



Embedding the Science of Infant Mental Health in Practice and Policy



COMMUNITY REPORTS

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

NIAGARA, ONTARIO

Infant Mental Health Promotion (IMHP)
The Hospital for Sick Children, Toronto
February, 2016

**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 Niagara**

Infant Mental Health Promotion (IMHP), The Hospital for Sick Children, Toronto
February 2016

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Bethlehem Housing Supports
CAPC Niagara Brighter Futures
CPNP Healthy from the Start
A Child World Child Care
Child Care Sector
Early Childhood Community Development Centre (ECCDC)
Family and Children's Services Niagara (FACS Niagara)
Hannah House Maternity House
The Niagara Children's Centre
Niagara College: Department of Early Childhood Education
Niagara Region: Children Services
Niagara Region Public Health – Child Health
Niagara Region: Public Health – Infant and Child Development Services (ICDS)
Niagara Region Public Health - Healthy Babies Healthy Children (HBHC)
Pathways Academy
Pathstone Mental Health
Strive Niagara

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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.excellenceforchildandyouth.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 selected:

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

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 Niagara

About Niagara

The Niagara region includes Fort Erie, Grimsby, Lincoln, Niagara-on-the-Lake, Niagara Falls, Pelham, Port Colborne, St. Catharines, Thorold, Wainfleet, Welland and West Lincoln (Niagara Region 2015). There are 12 municipalities within the region that include urban and rural communities (Niagara Region, 2015). Niagara is a tourism hotspot with Niagara Falls and a robust and growing vineyard industry.

Over the years, the Niagara region has benefitted from exceptional leadership in the area of early development including infant mental health. A number of sectors have and continue to collaborate in an ongoing effort to support optimal development for all young children in the region. One of the flagship entities in the region is the Early Childhood Community Development Centre (ECCDC) that is dedicated to supporting the ongoing knowledge building of any practitioner working with young children. The service is well used by the childcare community. In addition, the level of collaboration among some agencies in the Niagara region is a reflection of the commitment to promoting healthy development and an understanding of the concept that it truly does take a village to raise a child.

While there are many identified strengths, those at the Niagara Community Table agreed that a better understanding of infant mental health and a more focused approach to those children who may be vulnerable for poor infant or early childhood mental health could further strengthen the community and lead to better outcomes for children. In 2014 there were 3917 births in the region. In 2012 there were 20,431 children four years of age and under (Statistics Canada, 2012).

Funding remains a struggle for services to young children, in particular for those who may be vulnerable or at risk for poor mental health. Ministry of Children and Youth Services programs, Healthy Babies, Healthy Children (HBHC) and Infant and Child Development Services (ICDS) have had a funding freeze for many years forcing them to reduce services and further target those they provide. Agencies such as Strive Niagara have experienced funding cuts to a critical staffing position, the Community Worker, who supports their vulnerable client population; the teen parent. Many at the table felt that the need for targeted services for families with young children who are at risk for poor developmental outcomes is growing, and while the science supports the case for increased funding to this population, they have instead experienced freezes and funding cuts.

The Niagara Community Table included the following agencies:

- Bethlehem Housing Supports
- CAPC Niagara Brighter Futures
- CPNP Healthy from the Start
- A Child World Child Care
- Child Care Sector
- Early Childhood Community Development Centre (ECCDC)
- Family and Children's Services Niagara (FACS Niagara)
- Hannah House Maternity House
- The Niagara Children's Centre
- Niagara College: Department of Early Childhood Education
- Niagara Region: Children Services
- Niagara Region Public Health – Child Health
- Niagara Region: Public Health – Infant and Child Development Services (ICDS)
- Niagara Region Public Health - Healthy Babies Healthy Children (HBHC)
- Pathways Academy
- Pathstone Mental Health
- Strive Niagara

Core Prevention & Intervention for the Early Years

What is Happening in Niagara 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 Niagara 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

A Child's World

- A Child's World is a non-profit organization, which provides quality care for children, infant to 12 years old. It currently operates 22 centres in six municipalities within the Niagara Region.
- A Child's World provides a positive environment for your child that enhances his or her level of development. Through play experiences and the guidance of specially trained staff, your child will be exposed to situations that will stimulate:
 - ✓ Curiosity, initiative and independence.
 - ✓ Self-esteem and decision making capabilities.
 - ✓ Interaction with, and respect for others.
 - ✓ Physical activity developing gross motor skills.
 - ✓ Communication skills.
 - ✓ Fine motor development.
 - ✓ The stimulation of imagination through dramatic play.

Niagara Region Public Health: Child Health

- Offer universal parenting programs, including: Love my Baby, Make the Connection, Triple P, and Baby Talk.
- Offer and operate parent talk line where nurses are available to offer screening referrals and information to families who call.
- Breast feeding support is also offered to any family through clinics, workshops, and telephone support.

Ontario Early Years Centres (OEYC)

- Ontario Early Years Centres provide key programs and services such as:
 - ✓ early learning programs and activities for children birth to six years old and their families
 - ✓ early literacy activities and resources
 - ✓ parent/caregiver education
 - ✓ resources and supports
 - ✓ pre and post-natal resources and information
 - ✓ information about and a connection to other community services
 - ✓ linkages to the community and to local early years services
 - ✓ outreach services
- OEYC sites provide parent-child play groups in OEYC centres and in outreach community locations. OEYC offer capacity and skill building programs such as “Life with Baby” which require registration that target specific topics and run in blocks over a number of weeks. This 10 week program is designed for first time parents and their babies aged 10 months and under.

Support for All Families with a Focus on Those at Risk

Bethlehem Housing Supports

- Bethlehem Housing and Support Services assists people of low to moderate incomes including victims of abuse and people facing issues of homelessness and family breakdown.
- Through their early learning centres, the agency provides education in effective parenting skills, resource materials and opportunities for interactive play activities that promote the healthy development of children from birth to six years of age.
- All programs offered are free which include parent/ child workshops and parent education opportunities.
- As part of their program for families with young children, Triple P (Positive Parenting Program) is offered.

The 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) are federally funded initiatives through Public Health Agency of Canada (PHAC) and are often embedded in community based programs and services.

Below is an overview of the program adapted from <http://phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/funding-financement/npf-fpn/index-eng.php> (2010):

- 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.
- Within Niagara a variety of agencies partner with each other in order to provide locations where families can connect with their local community and obtain information, referrals and access to public health and social services.
- Staff encourage role modeling behaviours within the program. Education is offered on several topics from parenting to personal growth.
- This funding provides programs that offer a stepping stone for isolated families to become connected in their community.
- In Niagara there are CAPC/CPNP funded sites for the Francophone and Aboriginal communities as well.
- **CAPC- Niagara Brighter Futures at Strive Niagara:** A weekly free drop in program that values family and community cohesiveness. Programming builds upon the strengths that each individual brings, supporting families to overcome barriers for success and eliminates isolation. Participants have an opportunity to engage in peer to peer connections, referrals to community agencies, education through facilitation on topics that will enhance positive outcomes within the family. Programs are available in St. Catharines, Welland, and Niagara Falls.
- **CPNP Healthy from the Start at Strive Niagara:** Promotes prenatal well-being to foster healthy term infant in Niagara. Programming provides healthy lifestyle and nutritional information for pregnant women at risk. CPNP offers food certificates, nutritious snacks, vitamin voucher, cooking classes and access to a registered dietitian and public health nurses. Weekly drop-in programs and services are available in St Catharines, Welland and Niagara Falls, and Port Colborne.

Family and Children's Services Niagara (FACS Niagara)

- FACS Niagara is Niagara's largest child and family serving agency. FACS Niagara is a multiservice agency responsible for the provision of mandated child protection services in addition to many other community parent/family services, resources and supports.
- Mandated Child Protection Services – includes responding to concerns related to the care and safety of children/youth at risk of abuse or neglect and ensuring that the wellbeing, safety and permanency needs of children/youth in Niagara are met. The vast majority of work is done with families who are caring for their children at home. A variety of in home parenting supports are provided to assist families develop and strengthen parenting skills to meet the needs of their children. For those children who are in care, a variety of family visiting programs and services (including infant specific) are provided in family friendly community-based locations. Visiting programs offer parental education and support with the goal of strengthening parent/child bonds with a view of reunification whenever possible. Foster care, kin care and adoption services are provided for those children who cannot remain with their family of origin.

- **The Family Counselling Centre (FCC)** – operated by FACS Niagara. The FCC provides a range of individual counselling services and therapeutic groups and programs for children/youth, families and individuals.
- **Child Care** – FACS Niagara operates two licensed child care programs in St. Catharines, staffed by registered early childhood educators. A full time resource consultant is onsite at each program. Sites offer quality child care, with an emphasis on educational activities; play based learning and healthy child development. Referrals can be made by parents or community professionals, a subsidy may be available through the Regional Municipality of Niagara.
- **Resource Consultants** – FACS Niagara operates the West Niagara Resource Consultant Program, providing second stage developmental screens and assessment across West Niagara.
- **Ontario Early Years Programs** – FACS Niagara is the lead agency for a number of OEYC programs in Niagara. Programming is offered at variety of convenient sites throughout the region. Services are available to parents, caregivers and children from birth to 6 years. Services offered and/or hosted include; hearing clinics, prenatal support, breast feeding support, play and learn together programs and access to a variety of parenting and child based resources. Infant massage and the Baby and Me Stay and Play program promote parental engagement and bonding. Early identification and referrals for assessment and support can be made to appropriate professionals and other agencies in the community.
- **Early Years Mobile Program and Toy Lending Library** – FACS Niagara visits a number of locations throughout Niagara, bringing programming, educational resources and toys into communities and neighbourhoods where access to these important resources for children and families might not otherwise be available.

Hannah House

- Hannah House Maternity Home provides supported transitional housing to pregnant and parenting young women under the age of 21 in order to prevent homelessness.
- Each young mother is invited to stay in the home for the full term of her pregnancy and up to 6 months after her baby is born. During her stay, she is encourage to participate in programs which foster her emotional well-being, teach financial management equip her in her parenting abilities, propel her education encourage healthy relationships and develop her life skills.
- A comprehensive system of programs and services empowers young mothers to develop the necessary life skills that promote healthy outcomes, for themselves and their children breaking the cycle of homelessness, abuse and property in the Niagara Region.

Niagara Children's Centre

- Niagara Children's Centre is a children's treatment centre funded through MCYS for pediatric rehabilitation.
- The centre provides screening, assessment and intervention for infants and children at risk of developmental concerns. Parents are supported through the screening, assessment and intervention process utilizing a family-centred care philosophy.

- Parents may be connected with social work to assist in their adjustment to having a child who may be identified at risk for developmental concerns.
- Parent education is provided on a variety of topics related to early childhood development including Triple P for families with children with special needs (2-5).

Niagara Region Public Health: Healthy Babies Healthy Children (HBHC)

- HBHC is delivered through Niagara Region Public Health, and funded by the Ministry of Children and Youth Services.
- Voluntary program for women and their families in the prenatal period and families with children from birth until their transition to school. Information and support are offered to families who identify as with risk.
- HBHC is based on a blended model of home visiting that uses both public health nurses and family home visitors to complete home visits with families to support family/ client identified goals related to parenting and child development.
- HBHC offers support in the home and community through screening/assessment, health teaching, referrals, and service coordination to provide opportunities to achieve healthy pregnancy, nutrition and feeding (including breastfeeding), healthy child development, safety, adjusting to parenthood, accessing community resources, and more.
- The Parenting in Partners Education (PIPE) curriculum is used across the province within HBHC to support families.
- HBHC nurses are certified to use the Nursing Child Assessment Satellite Training (NCAST) parent-child interaction scales to observe and assess parental response and sensitivity to cues during feeding and/ or teaching
- The Seeing is Believing program is also offered in HBHC. Parent-child interactions are videotaped and debriefed together with families through an attachment focused and strengths based perspective.
- HBHC staff work closely with the Child Health Program within Public Health, whose focus is on universal health promotion.

Niagara Region Public Health: Infant and Child Development Services (ICDS)

- ICDS is delivered through Niagara Region Public Health, funded by Ministry of Children and Youth Services (MCYS).
- It is an early intervention service for children birth to 5 years of age who are at risk for developmental delays or have developmental delays.
- Infant and child developmental therapists provide in home visiting with ongoing assessments/screenings with program plans and activities within a family centered approach, networking with service partners in case co-ordination and referrals.

- ICDS follows the Ontario Association of Infant Development (OAICD) guidelines and best practices.

Strive Niagara

- Strive is a non-profit organization dedicated to assisting the needy by fostering the independence of young families pursuing an education through the provision of child care and other necessary supports.
- **Centre Based Child Care:** We provide quality licensed child care in St. Catharines, Welland and Niagara Falls. All child care staff are registered early childhood educators (RECE's). We offer care for children from 6 weeks to 6 years of age. RECE's demonstrate a thorough knowledge of child development theories. They use this knowledge to plan, implement and assess developmentally appropriate learning strategies.
- **Outreach Program:** For many young mothers it is not possible to return to a regular mainstream school with the added responsibilities of an infant. The Outreach class is an informal program offering personalized academic and parenting support where you can achieve high school credits. As part of the Outreach Program, Strive also supports expectant students in their last trimester.
- **Resource Consultation:** Strive has a qualified resource consultant on staff. The resource consultant recognizes children's unique characteristics, and assesses the resources necessary to adapt the early learning environment to suit the child. They recognize that child development milestones and behaviours vary and they acknowledge and respect those differences.
- **Support Services:** Strive Niagara establishes and maintains reciprocal relationships with the young student parent and their children under the professional supervision of the agency. These relationships are based on trust, openness and respect for confidentiality. Strive Niagara collaborates with community partners, the District School Board of Niagara and families by exchanging knowledge and sharing practices and resources.

Early Screening and Assessment Activities

CAPC Niagara Brighter Future Program

- Early screening through the DISC Preschool Screen (DPS), ASQ-3 and ASQ:SE take place in all CAPC Niagara Brighter Futures programs, to identify risk of a developmental delay, and offer supports to families.

Child Care Services and Ontario Early Years Centres (OEYC)

- Fee subsidy staff use the NDDS during intake for new clients.
- NDDS, DISC preschool screen as a first stage for developmental screening.
- Resource Consultants use the Diagnostic Inventory for Screening Children (DISC) and BRIGANCE® Early Childhood Screens. Additionally they consult to child care service, licensed home child care sites, OEYC, Family Resource Programs (FRP), and other agencies regarding individualized program plans for children.

Family and Children's Services Niagara (FACS Niagara)

- FACS Niagara Resource Consultants use the Diagnostic Inventory for Screening Children (DISC) and BRIGANCE® Early Childhood Screens.
- FACS Niagara Resource Consultants support and assess families within our two child care centres as well as in community run child care programs. Resource consultants collaborate with other community professionals on a regular basis to support children and families. Home visits are arranged as required. Community resource information is provided to caregivers and play-based goal plans are created to further development. Referrals for additional developmental and supportive services are made as required.
- FACS Niagara Child Protection Workers currently use the Nipissing District Developmental Screen (NDDS) as checklist to engage parents and caregivers in discussions about their infants and children's development.
- FACS Niagara staff work closely with Niagara Region Public Health and the Infant and Child Development Services (ICDS) and Healthy Babies Healthy Children (HBHC) programs, community medical professionals and educators, OEYC's and other community agencies to ensure that infants and children receive appropriate referrals, assessments and supportive services.

Niagara Children's Centre

- Infants and children may be referred by parents or other community agencies or physicians due to identified developmental concerns or where there are questions regarding the child's development. A variety of developmental screening tools are used at therapist discretion which evaluate gross motor, fine motor and speech and language/communication development.
- Screening tools that may be used include the Alberta Infant Motor Skills (AIMS), Peabody Developmental Motor Scales, Rossetti Infant Toddler Scales, Preschool Language Skills Fifth Edition (PLS-5) Sensory Profile Scale, Ages and Stages Questionnaires (ASQ-3) and Ages and Stages Questionnaire: Social Emotional (ASQ:SE).
- The Infant Hearing Program is a province wide universal newborn hearing screening program that was launched in 2002. The program was designed to provide all newborns the opportunity to have their hearing screened.
- Infants and children at risk of mental health concerns may be concurrently referred to other community agencies (i.e. Children's Services for Resource Teacher support, Children's Mental Health for additional supports).

Niagara Region Public Health: Child Health Program

- Use the NDDS, Diagnostic Inventory for Screening Children (DISC) tools with families.

Niagara Region Public Health: Infant and Child Development Program

- Use the NDDS, Child and Adolescent Needs and Strengths (CANS), ASQ-3, ASQ-SE, AIMS tools in their programs.
- When referrals are made they are followed up to determine if the service was used.
- Provide services through home visits with individualized program plans and activities with monitoring.
- The model of service pathways focus on early interventions within a family centered approach including service co-ordination and family service plans.

Niagara Region Public Health: Healthy Babies Healthy Children (HBHC)

- HBHC uses the NDDS routinely with clients in the home visiting program.
- HBHC family home visitors (2) are also piloting the use of the ASQ 3 and ASQ-SE.
- There are three screening points within the program that strive to identify potential risk to a child's development. When two risk factors are identified a Public Health Nurse (PHN) does in-depth assessment in the home. The three screening points are:
 - ✓ Prenatal
 - ✓ Postpartum
 - ✓ Early childhood (6 weeks to transition to school).

Pathstone Mental Health

- Resource Consultants use "Children's Actions, Relationships and Emotions (CARE)" to identify children 2-6 who are struggling with social/emotional issues and provides support/strategies in child care, at OEYCs and in the child's home based on the items identified using the tool.
- Generally, these Resource Consultants work with children who have a DPS score over 7 but are still exhibiting areas of concern (e.g. dysregulation, inattention, impulsivity) that is not specifically related to an identified developmental concern.
- The Resource Consultants have been trained in the use of the ASQ-3 and ASQ:SE and the importance of creating individualized Developmental Support Plans.

Strive Niagara

- Early screening through the DPS tool and follow-up DISC Preschool Screen , when required, ASQ-3 and ASQ:SE take place to identify risk of a developmental delay, and offer supports to families. Strive Niagara staff also utilizes the Brigrance and Nipissing to support them in program development and engaging in conversations with the parent. Monthly Class-wide Adaptive meetings with RECE, supervisors and resource consultant take place to collaborate and plan for the needs of each group and child holistically.

Early Intervention Services

The Niagara Infant Mental Health Promotion Advisory Committee is embarking on a pilot study to evaluate if the process of developmental screening and planning is an effective intervention for services in the region. Children five and under within the participating agencies will receive the ASQ-3 and ASQ:SE followed by a developmental support plan every three months for a full cycle year. The screening scores will be tracked and analyzed to determine if this intervention can improve the development of children five and under in the Niagara region.

Bethesda

Since 1937, Bethesda has provided a wide range of supports and services to individuals in Niagara, Hamilton, Brant, and Haldimand/Norfolk regions who have special needs. Owned and operated by the Ontario Conference of Mennonite Brethren Churches the agency provides the following services for children with special needs or developmental disabilities:

- Children's Behaviour Support Services
- Children's Developmental Assessment Services
- Autism Consultation Services
- Autism Respite Services
- Autism Intervention Services
- Applied Behaviour Analysis Services and Supports

Child Care Services and Ontario Early Years Centres

- Currently there are systems with various methods for family engagement and assisting families with referrals for specific concerns about a child.

Contact Niagara

- Contact Niagara provides a central information and referral access point for local children and youth, ages 0-18, who are experiencing emotional, behavioural and/or developmental concerns.

Family and Children's Services Niagara (FACS Niagara)

- All infants and children who receive services through FACS Niagara including Child Protection families, families with infants and children receiving counseling, children attending Child Care and OECY programs are evaluated upon initial activation of service and on an ongoing basis. FACS Niagara works closely with community collaterals and medical professionals to ensure appropriate assessment and supportive services are provided internally and externally. Services include; assessment, case management, individualized developmental service planning, counseling, parental education/training and provision of and advocacy to access a variety of instrumental supports.

Niagara Children's Centre

- Niagara Children's Centre serves over 3000 children with a wide range of needs. This includes children with developmental disabilities and delays related to premature birth, medical syndromes, genetic disorders and autism, physical disabilities such as cerebral palsy, muscular dystrophy, spina bifida, cancer, and communication difficulties in language, articulation, fluency and voice.
- Niagara Children's Centre provides physiotherapy, occupational therapy, and speech and language interventions infants and children with single service or complex rehab needs. Services are provided at the centre, in home or in community settings such as child care or OEYC's. Services include direct and group intervention as well as consultation to families and other service providers. Families involved in services may access social work, developmental paediatrics for assessment, recreation therapy and resource teacher support.
- Niagara Children's Centre is the lead agency for Speech Services Niagara, a speech and language service, for children from birth to senior kindergarten who have delays in language acquisition, speech sound production (articulation), grammar, comprehension of spoken language, and/ or disorders such as, stuttering and voice (vocal quality). The service is delivered in partnership with the Niagara Health System and operates in various locations throughout the Niagara region. Our services include: screening, assessment, treatment of speech and language delays/disorders, education and universal literacy promotion.
- Speech Services Niagara is a unique entity that brings emergent literacy specialists together with speech-language pathologists and communicative disorders assistants under one program to cooperatively promote healthy early literacy and communication development in preschoolers living in Niagara.

Niagara Region Public Health: Child Health, Infant and Child Development Services (ICDS) and Healthy Babies Healthy Children (HBHC)

- Facilitate referrals/service co-ordination at the Parent Talk Line (Child Health)
- Provide services through referrals (HBHC & ICDS)
- Both HBHC and ICDS programs use a home visiting model but HBHC uses a blended model of family home visitors and public health nurses. The model of service focuses on early interventions within a family-centered approach, including service co-ordination and family service plans.
- Create and monitor individualized program plans for children
- When referrals are made they are followed up to determine if the service was used.

Pathstone Mental Health

- Pathstone Mental Health is the only accredited provider of children's mental health treatment in the entire Niagara Region. We offer a broad spectrum of treatment services and programs, delivered by highly qualified staff to strengthen children and families.

- The Early Assessment, Support, and Intervention Service (E.A.S.I.) promotes the healthy, social, and emotional development of preschool-aged children and their families. Children are assessed and services are individualized to meet the needs of the child and family. Services include assessment, counseling, play therapy, parent training and guidance, intensive outreach, consultation with child care providers and/or school personnel, and incredible years treatment program.
- **Niagara Preschool Resource Service** provides consultation and training services for parents, caregivers, and other professionals, who are involved with children from birth to 6 years of age. Niagara Preschool Resource Services include information & assistance in accessing community services, assistance in the development of effective behaviour management interventions in the home, guidance in strengthening parenting skills, presentations, groups, and educational workshops for parents, professional development and training workshops for professionals, and consultation with professionals regarding behavioural issues.
- **Child Wellness Clinics** are held throughout the Niagara region. Families and their children 0-4 years of age are invited to call to arrange to attend a clinic. The Child Wellness Clinics can provide brief consultations, recommendations, referrals to other community agencies, information and education and a chance to network with other families.
- Play therapists and family therapists work with children 0-6 and their families. Activities often include Theraplay, “I love you rituals” and trauma-based work for children and families for who past trauma impacts parents’ ability to nurture and impedes attachment.

Existing Collaborations among Services and Sectors Positively Supporting Infant Mental Health

- **Niagara Infant Mental Health Promotion Advisory Committee:** Committees includes various sectors/agencies serving children under 5 and their families. They meet monthly to discuss current events or potential opportunities to embed Infant Mental Health into the Niagara region. They are currently conducting a pilot study where developmental screening and support planning are being analyzed across the region.
- **Quality Child Care Niagara (QCCN)** is a standardized, research-based approach designed to enhance the quality of early childhood programs. QCCN has strengthened the foundation of child care and early childhood education through high quality child care experiences, individual developmental programming and outcomes, and supports and services throughout Niagara. Consisting of parents, early childhood educators (ECEs), an advisory committee (parents, ECEs and community partners) and community organizations, QCCN is a region-wide community based partnership.
- **The Niagara Children's Planning Council** is a public/private collaboration established in 1998 to enhance the lives of children and families within the communities of Niagara region. The planning council is comprised of agency and organization representatives within the region of Niagara who share a keen interest and shared vision of insuring the rights of children and their families are optimized, protected, and serve as the foundation of decision-making and planning. NCPN works towards ensuring that Niagara is a community where every child will reach their optimal potential through cooperative investment and integrated systems planning.

- **A Joint Implementation and Planning Committee (JIPC)** meet monthly consisting of managers from 7 local agencies including Speech Services Niagara, Niagara Children's Centre, Bethesda, FACS, HBHC, Contact Niagara and Pathstone Mental Health. The various agencies focus on service coordination and improving service pathways for infants and children.
- Annually, JIPC committee organizes frontline staff from each of the 7 agencies to come together for a **Community Infant and Preschool Services Team** meeting to focus on improving service pathways, service navigation and coordination for families who may be receiving services from partner agencies.

Short Term Opportunities to Enhance Core Prevention and Intervention

Support for All Families with a Focus on Those at Risk

- Develop strategies to engage and motivate families to have an understanding of the relationships with staff. Use the documents parents complete as an opportunity for open conversation and dialogue.
- The early learning and care sector will look to create a resource that supports ELCC practitioners to learn more about a child so there can be a discussion between staff and families to do more for families on a daily basis.

Early Screening and Intervention Services

- Develop and/or promote web friendly resource for parents to access that will include milestones for different developmental stages. **Parentdirectniagara.ca** (operated by the ECCDC) can be used as a portal.
- Create a care pathways document/resource for parents when concerned about development.
- Develop a plan and additional resources to support and teach problem solving strategies to children for staff.

Long Term Opportunities to Enhance Core Prevention and Intervention

Support for All Families with a Focus on Those at Risk

- Identify more media opportunities and resources in effort to reach out to the general public, promoting awareness of infant mental health in the Niagara region– through radio, TV stations, commercials at movie theatres, etc.

Early Assessment and Screening

- Continue to embed infant mental health where applicable into programs, services, and treatments in the Niagara region.
- Identify all tools used for early developmental screening and ensure all agencies working with this age group understand the purpose of the tool, how to interpret the score and how to combine information from a screen with other sources of information about a child.

Early Intervention Services

- Look for ongoing opportunities to implement and strengthen early screening and developmental support planning in Niagara particularly in individual, home-based, and clinic-based treatment plans within Early Learning and Care settings.
- Increase the opportunities for developmental screening from an infant mental health context – use an infant mental health lens when completing developmental screenings and assessments across the region.
- Create a plan with specific strategies to increase family engagement, particularly with isolated and reluctant families. IMHP committee can explore how this can be done.
- Create a process to gather data on the number of completed assessments and screenings for children ages 0-5 years in the Niagara region. Child care services has the capacity through QCCN to collect data as well as HBHC and Niagara Children's Centre.

Competencies for Practice in the Field of Infant Mental Health

What is Happening in Niagara Today

As a community, Niagara is able to recognize additional training and education opportunities to involve and include other agencies from different sectors at an affordable level. Agencies are very committed to continued professional development for their staff. Unique to Niagara is Quality Child Care Niagara (QCCN) and early learning.

Knowledge and Skills

- Quality Child Care Niagara (QCCN) coordinates and support training for quality programs in the following areas: child development, screening, environmental ratings, program planning. Many agencies have access to these education opportunities and leverage them. They are available to ECE and non-ECE professionals.
- The Early Childhood Community Development Centre (ECCDC) is an independent charitable organization dedicated to providing early learning and care professionals and programs with affordable access to resources, professional learning opportunities and supports they need to deliver high quality education and care to young children. In the 20 years since its creation, the ECCDC has become Canada's leading early learning and care resource, referral and support organization.
- Niagara Region Public Health supports ongoing professional development, including planning joint education days for HBHC, Child Health, ICDS, and Prenatal teams for ongoing skill development. There is annual, required certification for NCAST for HBHC nurses.
- Community Infant and Preschool Services Team hosts annual meetings involving frontline service providers from 7 agencies. The event includes program updates from agencies, case scenario discussions and education on various topics related to service provision for infants and children.
- Niagara Children's Centre provides education for staff in Family Centred Care and Cultural Competency and Diversity annually in addition to supporting clinical professional development through regular funding of courses and conferences.
- Niagara College is in the process of designing a new program of instruction for September which includes three foundational concepts:
 - ✓ Quality of the relationship/community/child
 - ✓ Attachment (including parent's history of attachment)
 - ✓ Brain Development – connecting brain and behavior

- Currently in the Niagara College curriculum there are courses which cover infant mental health, relational trauma, and risk factors. Niagara College also provides two ECE student conferences on varying relevant topics.
- Early Learning and Child Care, Niagara Children's Centre, Family Resource Program, Niagara Public Health-Child Health, HBHC, Infant and Child Development Services have strong understanding of both atypical and typical development, and maternal development.
- Licensed home child care staff in the region are all registered ECE and long-term employees.
- Children Services, ICDS, Strive Niagara attend conferences within their respected fields to receive current information for practice. Many agencies leverage knowledge of staff who attend additional training or increased education by holding team meetings on how this can be embedded in their program.
- Through www.parentdirectniagara.ca, ECCDC allows agencies to post learning opportunities for families on a shared calendar.
- Family and Children's Services Niagara (FACS Niagara) supports and provides opportunities for continuing education and development for all staff. All new hires receive a fulsome orientation including an over view of supports available to families in Niagara including OEYCs, Child Care programs, Public Health, Children's Mental Health Services and Screening Programs, Children's Developmental Services (Speech, Hearing, OT, PT, etc) and Parental Support Services.
- The Family Counselling Centre (FCC) operated by FACS Niagara provides individual and psycho-educational group counselling to families who are experiencing difficulties bonding with and/or meeting the developmental needs of their children. Therapists participate in ongoing clinical professional development in this area.
- Hannah House is participating in the Infant Mental Health Community Training Institute offered by Infant Mental Health Promotion.
- Children are Safe committee are presenting a workshop for childcare staff/ managers on the impacts that family violence can have on a child and how to recognize the signs. This committee is also providing a workshop on bullying and empathy given by Mary Gordon (Roots of Empathy) for childcare staff and parents.

Short Term Opportunities for Competencies

Knowledge Building for Professionals

- Discuss with the Families are Strong, Stable and Connected Committee the opportunity of have a training on the influences on child development (risk/protective factors). Strive Niagara and ECCDC will look to mobilize this.
- Niagara College will look to include a component in their new early childhood educator (ECE) curriculum on working with parents with unresolved trauma and how it can affect their parenting capacity.
- Explore and identify both strengths and limitations in infant mental health expertise in the Niagara region services. Look to engage children's mental health services in a collaborative discussion on building capacity for infant mental health treatment.
- Explore the possibility of hosting a community training on how to respond to signs of distress in infants and toddlers.

Skill Building for Professionals

- Engage in advocacy conversations with the Ministry of Children and Youth Services from Healthy Babies Healthy Children to seek much needed support and resources for ongoing home visits to young children in foster homes.
- The Niagara Infant Mental Health Advisory Committee will provide feedback on the new curriculum at Niagara College specifically on Infant Mental Health and Early Intervention.
- Niagara will engage in a conversation with partner in Simcoe County about how they were able to engage their Local Health Integration Network (LHIN) to support knowledge mobilization across sectors specific to infant mental health.
- Look for an opportunity to connect with Brock University Nursing Program to offer a guest speaker to discuss infant mental health.
- Community agencies working with vulnerable infants and toddlers will begin requesting, when appropriate, Nursing Child Assessment Satellite Training (NCAST) Scales and Seeing and Believing be done through HBHC to create an awareness of the need in the region.

Long Term Opportunities for Competencies

Knowledge Building for Professionals

- Explore the possibility of opening up the Early Childhood Educator Student Conferences provided by Niagara College to other colleges.
- ECCDC and IMHP will explore possibilities to leverage resources/education through the online portal.
- IMHP will look to connect with the Registered Nurses Association of Ontario to embed the *Best Practices Guidelines* within theirs.
- Explore the development and delivery of an Infant Mental Health Program at Niagara College.
- Explore potential opportunities as to how the different sectors serving children under 5 years can share their experiences, skills, and knowledge with each other.
- Create an online bulletin board/calendar for training opportunities on the Early Childhood Community Development Centre (ECCDC) website for community partners.
- Create a brief infant mental health online module for foster families in the Niagara region. This training can be provided to all 5 communities involved in the PHAC initiative as it will be created by IMHP.
- Give all community agencies access to the IMHP Bulletin Boards once they are finalized.
- Host a Lunch and Learn for Primary Care Engagement Representative Medical, Public Health Niagara Region. Provide a brief description on the pilot project regarding infant mental health and the ASQ tool and if there is an option for primary care offices to receive training through a lunch or learn. This will be a great opportunity ensuring the tool is being consistently used to help with the circle of care.

Skills

As a community, we would like to strengthen knowledge, capacity, and skills in the following areas:

- Child development specific to children under 3 to make better informed developmental support plans.
- Common behavioural concerns and disorders of early childhood.
- Influences on child development (risk and protective factors)
- Observational skills from an infant mental health lens

- Early Intervention strategies
- The impact of exposure to domestic violence for children under 5
- Assessment and case formulation
- Understanding parental trauma and the influence on children
- Engaging parents in conversations around their child's development – building relationships
- Responding to signs of distress

Organizational Policies & Practices

What is Happening in Niagara 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 they feel. The survey would be completed anonymously, with the exclusion of name, agency, and sector.

Long Term Opportunities for Organizational Policies & Practices

- Community agreed to develop a survey for frontline practitioners to better understand how those providing direct services feel.
- Include a staff training component- staff will rank which areas they feel they need to increase their knowledge.
- Preface will be very important which outlines how the information will be used. Identify recipients of the survey.
- IMHP will create a draft and seek table's approval and input.

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