



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

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# **COMMUNITY REPORTS**

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

**OTTAWA, 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 Ottawa**

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

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Carlington Community Health Centre	Pinecrest Queensway Community Health Centre
Centre Psychosocial	Royal Ottawa Hospital
Champlain Maternal Newborn Regional Program	Somerset West Community Health Centre
Children's Hospital of Eastern Ontario	St. Mary's Home
Chrysalis House	Vanier Community Service Centre
City of Ottawa - Childcare	Violence Against Women Integrated Services Project (Western Ottawa Resource Centre & Ottawa Children's Aid Society)
Conseil des écoles publiques de l'Est de l'Ontario	Wabano Centre for Aboriginal Health
Crossroads Children's Centre	Western Ottawa Resource Centre
Emily Murphy Non-Profit Housing	Youth Services Bureau
Ministry of Education	Youville Centre
Ministry of Child and Youth Services	
Mothercraft Ottawa	
Ottawa-Carlton District School Board	
Ottawa Catholic School Board	
Ontario Early Years Program - Ottawa South	
Ottawa Child and Youth Initiative: Growing Up Great	

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

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## Executive Summary

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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

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### 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](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](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

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### 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

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# Supporting Infant Mental Health in Ottawa

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## About Ottawa

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Ottawa is the capital of Canada and is border to Gatineau, Québec (Statistics Canada, 2012). The 2011 census reported a population of 883,391 and covers 2,790.22 km<sup>2</sup> of land area (Statistics Canada, 2012). The Ottawa region is home to Canada's Federal Government and is also a beautiful region. In 2011, the region recorded just fewer than 10,000 births and 49,140 children between 0 to 4 years of age (Statistics Canada, 2012). An urban centre, the region is also rich with cultural diversity.

The Community table in Ottawa was the largest of the five communities we worked with and was the only community to have representation from the Francophone community. Representatives were present from many sectors including:

- Early Learning and Child Care
- Public Health
- Crisis Shelters
- Young Parent Support Services
- Health Care (Including tertiary care and pediatrics hospitals)
- Education
- Children's Mental Health
- Child Welfare
- Community Health Centres
- Mental Health Promotion

Ottawa has a variety of services and resources for families with young children. What did arise during discussions was the absence of a system for addressing infant mental health. Specialized children's mental health centres do offer some services however families currently experience wait times which can be quite extensive. This often leaves families waiting for service with no supports in place. Additionally, the services can also be challenging to navigate.

Recently, in a collaborative effort to address these issues, agencies agreed that had a child been waitlisted on the wrong list, they would move into the same position with the new and hopefully appropriate service so that the time spent on the wrong list was not lost. While a small step, it can be significant for a family that may have already waited several months to know they don't go to the bottom of the list with a different agency.

Facilitators also noted, by the sheer number of people who attended, that Ottawa is eager to improve and enhance their services to young children and their families. There was honest discussion about the need to enhance the knowledge of all practitioners working with this population including public health and hospital nurses, early childhood educators, shelter staff, child protection staff, physicians, teachers and many others. **There was also a clear recognition that there is no systematic approach to infant mental health within the community – but a strong commitment to moving in that direction.** For example, from a health promotion perspective, the Ottawa Child and Youth Initiative: Growing Up Great has a defined approach to build community capacity to promote attachment and self-regulation in young children and families.

The Ottawa report outlines some clear and relatively simple steps that can be taken to begin to strengthen infant mental health practice and ultimately services. Knowledge enhancement was identified as a key element. Engaging the post-secondary sectors and the regulating bodies of various professions also important as not only do those in the field need opportunities to

enhance knowledge, those in training need to be given the science and shown how it can apply to their practice.

Ottawa is well positioned to strengthen knowledge, practice and policy specific to infant mental health. Next steps have already been identified and IMHP is committed to staying involved if our help is needed. This report provides a snapshot of current infant mental health efforts in the Ottawa region. Included at the community table were the following agencies:

- |  |  |   |
|--|--|---|
| ✓ Andrew Fleck Child Care Services                   | ✓ Ministry of Education                                  | ✓ Pinecrest Queensway Community Health Centre   |
| ✓ Best Start Table - Ottawa South                    | ✓ Ministry of Child and Youth Services                   | ✓ Royal Ottawa Hospital   |
| ✓ Bethany Hope Centre                                | ✓ Mothercraft Ottawa                                     | ✓ Somerset West Community Health Centre   |
| ✓ Carlington Community Health Centre                 | ✓ Ottawa-Carlton District School Board                   | ✓ St. Mary's Home   |
| ✓ Centre Psychosocial                                | ✓ Ottawa Catholic School Board                           | ✓ Vanier Community Service Centre   |
| ✓ Champlain Maternal Newborn Regional Program        | ✓ Ontario Early Years Program - Ottawa South             | ✓ Violence Against Women Integrated Services Project (Western Ottawa Resource Centre & Ottawa Children's Aid Society) |
| ✓ Children's Hospital of Eastern Ontario             | ✓ Ottawa Child and Youth Initiative: Growing Up Great    | ✓ Wabano Centre for Aboriginal Health   |
| ✓ Chrysalis House                                    | ✓ Ottawa Children's Aid Society                          | ✓ Western Ottawa Resource Centre  |
| ✓ City of Ottawa - Childcare                         | ✓ Ottawa Public Health – Healthy Babies Healthy Children | ✓ Youth Services Bureau   |
| ✓ Conseil des écoles publiques de l'Est de l'Ontario | ✓ Ottawa Public Health – Family and School Health        | ✓ Youville Centre   |
| ✓ Crossroads Children's Centre                       |  |   |
| ✓ Emily Murphy Non Profit Housing                    |  |   |

There was also representation from the Special Needs Strategy, the Children's Mental Health Transformation, Child and Youth Mental Health Network (CYHMN), Young Parent Support Network (YPSN), and Best Start Leadership Planning Table at the meetings.

# Core Prevention & Intervention for the Early Years

## What is Happening in Ottawa Today

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

### Universal Programs and Services for Children and Families

#### Carlington Community Health Centre

- **Pre- and Post- natal health:** Carlington offers a variety of program focused on pre-and post-natal health including breastfeeding prenatal information, prenatal nutrition program (Buns in the Oven), postnatal breastfeeding support, well-baby drop-in.
- **Parent-Child Drop-Ins:** Drop-in playgroups for parents/caregivers and their pre-school children (from newborn-6 years); French and English language available.
- **Parent Education/Family Support:** Short group programs and workshops on the tough job of parenting and the joy and challenges of raising children. Child care available for group programs. One-to-one and family support is available
- **School Readiness:** Carlington offers several free school readiness programs to help children reach their full learning potential and be ready for a successful entry into kindergarten, including: Family maths, Backpack Adventures, School's Cool.
- **Headstart Nursery School:** Annavale Headstart Nursery School offer subsidized full day spaces for children 2 to 5 years. Programs include enriched early childhood education, parental support, & speech and language assessments.
- **Baby Cupboard:** A place to get emergency supplies such as diapers, cereal, clothing.

#### Mothercraft Ottawa

- Not for profit daycare providing part time care for ages 6 weeks to 4 years. Also have a full time program for ages 18 months to senior kindergarten. There is also a home child care division. On site is an Ontario Early Years program.
- Mothercraft Ottawa offers a comprehensive range of support services for parents, including prenatal classes, doula labour support, drop-in play groups and parenting workshops.

## Ottawa Public Health: Family and School Health

- **Parentinginottawa.ca** is a new resource for parents created by Ottawa Public Health and its community partners. Information covered includes parenting and pregnancy, breastfeeding, and babies and toddlers.
- **18-month Well-baby Visit Pathway Document** for physicians and healthcare providers to direct them to services after 1 month Well-Baby Visit  
[http://documents.ottawa.ca/sites/documents.ottawa.ca/files/documents/18month\\_pathway\\_en\\_0.pdf](http://documents.ottawa.ca/sites/documents.ottawa.ca/files/documents/18month_pathway_en_0.pdf)

## Pinecrest Queensway Community Health Centre

- **Parent/Caregiver Calendar:** Pinecrest-Queensway offers a variety of free workshops for parents and caregivers to give them the tools they need to raise happy, healthy children. Each workshop is geared towards specific periods in a child's development from birth to age 12, meaning that visitors are sure to find a subject that addresses their most immediate needs
- **Ontario Early Years Centre (OEYC):** Pinecrest-Queensway operates the Ottawa-West Nepean Ontario Early Years Centre (OEYC), providing a variety of free programs and services for parents and caregivers of children aged 0 – 6. Drop-ins are facilitated by qualified staff, whom are happy to answer questions and provide access to referral services.
- **Headstart Nursery:** Pinecrest-Queensway Headstart Nursery School is a fully subsidized preschool program located at Dr. F.J. McDonald School. The program operates in two large classrooms, with an outdoor climber and a spacious play area. Headstart's curriculum fosters creativity, curiosity, independence, interaction, communication and respect for others.
- **Circle of Support Home Visiting:** Pinecrest-Queensway Community Health Centre offers free home visiting and workshops for families living in the Pinecrest Queensway community. The home visiting program, Parent Outreach Program (POP), works with parents with children 0 to 6 to develop parenting goals and to assist parents in reaching those goals. Services are offered in English and Arabic.
- **Pre- and Post-Natal Health:** Pinecrest-Queensway offers a variety of free health promotion programs designed to provide new and expecting parents with support, education and resources.
- **School Readiness:** Preparing to begin school for the first time is an exciting moment, and a great opportunity for children and parents to learn together. Pinecrest-Queensway and the Ottawa-West Nepean Ontario Early Years Centre offer a slate of free, fun school readiness programs help children enhance fundamental skills and help children to achieve their full learning potential.

## Somerset West Community Health Centre

- Playgroups and Toy Library: Playgroups offer age appropriate, early learning opportunities for children between the ages of birth and 5 years of age. Playgroup for Dad's, Uncles, Grandpa's and their kids! are also available.
- Well Baby/Breastfeeding Support Drop-In: Weekly education and support to parents of babies up to 24 months of age. Advice on breastfeeding, nutrition, safety and infant development are available from several professionals
- Parenting Support Services: programs are offered to parents, caregivers and their children 0-6 years old. Services include referrals, home visits, toy library, and information on child development.
- Headstart Nursery School Programs: Nanny Goat Hill Nursery School and Queensway Preschool offer subsidized morning or afternoon spaces for children 18 months to 5 years. Programs include enriched early childhood education, parental support, & speech and language assessments.
- Prenatal Breastfeeding Class: offers pregnant women and their partners information on breastfeeding preparation, information and education.

## Vanier Community Service Centre

- Various playgroups available for all families including Anglophone families, families with children with special needs, and bilingual playgroups
- **Breastfeeding Support and Baby Express:** A family support worker provides information and resources and refers parents to other services related to breastfeeding, parenting and child development. Programs allow opportunity to meet other parents as well as consult a lactation consultant nurse or public health nurse.

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

### The Bethany Hope Centre

- Resource centre for young parents (ages 13-30) and their children (ages 0-6). Our mission supports, equips and empowers adults, youth and children in the Ottawa Region by building services, partnerships and a faith-based community spirit with a primary focus on young parents and their children. Services that we offer include: Parent Support Team-Counselling Program (including attachment counselling) Family Basic Needs Services (including food share), Youth Entrepreneur Program, Pregnancy Circle Program, Buns in the Oven programs, Playgroups, and Parenting Programs.

### Centre Psychosocial

- **Programme Jeunes Parents:** This program, in partnership with the school transit, welcomes young women 14 to 18 years (pregnant) and mothers 14 to 25 years (with child/ren) who wish to complete their secondary education. This program is offered to the Francophone community.

- The program aims to develop the autonomy of young mothers so that they can fulfill their responsibilities as adults and independent parents.
- The CPS provides child care and therapeutic support service. Therapeutic assistance is individual, group or is made by the accompaniment.
- The multidisciplinary team (clinicians, educators, teachers, etc.) ensures strong knowledge of the needs of young parents enrolled in the program in order to support them and help them overcome their learning difficulties, financial, emotional and social.
- The center also helps young mothers and their children by providing access to essential services such as: a food bank, nurse services, laundry service, response in mid-life, early detection, etc
- **Les Petites Frimousses:** A service for learning, growth and stimulation for the children of the Francophone community in Ottawa. The program receives 25 infants / toddlers (10 babies from birth to 18 months and 15 toddlers from 18 months to 2½ years). The infant / toddler program supports the Young Parents Program of Psychosocial Centre giving priority to applications for a place in the educational center for young parents in the program. Les Petites Frimousses also welcomes children from the community.

## Children's Aid Society of Ottawa

- The Children's Aid Society of Ottawa (CAS) is non-profit community organization funded by the Government of Ontario, legally mandated to protect children and youth from abuse and neglect.
- The CAS is obligated to investigate reported situations in which a child or youth may be in need of protection. These are situations where a person has reasonable grounds to suspect that the actions or lack of actions, of a parent or caregiver caused harm or created a risk of harm to a child or youth under sixteen (16) years of age.
- **Support Services:** The Children's Aid Society helps families through difficult situations by supporting and strengthening their relationships, so they are able to parent their children safely. With help from our community and other organizations, they are able to offer many services and programs for families in need.
- **Pre- and Post-Natal Services:** The CAS, together with the Young/Single Parent Support Network of Ottawa, the HBHC Program and medical professionals, provide information to pregnant women with substance abuse or other high-risk indicators as well as providing pre-and-post natal services.
- **The Headstart Nursery Program:** The Headstart Nursery Program is primarily funded by the City of Ottawa. The program is designed for children who come into contact with the CAS and focuses on the social, emotional and cognitive skills required to integrate into the regular school system.

## Chrysalis House

- Chrysalis House is a safe and secure 25-bed shelter in Western Ottawa. It is a place where a woman can go to protect herself and her children from violence and abuse. In this supportive environment, a woman can focus on her personal needs and choices, as well as on her children's needs.
- Chrysalis House is open to any woman (over 16) and their dependents who are in an abusive home and need to leave the home to keep herself and her dependents safe. Chrysalis House offers a crisis phone line 24 hours/day at 613-591-5901.
- Chrysalis House is pleased to provide services to women of diverse age, cultures, sexual orientations and abilities.
- Services provided during a woman's stay may include crisis intervention, one-to-one supportive counseling, group support, education and information, assistance with accessing financial, legal and housing support, accompaniment services, advocacy, and referrals to community resources. These services can be provided to children, youth, and parents.

## Community Action Programs for Children (CAPC) and Canadian Prenatal Nutrition Programs (CPNP)

- The Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) are two programs that are committed to promoting healthy birth outcomes and the healthy development of children. These programs are typically embedded within community based agencies.
- The CAPC/CPNP National Projects Fund (NPF) was created to provide support to the CAPC and CPNP sites in providing them with tools, resources, support and training on specific issues.
- 8 prenatal nutrition programs are provided across Ottawa.
- The network of CAPC/CPNP programs in Ottawa are reaching at risk families and connecting them with other programs/services.
- CAPC/CPNP programs are connecting with HBHC prior to the birth of a child and continuing involvement afterward.

## St. Mary's Home

- St. Mary's Home is the sponsoring organization of three CAPC/CPNP programs in Ottawa.
- An agency that provides a comprehensive range of programs and services for young pregnant women, young moms and dads, and their infants and young children. Healthy pregnancy and birth programs include: Pregnancy Circle, Baby Express Drop-in, Buns in the Oven, Kick Butt 'n' Craft, Health Workshops, Breastfeeding Support. Parenting programs offered are: Baby Basics, Parenting Readiness, Infant Massage, Right from the Start, Reading and Parents Program (RAPP), It's My Child Too (for young dads)

- St. Mary's Home programs have a strong Infant Mental Health - attachment focus where the mother is able to recognize what attachment is. Prenatally include community support along with traditional methods.
- St. Mary's Home Residential Program uses the evidence-based Prenatal Version of the Working Model of the Child Interview to help at-risk pregnant youth to identify their internal child's parental representation, parent-infant interactions and later infant attachment. Priority use of this early intervention is with youth who have a CAS involvement / concern about her pregnancy and her ability to care for the child, and with youth who **self-identify** an interest later taking Modified Interaction Guidance.

## Emily Murphy Non-Profit Housing

- Affordable housing and support services in a townhouse setting in Blackburn Hamlet for single parents and their children. One third of the units are reserved for single parents under the age of 24. Support services include children's programming, housing support and parenting information.

## Ottawa Public Health: Health Babies Healthy Children (HBHC)

- Healthy Babies Healthy Children is delivered by Ottawa Public Health.
- The Healthy Babies Healthy Children (HBHC) Program is a voluntary program for women and their families in the prenatal period and families with children from birth until their transition to school experiencing challenges that could impact on child development.
- HBHC is based on a blended model of home visiting offered by public health nurses, a social worker and family visitors to achieve healthy pregnancy and healthy child development outcomes, respecting the different characteristics of families that may include but are not limited to: social, linguistic, cultural, racial, and gender diversity.
- HBHC services offered to support the parent-child dyad. include: screening and assessing infant and parental health, including an evaluation of any identified risk related to (i.e.: physical health problems, parenting challenges, mental illness including postpartum mood and anxiety disorders, intimate partner violence, addictions, PTSD, infant mental health, etc.), client centered health teaching and counseling; advocacy and referral and service coordination.
- Baby Express drop-ins where families of infants up to one year can consult a PHN 7 days a week, related to nutrition and feeding (including breastfeeding) within a BFI approach, child safety, adjusting to parenthood, accessing community resources, etc.
- HBHC liaises with Ottawa hospitals, St. Mary's Home, Youville Centre, and The Salvation Army Bethany Hope Centre to work with mothers in the community. They are currently connecting with many community agencies and have established relationships. Programs include components of: attachment, parent-child interactions, breastfeeding, infant mental health, Baby Friendly Initiative, prevention efforts. Their work with families begins at preconception.

## Vanier Community Service Centre

- **Ça Mijote (Buns in the Oven):** This francophone prenatal nutrition program provides information and support to pregnant women and to mothers of infants.
- **L'éveil des tout-petits:** Resources and support for child development, attachment and the importance of play serving parents and their 6-18 month-old children.

## Violence Against Women Integrated Services Project

- The CAS/VAW Integrated Services Program is a co-located service between child welfare and the violence against women sector. The Violence Against Women team works with protection workers at Children's Aid Society of Ottawa in building a strong collaboration with the pre and post team. They are able to go out in the community and work with at risk mothers.
- Child witness programs: 5 agencies in Ottawa offer individual and group support to mothers and their children to understand the impact of being exposed to the abuse of their mother.

## Youville Centre

- Located in Ottawa, Youville Centre is a non-profit, registered charity that serves adolescent mothers and their children. Youville's trauma-informed, holistic programs and services include: crisis intervention, intensive mental health therapy and treatment, addiction counseling, collaborative problem solving, a licensed child development program with a focus on infant mental health, attachment-based parenting programs with intervention and treatment, and a fully accredited secondary school. For more than a quarter century, Youville Centre has been an innovative centre that motivates, educates and nurtures young mothers and their children to become self-sufficient, contributing members of society.

## Early Screening and Assessment Activities

- St. Mary's Home, Youville Centre, Ottawa CAS, Bethany Hope and Emily Murphy Non Profit Housing began administering the Ages and Stages Questionnaires (both ASQ-3 and ASQ-SE) with their families. The screenings along with observations and parental interviews are used to create development support plans unique to each child's and family's needs. The plans are used to make the most of lengthy wait times if a child is identified as delayed in any developmental domain.

## Centre Psychosocial

- Early Detection Program: The program provides standardized screening assessment services in the overall development of children aged 18 months to 5 years. The results of this screening will be shared with parents and professionals involved, and if applicable, the families will be directed to additional services.

## **Crossroads Children's Centre:**

- Offers walk-in clinic and home based programs for children 0-6 years old – this includes children without a confirmed diagnosis. These services are offered in English.

## **Education Sector**

- Catholic School Board: currently are identifying at-risk children for developmental delays through home visiting for school readiness. Additionally, they are including a survey for kindergarten registration that goes back to child care involved as a transition piece in sharing information regarding the child.
- Ottawa-Carleton School Board: Nipissing District Developmental Screen (NDDS) tool is used within the child care centres located in the schools.

## **Growing Healthy Screening Clinics**

- Ottawa Growing Healthy Screening Clinics (GHSC): Several community partners collaborate to offer the clinics, which are dependent on annual funding. There are between 5-6 clinics a year at different community locations across the city. Families are provided with information and screening from a variety of organizations:- Ottawa Public Health (Immunization, dental screening, developmental screening (NDDS), NutriSTEP screening), Crossroads: Behavioral Screening, First Words: Speech and language Screening (only for children up to 5 years old and children NOT enrolled in senior kindergarten), Ottawa Children Treatment Centre: Developmental Screening, Parent Resource Centre: Promotion of literacy.

## **Healthy Babies Healthy Children**

- HBHC screening is offered in collaboration with health service providers and through referrals received from other agencies and individuals. HBHC also conducts an assessment of families identified with risk for compromised healthy child development and parenting ability. Screening and assessment can occur prenatally, postpartum and/ or during early childhood anytime up to a child's transition to school.
- St. Mary's Home, Youville Centre, Ottawa CAS, Bethany Hope and Emily Murphy Non Profit Housing began administering the Ages and Stages Questionnaires (both ASQ-3 and ASQ-SE) with their families. The screenings along with observations and parental interviews are used to create developmental support plans which are unique to each child's and family's needs. The plans are used to make the most of lengthy wait times if a child is identified as delayed in any developmental domain.
- Currently a perinatal services pathway is under development in collaboration with community partners.

## **Youville Centre**

- Early Learning for Every Child Today (ELECT) document- provides a framework for information regarding the child's development.

- Staff create a child portfolio based on development goals and observations supported by pictures, which is then shared with mothers, so that future goals are set collaboratively to support all areas of development including socio-emotional. This program exists for 2 – 30 month old children.

## Early Intervention Services

### Centre Psychosocial

- **Centre éducatif spécialisé l'Image** is a place of learning, growth and stimulation for the children of the Francophone community in Ottawa. It provides children with learning opportunities and support they need to develop their cognitive, language and social.
- L'Image welcomes children aged between 18 months and 5 years. It is a specialized center for children with special needs in communication, socialization and more specifically children with a diagnosis of autism
- **Services d'intervention en santé mentale:** individual therapy, family and parental counseling and a living environment in response service for various mental health problems (anxiety, ADHD , behavioral problems , etc.)

### Children's Hospital of Eastern Ontario

- Provides mental health care services through psychiatry, psychology, social work, nursing, and education) for children 0-18 years old.

### Ottawa Children's Treatment Centre

- **Getting Started Services/ Wee Start Services:** As a first step to services following a referral to the centre, Getting Started Services/ Wee Start Services offers families of children under 6 years of age access to a multidisciplinary team to address concerns and offer discipline-specific strategies in the areas of communication, socialization, play skills, self-help skills and behaviour.
- At the Getting Started Services/ Wee Start Services clinic visit, the parent and child are scheduled to meet with one or more of the following professionals for screening and consultation: an early childhood educator, a social worker, a speech-language pathologist, an occupational therapist and a physiotherapist.
- If needed, parent can be referred for additional support to address behavioural and nutritional concerns. Individual, educational or training sessions are available based on the child's developmental profile and needs.
- Children aged 21 months and under are seen at Wee Start Services while children over 21 months and under 6 years of age at Getting Started Services.
- Assessment & diagnostic services are provided by developmental paediatricians and psychologists for children with physical and developmental concerns throughout the region.

## Ottawa Children’s Treatment Centre at CHEO

- **Infant & Child Development:** Infant and Child Development is a prevention and early intervention service for infants and young children from birth to age five who have a physical and/or developmental disability, or are at risk of a developmental delay.
- OCTC provides Infant and Child Development Services for children and families residing in the Ottawa area. Infant and Child Development Services in the county areas are provided by partner organizations in each community.

## Pinecrest Queensway Community Health Centre

- **Blind/Low Vision Program:** The Blind–Low Vision (BLV) Early Intervention Program is an initiative of the Government of Ontario’s Ministry of Children and Youth Services. Its objective is to give children who are born blind or with low vision the best possible start in life.
- **First Words:** Preschool Speech and Language Program focuses on the prevention, early identification and treatment of speech and language problems.
- **Infant Hearing:** The Infant Hearing Program is an initiative of the Government of Ontario’s Ministry of Children and Youth Services. Its objective is to identify infants who are deaf or at risk of developing hearing loss in early childhood and provide related support and communication development services to families.

## Planning Tables

- **The Special Needs Table and Mental Health Transformation Agenda** will look to agencies in Ottawa to deliver interventions appropriate to infant-early mental health.
- **The Mental Health Transformation** is in the process of mapping what is happening, what are the next steps, determining if the interventions are effective.
- **Best Start Leadership Table / Ottawa Network for Children (Best Start Network):** The Ottawa Network for Children is comprised of community members representing children’s services networks in Ottawa. This group works to plan and develop strategies to enhance services for children and seeks to establish a comprehensive system of services this will support families with children prenatal to 6 years of age. The scope will encompass the full spectrum of services for this age range, including health, education, social supports, licensed childcare, and other children’s services
- **Young Parent Support Network** – a partnership of agencies providing accessible, integrated and flexible services and advocacy to at-risk adolescent pregnant and parenting youth and their children.
- **Child and Youth Mental Health Network** – leadership forum dedicated to sustaining, supporting and enhancing a strong service system for children and youth served by organizations responding to vulnerable and at-risk children, youth and families and funded by the Ministry of Children and Youth.

## Somerset Community Health Centre

- Play groups are available where parents come together while waiting for intervention services.

## St. Mary's Home

- St. Mary's Home facilitates parent – child interactive playgroups for different child age groupings, facilitated by Early Childhood Educators. Parents are adolescent (13-24).

## Thursday's Child Nursery School

- Thursday's Child Nursery School (TCNS) is a licensed center-based program that operates eleven months of the year for nine children aged two to 4.8 years who are diagnosed with Autism Spectrum Disorder. TCNS is a program of Andrew Fleck Child Care Services.
- TCNS provides a learning-through-play environment which focuses on meeting the individual needs of the children. The individual strengths and needs of each child are considered when developing the program plan. Our focus is to support the children to develop independent skills in self-help, communication and socialization to facilitate their successful inclusion in the broader community.

## Vanier Community Service Centre

- **Home Instruction for Parents of Preschool Youngsters (HIPPY Program):** HIPPY is a home-based education program that teaches parents to be their preschool children's first teacher and prepare their 3-5 year-olds for school. Parents are provided with carefully developed materials, curriculum and books. The home visitors call upon the family every second week, bringing a new set of materials - usually a storybook and a packet of instructional materials. The home visitor and parent spend about one hour reviewing the materials, using role-play. All of the instructional materials are available in English and French. Parents spend 15 minutes each day doing activities with their child. Every other week, the HIPPY program offers a group meeting at community centres or schools, with enrichment activities for parents.

## Youville Centre

- Early Mental Health attachment based programs (Me My Baby Our World, Make the Connection, Positive Parenting) for adolescent mothers (14-20 years) who are at risk of poor parenting outcomes due to mental health and addiction challenges and a history of trauma. Programs are meant to increase parental awareness of their baby's attachment system as well as to empower them to become more confident in their parenting role. Programs also focus on the changing dynamics of the parent-child relationship as the child becomes more independent and teen parents require new and evolving skills and strategies to help guide them in their parenting role. Referrals are made from the program for individual parent-child attachment counselling.

## Treatment

### Crossroads Children's Centre

- The Crossroads Children's Centre is a fully accredited children's mental health centre that provides services for children up to age 12 and their families. Crossroads offers treatment designed to help children with complex mental health needs.
- The multidisciplinary Crossroads team has specialized expertise in delivering treatment and related services for children with severe emotional, behavioural and social difficulties.
- Collaborative Problem Solving (CPS) is a model for providing treatment and support to children and youth with social, emotional and behavioural challenges. CPS is increasingly recognized as a best practice model in the delivery of mental health services for children and youth. Its two major principles are:
  - Youngsters exhibiting difficult behaviours are doing so because they lack the appropriate skills to behave in healthier ways. This principle recognizes that helping children and youth to develop skills — for example, how to adapt to change and how to tolerate frustration — will support development of healthier behaviour.
  - These challenges are best addressed by collaborating with the child or youth to solve the problems leading to the difficult behaviours.

### Early Learning and Care Sector

- Once there is formal diagnosis for a child, Children's Integration Support Services (CISS) provides treatment and interventions for children within the licensed child care programs.
- The Children's Integration Support Services (CISS) team is made up of intake coordinators, resource consultants, resource consultant team leaders, behaviour consultants, behaviour facilitator and administrative staff. The CISS team supports programs and children and their families by coordinating resources through effective partnerships to ensure a positive and inclusive child care experience.

### St. Mary's Home

- **Modified Interaction Guidance** to up to 36 young parent families: Modified Interaction Guidance (MIG): MIG is a clinical intervention technique aimed at supporting the development of healthy, secure attachment in very young children.
- It is provided to young parents who are at risk of poor parenting outcomes due to mental health issues, possible addiction issues, history of trauma, young age, social disadvantage, poverty and other high risk factors in a series of 6-10 weekly hour long sessions.
- Each session involves video-taping parent/child interactions, coding of the video by a specifically trained infant Mental Health Team, debriefing of the video with specific attachment-related goals, motivational counseling, one-on-one counseling support and weekly goal-directed parental/ child interactive homework.

- The program is carried out under Dr. Diane Benoit, Hospital for Sick Children in Toronto and is provided in two community based settings. It also provides direct service linkage with the agencies and projects of the Young Parent Support Network.

## Youville Centre

- Individual Counselling service for adolescent mothers who are at considerable risk of poor parenting outcomes due to mental health, addiction and a history of trauma. Clinical intervention is aimed at supporting the development of healthy secure attachment in the infants and toddlers of adolescent mothers.
- Series of two hour long sessions twice a week for a period of 6 – 8 weeks. One hour long consultations are available as needed.
- Program based on development sensitive parenting skills and sensitive responsiveness to promote secure attachment.
- Video- taping/debriefing and session feedback are components of the program Pre and Post measures of The Sensitive Parenting Outcome Measure and The Checklist of Disrupted Caregiver Behaviours.

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

- Supporting Practice: There is a community approach initiative to increase capacity on infant mental health including practitioners (through a community of practice) for 0-5 in development under the Ottawa Child and Youth Initiative: Growing Up Great. As part of the initiative, local champions will be identified on a broader scope to promote infant-early mental health.
- In Carlington Community Health Centre has a pilot project that is connecting prenatal breastfeeding resources to primary care physicians. Project coordinator goes out to physicians with important education pieces. This project also includes a component of connecting women to prenatal breastfeeding workshops and breastfeeding support drop- ins. This is a part of a Best Start/Health Nexus project.
- Pinecrest Queensway CHC is leading a pilot project focusing on skin to skin promotion in partnership with Ottawa agencies operating CPNP programs.
- Youville Centre and Ottawa CAS have built a strong relationship to assist with families in their services.
- St. Mary's Home has adapted a model for working with youth addiction which involves a partnership with the Rideau Wood Centre.
- The Bethany Hope Centre has partnered with the Bruyere Family Health Centre. This in turn provides clients with access to a family physician and/or a Nurse Practitioner.
- **School Readiness Working Group** (part of Ottawa Child and Youth Initiative: Growing Up Great): Coalition that includes many service providers, such as Ottawa Best Start, Ottawa

Public Health, and various CHCs working to strengthen early identification strategies using the NDDS and NutriSTEP screens.

- **Ottawa Coalition of Fetal Alcohol Syndrome Disorder (FASD)** does education within community, FASD support, and education groups- the community is beginning to look at how they respond to concerns of FASD.
- **Champlain Maternal Newborn Regional Program (CMNRP)** plays a key role in connecting and networking with maternal-newborn organizations and health care providers of the region, working together on addressing maternal-newborn care priorities identified at the regional and provincial levels.
- Ottawa Parent Resource Centre's Incredible Directory, Directory of Ottawa Community Services (Blue Book), and Best Start Tables have developed and distributed pathways documents for service coordination in Ottawa community
- **Ottawa Collaborative Parenting Support Strategy:** a community of partners working together to build resilient families that can support their children's healthy development, feel empowered, and are able to cope with the ups and downs of everyday living. Looking to develop a centralized system for sharing information with professionals and parents. Components of collaboration focus on accessing services and referrals system, empowering parents, best practices, and outcome evaluation. A part of the Ottawa Child and Youth Initiative. Community partners include Ottawa CAS, Ottawa Public Health, and the Ottawa Parent Resource Centre.
- Crossroads and Ottawa Children's Treatment Centre developed a protocol that if child is sitting on a waitlist for 6 months or more at OCTC then there is an agreement that they will put them waitlist on the date that they were initially on at Crossroads.
- OPH has established relationships with many service providers for including formal liaisons with CAS, hospitals, St. Mary's Home, to work with families in the community .As well OPH is represented in Growing up Great, CMNRP, etc.
- St. Mary's Home has imbedded Addictions Counseling support for pregnant youth, thanks to a long-term partnership with Rideauwood Addiction and Family Services. This initiative is funded in part by the MCYS and by the LHIN's Early Childhood Development Addictions Project.
- St. Mary's Home's Young Parent Outreach Centre is a Multi-Service hub that includes specialty services on site: The Ottawa Hospital's (TOH) Adolescent Obstetrics Clinic; TOH and CHEO run perinatal mental health clinics; Ottawa Public Health provides Prenatal education, Well baby Clinics and Home visits; The Ottawa Catholic School Board provides a prenatal Achievement Centre alternative high school; Bruyere Family Health Centre and the Charitable Dental Clinic. CAPC / CPNP programs are integrated within this Centre, keeping the focus on child development, parenting, and infant mental health.
- St. Mary's Home and Youville Centre are members of the Young Parent and Infant Mental Health Association of Ontario (YPIMH) formerly known as The Ontario Association of Child, Youth and Young Parent Centres (OntChild/ YPRO). YPIMH benefits both the agencies and those populations they serve through promoting education, networking and information sharing opportunities. Member agencies share common goals and as an association we join together to communicate and address mutual concerns with other agencies and the Ministry.

Additionally, Youville Centre and St. Mary's Home both have partnerships with The Ottawa Hospital whose ob/gyn clinics are located in both centres.

## Short Term Opportunities to Enhance Core Prevention and Intervention

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

- Host a meeting with agencies who serve the most vulnerable together to discuss and determine solutions to challenges they face, particularly clients who are difficult to engage. In this conversation, we would like to include topics of child development and parenting approaches.

### Early Screening and Assessment Activities

- Create a resource that contains the various tools being used in Ottawa and share best practices around them as a community. IMHP will leverage their existing chart in the Hand in Hand Resource Kit as starting point.

### Early Intervention

- Explore hosting a city-wide Developmental Support Plan training for the Ottawa Community.

### Collaboration

- Assess and take inventory on what is available in the Ottawa community in regards to models of co-located services.
- Increase the collaboration between CPNP sites in the community and skin to skin pilot project at Pinescrest Queensway Community Health Centre.
- Initiate community meetings to enrich current initiatives and tables to ensure cohesiveness. MCYS and MOE can communicate what is transpiring at the moment and identify how community agencies can become involved.
- When the PHAC report is prepared – as a community, it will be shared with the **Special Needs Table and Mental Health Transformation** in the community to inform them of what was discussed.
- Using/leveraging existing tables and initiatives, including and not limited to Best Start, Mental Health Transformation, and Special Needs Table, and Ottawa Child and Youth Initiative look at coordinated listing and pathways for accessing development and support services.
- Disseminate more information about the Growing Healthy Screening Clinics among professionals to refer families needing follow-up (based on funding).
- Ensure that community agencies are included in existing environmental scans. Working documents will be shared with the community to ensure their inclusion of services as they are being mapped. As a community, review the environmental scan together once it is complete.

- Engage the Local Health Integration Network (LHIN) and share the final PHAC report we create as a community.

## Long Term Opportunities for Core Prevention

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

- Leverage the Parenting in Ottawa Portal to promote IMH messaging to families
- Increase education opportunities for primary care physicians working with at-risk young mothers to link with community agencies.
- Explore opportunities to strengthen co-located models/services for mental health and addictions for vulnerable populations.
- Identify strategies to build capacity for clients to become more receptive to services, address the barriers they face, and their readiness.
- Explore how to include parents in the development and design of the system that responds early mental health as the many tables are in the midst of evaluating mental health services.

### Early Screening and Assessment

- Develop a Community of Practice to establish and support the development of early screening tools, interventions and assessment practices.

### Early Intervention

- Promote and enhance existing pathways documents that address early mental health among professionals.
- Have consistency within pathways documents and how they are guiding professionals/parents - create a coordinated listing and pathway documents for professionals/parents. Include details of the extent of programs/services so agencies are aware of expertise they can tap into. This will also include common screening and assessment tools.

### Treatment

- Strengthen infant/early mental health services in special needs and mental health sectors.
- Strengthen infant/early mental health pathways in special needs and mental health sectors
- Advocacy for treatment services in both official languages.

### Collaboration

- Explore the transferability of the Baby-Friendly Initiative (i.e. creating supportive environments) into other community agencies in Ottawa, and promote organizations to become BFI designated.
- Share the use of collaborative problem solving (CPS) with agencies who are interested and may benefit from it. Look to setup a mechanism for agencies that may not have it – to be used with parents who attend services.
- Explore ways for families/parents with young children to inform practitioners/professional they are engaged with, to better inform them of their needs (e.g. through a checklist document families fill out, etc.).
- As a community, we would like to review the findings of the Carlington pilot project to see if can be replicated in other areas of Ottawa.
- Through the Mental Health Transformation and Special Needs tables, apply a lens for infant mental health as they look at systems and families are engaged on how the system work.
- Have community tables explore possible strategies to providing support to families during wait times for infant developmental strategies
- Explore what strategies can be presented to families, including systematic referrals to supportive services such as HBHC, while they wait for specialized care.
- Explore social media/marketing collaboratively as a community which include cultural components to include more of the population.
- Strengthen cultural sensitivity when looking at developmental assessments and intervention.
- Environmental scan of the services availability, efficacy, and capacity for infant/preschool development in the community- coordinate existing scans between Mental Health Transformation Table and Ottawa Public Health.

# Competencies for Practice in the Field of Infant Mental Health

## What is Happening in Ottawa

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As a community there is a general knowledge across sectors in child development for ages 0-5 years. It was determined as a community, we would like to continue to strengthen this knowledge base as new, current research and information becomes available. There is also a very strong interest in learning more about the science behind infant mental health across sectors and professional disciplines.

### Knowledge

#### Ottawa Public Health: Healthy Babies Healthy Children (HBHC)

- Across province, Keys to Care Giving, the Nursing Child Assessment Satellite Training (NCAST) and Parenting in Partners Education (PIPE) are integrated, , into HBHC's strength based approach.
- PHNs have a strong foundation in child development, some also have acquired skills in motivational interviewing and engaged in ongoing education and specialized training related to in IMH and attachment.
- Many HBHC PHNs have attended attachment focused training facilitated by Dr. Benoit from The Hospital for Sick Children, as well as training on brain development, facilitated by Dr. Stuart Shanker. Joint professional development with the CAS on the effects of toxic stress on infants, facilitated by Dr Jean Clinton.
- Prenatal Instructors have three learning modules:
  - Breastfeeding Basics (tips and techniques)
  - Baby basics (preparing for parenthood)
  - Birth Basics (confidence and comfort).
- Public health nurses take child development courses, attachment.
- Home visiting component has a growing body of learning and mentoring around child development.
- Strong foundation around child development within public health prenatal programs.

## Growing Up Great: Ottawa Child and Youth Initiative

- Community of Practice: Under the Growing up Great: Ottawa Child and Youth Initiative, there is a proposal which can provide training and discuss practice changes within community agencies. Ottawa Headstart has started a similar process and are evaluating how staff are feeling their practice has changed. This can be used a vehicle to strengthen service coordination and embedding infant-early mental health into Ottawa community agencies.

## Children’s Hospital of Eastern Ontario (CHEO)

- E-mental health has the structure and mechanisms in place for sharing knowledge and information about agencies not only in Eastern Ontario but across Canada. This could be a vehicle in increasing knowledge around infant-early mental health.

## Ministry of Education

- Think, Feel, Act: Lessons from research about young children was developed. The *Ontario Early Years Policy Framework* describes how the experiences children have in the early years can have an extraordinary and long-lasting impact on children's learning, development, health and well-being. Central to this is a view of children as competent, capable of complex thinking, curious and rich in potential. To support educators working in early years settings in their continuous professional learning, the Ministry worked with leading experts in the early childhood field to develop the following thought-provoking resources.
- Topics include: Positive Relationships and Brain Development, Pedagogical Leadership, Pedagogical Documentation, Inclusion, Parent Engagement, Learning Environments, and Self-Regulation
- Exploring the implementation of community hubs within schools making services more accessible to families. The use of space within schools when available could be a way to increase co-located services in the Ottawa community.
- Starting to prepare teachers to serve 3 year olds on self-regulation and executive function. *The Early Years Framework* will be used which is intended for children under 3. There are conversations starting and can be the foundation for strategy for prevention and promotion.

## Ontario’s Better Outcomes Registry & Network (BORN)

- BORN captures data on all births in Ontario, maternal data, newborn data, and expanding to 18 month follow-up. This is an area where the Ottawa community could leverage collecting useful data from families on components of infant-early mental health

## Skills and Training

- There are strong examples of effective approaches being used with families across the Ottawa community such as:
  - ✓ Healthy Babies Healthy Children, St. Mary’s Home, and Pinecrest Queensway Community Centre, and Youville Centre are trained in motivational interviewing for families.

- Collaborative problem solving – across various agencies in the Ottawa community, collaborative problem solving is a skill being used effectively with families, which empowers clients can solve problems given their own capacity. Crossroads Mental Health, Carlington Community Health Centre, Centre Psychosocial, Youville Centre and Head Start programs are all agencies using this skill.

## St. Mary's Home and Bethany Hope Centre

- Both have strong understanding of attachment focused practices, Trained by Dr. Benoit from the Hospital for Sick Children on Modified Interaction Guidance intervention technique which supports the development of healthy, secure attachment in very young children.
- **Play for the Future:** Attachment Based counseling which helps parent's develop strong, trusting bond with their babies.
- Make the Connection parenting program.

## Youville Centre

- Small group attachment programs offered are Me, My Baby, Our World, and Positive Parenting
- One on one therapeutic attachment counseling aims to increase parental sensitivity in our adolescent moms and promote secure attachment in their children.

## Ottawa Children's Aid Society

- Staff are trained in the *3-5-7 Model*: a practice that supports the work of children, youth and families in grieving their losses and rebuilding their relationships. The 3-5-7 Model is a strengths-based approach that empowers children and youth to engage in activities that encourage expressions of hurt related to losses and to give meaning to significant relationships towards developing permanent connections. It supports deeper therapeutic work around the traumas of abuse, abandonment and neglect experiences that is or may be provided by other clinical professionals. As individuals begin to reconcile their grief, they may more readily enter into deeper, intensive therapies, if needed.

## Ottawa-Carleton School Board

- **Parent Articulation Training:** Parent Articulation Training Program is designed to teach parents how they can help their children overcome mild articulation difficulties through training and proper resources for home use. A training workshop is normally offered in the evenings at the District's administration building on Greenbank Road. At the training workshop participants receive an overview of speech sound development, the stages and phases of therapy, as well as games and ideas for working with their child. Participants are able to participate in a demonstration therapy session. Individualized home program materials are also provided.
- **Reaching In Reaching Out Training:** RIRO Resiliency Skills Training Program provides service providers working in early learning, child care, community/mental health and other settings with the knowledge and skills they need to model and teach resilience approaches to young children, from birth to eight years of age.

## Wabano Centre for Aboriginal Health

- **Parenting Bundle:** The Parenting Bundle is a cultural program designed to reintroduce parents and caregivers to traditional roles and responsibilities of parenting. It was developed by the Wabano Parenting Society, comprised of Elders, Knowledge Keepers, Grandmothers and community members. It is a holistic and cultural approach to empowering Aboriginal parents and caregivers in their parenting journey.
- Wabano's model of care for parents has been documented in a learning resource for all parents and caregivers of children. The history of colonization in Canada has eroded many of the traditional family systems and beliefs in our communities. The removal of children from our communities disrupted the sharing and passing on of important traditional teachings, stories and ceremonies that are essential to balanced families and communities. The legacy of colonization, residential schools and harmful welfare policies can still be seen today in the high rates of poverty, addictions, and dysfunction in many Aboriginal families and communities.

## Children's Hospital of Eastern Ontario (CHEO) and HBHC

- **The Period of Purple Crying program** is designed to help parents of new babies understand a developmental stage that is not widely known. It provides education on the normal crying curve and the dangers of shaking a baby.
- Additionally the program tries to create a cultural change in how parents, caregivers, and everyone in the community understand the normalcy of this early infant crying and the dangers of reacting to an infant's crying in frustration.
- Emergency department and Neonatal Intensive Care Unit (NICU) Staff at CHEO and HBHB Nurses are trained.

## Short Term Opportunities for Competencies

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### Knowledge

- IMHP will create a resource list with articles of interest for the Ottawa community table on topics around infant mental health (attachment, the science, etc.).
- Engage and begin a conversation with post-secondary sector and professional associations to share knowledge of early mental health.
- Explore ways to collaborate with Ottawa Child and Youth Initiative: Growing up Great to share infant-early mental health knowledge within proposal. As a part of the conversation also include the discussion of common language among services and sharing information/resources used by the family and agency.
- Connect Ottawa CAS with Toronto CAS about the project collaboration between the Toronto CAS and adult mental health agencies.
- Explore existing models of developmental passports from other sectors (health care) that could be replicated for early mental health services. Connect Ottawa Community with City Kids in Toronto to discuss their Developmental Passports. IMHP will help make this connection.
- Communicate with the Mental Health Transformation table the need for knowledge exchange amongst services/programs across Ottawa. Sharing what services look like and any resources families may be using/given. The transition from services needs to be highlighted as well.
- Engage the Special Needs Strategies Tables in conversations around early mental health and service coordination.
- 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. There are many current resources and activities in the community which could be leveraged to do this, such as the Parenting in Ottawa Portal (OPH).
- Ottawa School Boards will be invited to community tables to leverage and create more awareness of services.
- Convene a multi-sector group to look at the current data collected and develop a database to capture information regarding the 0-5 age group including components relevant to infant-early mental health.
- Conversation with Better Outcomes Register Network coordinators to include elements of infant-early mental health and other useful information

## Skills

- IMHP will share Infant Observation Chart with the group to assist with observational skills for practitioners working with parents and infants

## Long Term Opportunities for Competencies

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### Knowledge

- Explore how we can implement strategies and practices from the Ottawa Child and Youth initiative: Growing Up Great.
- Begin conversation with adult mental health agencies in Ottawa – explore how we can collaborate to support both parents and their children.
- Explore how to build capacity within staff about engaging families in conversations on accessing services.
- Look for innovative and new outreach strategies to engage families in services.
- IMHP Family Law Initiative learning modules will be piloted and shared with Ottawa CAS to increase understanding of early mental health.
- As a community, Ottawa will create a more coordinated approach/system to sharing education opportunities on infant/early mental health.  
E.g. If one agency is hosting a workshop, look for opportunities to share with other partners. This could be a website portal.
- IMHP will consult with 5 communities what kind of database would be helpful around the services/programs available for infant/early mental health.
- Begin to develop a protocol for sharing information and equipping families through transitioning services.
- Look to connect other community partners in the Ottawa Collaborative Parenting Support.
- Invite First Words to our community meetings as part of this initiative.
- As a community, make a connection with the post-secondary sector to build capacity on early mental health and the science around it. Including the following programs:
  - ✓ Include U of Ottawa Medical School
  - ✓ University of Ottawa and Algonquin College nursing programs
  - ✓ ECE college programs in Ottawa.

- Work with CHEO/ ROH on how to engage physicians in discussion about early mental health.
- Connect with local physician champions in Ottawa to have conversation about early mental health concerns.
- As a community, we acknowledge our local expertise but would like to explore more opportunities to connect with others such as Dr. Jean Clinton and Dr. Jean Wittenberg

# Organizational Policies & Practices

## What is Happening in Ottawa

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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. The survey would be completed anonymously, with the exclusion of name, agency, and sector.

## Long Term Opportunities for Organizational Policies & Practices

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- Community agreed to develop a survey for frontline practitioners to better understand how those providing direct services feel:
  - ✓ There will be a focus on staff capacity of knowledge of infant-early mental health across the community.
  - ✓ IMHP will create a draft and seek table's approval and input.
  - ✓ There will be a follow up meeting in late summer of 2015 with the community partners to discuss which opportunities identified in the report can be achieved.

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