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

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

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

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

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

- **Current programs and/or services** that the community considered to be part of their system of infant mental health services that were available to all families or targeted toward high risk families.
- **Current strategies for developmental screening** and what aspects of this looked at mental health.

- **Current early intervention programs** with a focus on those addressing infant mental health.
- **The current state of knowledge and skill of practitioners** in the community working with this age group within the following sectors:
 - ✓ Education
 - ✓ Child Protection
 - ✓ Early Learning and Care
 - ✓ Children’s Mental Health
 - ✓ Public Health
 - ✓ Rehabilitation Services
 - ✓ Speech and Language Services
 - ✓ Existing collaboration among agencies
- **Short term opportunities to strengthen practices, services, and policies.** These were identified as activities the community felt could be achieved within one year.
- **Long term opportunities to strengthen practices, services and policies.** These were identified as activities the community felt would require more than one year to achieve.
- **Organizational policies and procedures** specific to infant mental health. For instance, were caseloads within agencies reflective of the intense work often required when an infant’s mental health is vulnerable or did staff receive regular supervision that offered opportunities for reflection and also provided support to the trauma some staff witnessed?

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

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

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

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

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

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

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

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

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



Embedding the Science of Infant Mental Health in Practice and Policy



Supporting Infant Mental Health in Langley, British Columbia

About Langley

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

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

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



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

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

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

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

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

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

The Langley Community Table included the following agencies:

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

Core Prevention & Intervention for the Early Years

What is Happening in Langley Today

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

Highlights from the Community Table Discussions

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

Universal Programs for All Children and Families

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

Langley Early Years Centre

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

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

Encompass Support Services Society

Best Babies

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

Child and Family Groups

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

Spanish Family Programming

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

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

Family Place Resource and Outreach Centre

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

Langley Association for Community Living

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

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

Langley Community Services Society

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

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

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

Langley District School Board

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

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

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

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

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

Township of Langley: Parks and Recreation

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

Willoughby Early Years Centre

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

Targeted Support for Families with a Focus on Those at Risk

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

Encompass Support Services Society

Best Babies

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

Young Parents Program

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

Langley Education Centre (LEC) Childcare Program:

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

Spanish Programming

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

Sexual Abuse Support Services

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

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

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

Fraser Public Health

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

Fraser Valley Aboriginal Children and Family Services Society (FVACFSS)

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

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

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

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

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

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

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

Services provided:

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

Langley Community Services Society

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

Topics may include:

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

Ministry of Children and Family Development

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

Pediatric Care in Langley

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

Early Screening and Assessment Activities

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

Langley Child Development Centre: Infant Development Programme

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

Fraser Public Health

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

Child and Youth Mental Health Centres

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

Early Intervention Services

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

Langley Child Development Centre

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

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

Treatment

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

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

The Centre for Child Development

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

Child and Youth Mental Health (CYMH)

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

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

Existing Collaborations among Services and Sectors Positively Supporting Infant Mental Health

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

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

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

Short Term Opportunities to Enhance Core Prevention and Intervention

Support for All Families with a Focus on Those at Risk

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

Collaboration

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

Long Term Opportunities for Core Prevention

Early Screening and Assessment

There are no opportunities identified at this time.

Collaboration

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

Competencies for Practice in the Field of Infant Mental Health

What is Happening in Langley Today

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

Knowledge & Skills

Langley Child Development Centre: Infant Development Programme

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

Ministry of Child and Family Development

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

The Centre for Child Development

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

Fraser Public Health

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

Short Term Opportunities for Competencies

Knowledge Building for Professionals

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

Skill Building for Professionals

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

Long Term Opportunities for Competencies

Knowledge

There are no identified opportunities at this time.

Skills

There are no identified opportunities at this time.

Organizational Policies & Practices

What is Happening in Langley Today

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

Long Term Opportunities for Organizational Policies & Practices

Data Collection

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

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Appendix A

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