



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**

**PARRY SOUND,
ONTARIO**

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

Table of Contents

Executive Summary	1
Key Findings/ Recommendations	2
Project Overview	7
Methodology	8
Selection of Communities	8
Establishing Community Tables	8
Data Collection: Learning About Each Community, Their Policies, Practices, and State of Knowledge Specific to Infant Mental Health.....	9
The Rationale for a Focus on Infant Mental Health: What Science is Telling Us	10

Supporting Infant Mental Health in Muskoka and Parry Sound

About the Districts of Muskoka and Parry Sound	15
Core Prevention & Intervention for the Early Years	17
What is Happening in Muskoka and Parry Sound Today	17
Universal Programs for all Families.....	17
Support for All Families with a Focus on Those at Risk	18
Early Screening and Assessment Activities.....	22
Early Intervention Services	25
Existing Collaborations among Services and Sectors Positively Supporting IMH.....	28
Short Term Opportunities to Enhance Core Prevention and Intervention	30
Support for All Families with a Focus on Those at Risk	30
Early Screening and Assessment Activities.....	30
Collaboration	30
Long Term Opportunities for Core Prevention	31
Early Screening and Assessment.....	31
Collaboration	31
Strengthening Data Collection/Statistical Analysis and Assessment	31
Competencies for Practice in the Field of Infant Mental Health	32
What is Happening in Muskoka and Parry Sound Today	32
Knowledge	32
Skills	33
Short Term Opportunities for Competencies	34
Knowledge Building for Professionals.....	34
Collaboration	34

Long Term Opportunities for Competencies	35
Knowledge Building for Professionals.....	35
Collaboration	35
Organizational Policies & Practices	36
What is Happening in Muskoka and Parry Sound Today	36
Opportunities for Organizational Policies & Practices	36
References.....	37



Embedding the Science of Infant Mental Health in Practice and Policy



Executive Summary

Ontario is a vibrant province diverse in its communities ranging from large urban settings to rural communities that span a great geographic distance. The diversity of Canadian communities underscores the need to work locally with agencies and experts to determine how the science and best practices for infant mental health can be effectively embedded into policies, programs and services.

While some aspects of mental health services may be well designed or under construction in some regions, an inclusive and coordinated system of infant mental health services is in itself in its infancy. Building on the findings of an environmental scan conducted by IMHP of a sample of Ontario communities and subsequent recommendations included in the recent *Supporting Ontario's youngest minds: Investing in the mental health of children under 6* report, (Clinton, et al., 2014 p. 21) it is evident that:

- Practitioners in the field of infant mental health come from a wide range of backgrounds and sectors that may be outside of traditional mental health services. The level of training among staff delivering services varies, and there is an inconsistent understanding of what infant and early childhood mental health means.
- The types of early mental health care, including a variety of access points, tools, and interventions available to young children and families in direct service settings varies among agencies. The extent to which these services are accessible also varies.
- Agencies use a variety of screening and assessment instruments to understand family needs and develop treatment plans. A systematic protocol for regular screening and assessment to support mental health and typical development is not consistently in place, and initiatives vary between agencies and sectors.
- While internal referrals for service delivery within agencies appear to be relatively fast, wait times for referrals between agencies to obtain external assessments and mental health services are reportedly an average of four to six months, with wait times for services ranging from six weeks to a full year. This poses significant barriers to access to services, with young children often “aging” out and losing eligibility for the recommended services during the early years.

In December, 2014, the Public Health Agency of Canada (PHAC) provided funding to Infant Mental Health Promotion at the Hospital for Sick Children to create a collaborative, community-based process to further explore the issues at play for direct service delivery agencies.

Through this project, IMHP consulted with five communities in Ontario (Niagara, Simcoe, Muskoka and Parry Sound, Ottawa, and Regent Park Toronto) to gain a better understanding among all agencies and sectors concerned with infant mental health as to the existing gaps or barriers, opportunities for improved service delivery, and potential solutions for inter-systemic supports.

Common themes emerged across communities about infant mental health practices, policies, services and in relation to the knowledge and competencies of those working with this young population and their families.

Key Findings/ Recommendations

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

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

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

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

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

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

- Engage and begin a conversation with the post-secondary sector and professional associations to share knowledge of early mental health and encourage the inclusion of key topics in curricula across disciplines, for example, working with parents with unresolved trauma and how it can affect their parenting capacity. Explore the development and delivery of an Infant Mental Health Program at your local college/ university.
- Explore building capacity specific to infant mental health as new staff are hired.

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

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

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

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

5) Transparency is key to collaboration and effective referral.

- Develop a “local developmental services pathways” reference document for parents/ families and community partners (i.e. health and social services) outlining local services available for prenatal to three years of age for early development, screening, assessment, prevention, intervention and treatment. Included in the pathways document should be:

- ✓ Agencies and programs serving infants, toddlers, and families
- ✓ Screening tools and initiatives being used in your region.
- ✓ Intervention and treatment services that require a formal referral from a physician.
- ✓ Services/tools that can be accessed by front-line practitioners.
- ✓ A clear protocol for referral and transitions between services.

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

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

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

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

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

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

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

- Explore ways for parents/families with young children can better inform practitioners/ professionals of their needs (e.g., through a checklist document families fill out, etc.). This could include questions regarding the child's temperament and/ or the familial/ caregiving structure, for instance.
- Use the documents parents complete as an opportunity to engage, open conversation, dialogue, motivate families and to build relationships with staff. For

example, the early learning and child care (ELCC) sector could look to create an “intake” resource for practitioners to learn more about a child, facilitate discussion between staff and families, and support families on a daily basis.

- Increase practitioner/ agency capacity for providing socially inclusive, empathetic, culturally and linguistically competent practices.

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

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

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

References

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

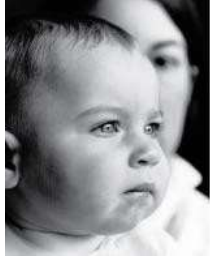
The brain's capacity to change decreases over time. While it is never too late to influence brain development, we now know that earlier is better and easier. In the early years of development the brain is most plastic creating an exciting opportunity to support a child's development.

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



Public Health
Agency of Canada

Agence de santé
publique du Canada

Supporting Infant Mental Health in Muskoka and Parry Sound

Muskoka and Parry Sound

About the Districts of Muskoka and Parry Sound

The District of Muskoka is located in Southern Ontario, North of Toronto. It is a renowned vacation spot for over 100 years, where many call home to cottages and lake houses. There are several townships within Muskoka District including Bracebridge, Georgian Bay, Gravenhurst, Huntsville, Lake of Bays, and Muskoka Lakes (The District of Muskoka, 2014). The land is comprised of lush forests surrounding several beautiful, vibrant lakes.

Continuing Northwest of Muskoka, the District of Parry Sound can be found. Parry Sound can be divided further into sub-regions: West Parry Sound and East Parry Sound (this is often referred to as Almaguin Highlands) (North Bay Parry Sound District Health Unit, 2010). Parry Sound is also home to many cottages and lake houses as it also shares a border with Georgian Bay.

While these districts continue to be popular destinations for tourism, the health, social service, and child care sectors continue to face challenges. The numbers suggest there is a significant population of children under the age of four that need support. In 2011, there were 4145 children ages four and under in Muskoka District and Parry Sound District combined (Statistics Canada, 2012)

The Districts of Muskoka and Parry Sound continuously face challenges due to geographic borders. For example, the public health units within the community are separated by Simcoe-Muskoka District and North Bay-Parry Sound District. There has been some movement to reduce the segregation as Simcoe Children's Aid and Muskoka Children, Youth and Family Services have amalgamated to form Simcoe-Muskoka Child, Youth and Family Services.

These geographic restrictions play a role in the funding agencies and programs receive, which has decreased over time. Many collaborative efforts such as community planning tables within Muskoka and Parry Sound have dissolved due to a loss of leadership resulting in a loss of funding.

The complexity of borders for families trying to access services and supports is even greater. Due to the significant distances between the scattered services, transportation to access programs and services is an additional challenge, especially for families who do not have the means to own a vehicle. This raises the issue of programs being under-utilized which can lead to programs being cut as families experience difficulty physically attending them.

Within the Muskoka and Parry Sound districts there is a prevalent First Nation, Métis, and Inuit population who experience further distresses accessing services. Among FNMI communities, access to IMH services is challenging and difficult at best due to geography and cultural distance. Risk factors are prominent within this community, emphasizing the need for response. There have been conversations regarding the inclusion of the FNMI community into services and to ensure their unique needs are met. However, service providers have not made much movement. An example of this arises around fee subsidy issues for childcare. The boundaries with Aboriginal community restrict families on reserve to access child care services off reserve. This report provides a snapshot of current infant mental health efforts in the Districts of Muskoka and Parry Sound.

Muskoka and Parry Sound

The Community Table included the following agencies:

- District of Parry Sound Social Services Administration Board: Children Services
- Hands: TheFamilyHelpNetwork.ca
- Muskoka Family Focus and Children's Place
- North Bay Parry Sound District Health Unit: Healthy Babies Healthy Children
- One Kids Place
- Simcoe Muskoka Child Youth and Family Services formerly Family, Youth and Child Services of Muskoka
- Simcoe Muskoka District Health Unit: Healthy Babies Healthy Babies

Muskoka and Parry Sound

Core Prevention & Intervention for the Early Years

What is Happening in Muskoka and Parry Sound Today

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

Universal Programs for all Families

Ontario Early Years Centres (OEYC)

- Ontario Early Years Centres provide key programs and services such as:
 - ✓ early learning programs and activities for children
 - ✓ 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. OEYC offer capacity and skill building programs which require registration that target specific topics and run in blocks over a number of weeks such as “Make the Connection”. This 7 week program is designed for first time parents and their babies ages 12 months and under. This is offered in the Muskoka region only.
- The Parry Sound OEYC includes two main permanent sites and various satellite programs that serve the rural communities of the town.
- The Muskoka OEYC include three main sites and various satellite programs that serve the rural town and communities.
- Given the geographic challenges some families may experience in accessing the Parry Sound/Muskoka OEYC system, the centres provide transportation services via volunteer drivers, coverage of one roundtrip per week for gas /mileage costs, and additional gas vouchers and taxis.
- Muskoka OEYC offer Baby Talk and Make the Connection programs.

Muskoka and Parry Sound

- Parry Sound OEYC offer Make the Connection, Moms to Mom, and Dads to Dad program.
- Shawanaga First Nation Community provides an OEYC.

Muskoka Family Focus and Children's Place

- Muskoka Family Focus and Children's Place is a not-for-profit and registered charitable organization that is dedicated to providing the following child/family resources and educational services: Licensed Early Learning Centres, Licensed Before & After School Programs, OEYC and Parent Education Workshops. They also offer Licensed Summer School Age Day Camps along with School's Cool (a Kindergarten readiness program), in Huntsville, Bracebridge and Gravenhurst this summer. Through our programs we hope to support and nurture children and their families in Muskoka by providing affordable flexible learning environments.

Support for All Families with a Focus on Those at Risk

These programs are provincially funded and are intended for those children who are identified as being at risk for developmental delays or in need of protection.

Simcoe Muskoka District and North Bay Parry Sound District Health Units: Healthy Babies, Healthy Children (HBHC)

- HBHC is delivered through both North Bay Parry Sound District Public Health Unit and Simcoe Muskoka District Public Health Unit.
- HBHC is mandated through the Ontario Public Health Standards to be offered by all public health units throughout the province. The Ministry of Children and Youth Services provides 100% funding for the Program. HBHC is delivered through Simcoe Muskoka District Health Unit.
- HBHC is a voluntary program for women and their families in the prenatal period and families with children from birth until their transition to school, identified with risk that will be provided with opportunities to achieve their potential.
- Every child and parent identified with risk in Ontario will have access to evidence-informed programs and services that support healthy child development and effective parenting (Ministry of Children and Youth Services, HBHC Guidance Document, 2012).
- In-home visits with women and their families in the prenatal period and families with children from birth until their transition to school by a public health nurse and/or a lay home visitor. HBHC is based on a blended model of home visiting that uses both public health nurses and lay home visitors to do home visits.
- HBHC offers support in the home (assessment, teaching, referral and service coordination) for every child and parent identified with challenges to provide opportunities to achieve healthy pregnancy, nutrition and feeding (including breastfeeding), healthy child development, safety, adjusting to parenthood, accessing community resources, and more. These visits are done by public health nurses and/or lay home visitors who work with families, offer health information and support, and connect families to parenting services.

Muskoka and Parry Sound

- The Parenting in Partners Education (PIPE) curriculum is used across the province within HBHC to support families.
- The Nursing Child Assessment Satellite Training (NCAST) are used.
- Parry Sound HBHC: provides parenting workshop and partner with Ontario Early Years Centre to provide child care in order for parents to attend services.
- Simcoe Muskoka Public Health Unit provides weekly breastfeeding support, a peer support program, and drop-in programs that are in high demand. The North Bay Parry Sound District Health Unit provides breastfeeding support to clients on an as needed basis in both the Burk's Falls and Parry Sound offices within the Parry Sound District
- Rural Health Breastfeeding Services: Nurses visits homes to reach families who are unable to come in person to clinics. This rural health strategy is unique to the North Bay Parry Sound District Health Unit visiting area.

Simcoe Muskoka Child, Youth and Family Services (Child Protection - Muskoka Region)

- Intake Services: The Intake Services of the Agency provide the following services- Accepting and screening all new referrals to FYCSM, investigating allegations and/or evidence that a child or youth may be in need of protection, when the request for services involves child maltreatment or child protection matters, responding to crisis situations by providing initial support services and subsequent follow-up services.
- Family Services: Family Services are provided to families requiring long-term intervention when children are found to be in need of protection. Family Service Workers provide a broad spectrum of services to these families, including: guidance and provision of parenting support; emotional support; residential placement of children/ youth as necessary; parenting education; case management; and referrals to other community based programs identified as helpful to the family.
- Children's Services: Services to children while in care include: daily care and support, educational support, preparation for independence, visits with natural family, appropriate medical, dental and optical care, and counselling.
- Family Support Services: Work with the child or youth's caregiver and encourage them to participate in opportunities to learn about child development, child management, and enhanced parenting skills. They also provide coordination of court ordered supervised access visits for families. Services provided include: teaching and modeling child management techniques, household management, child development education, stress management counselling, assistance with accessing other community resources, and the provision of supervised access visits. Supervised access visits by family support workers can be done therapeutically– this has a focus on the parent-child relationships.
- The resource team also conducts kin care, kin service and customary care assessments and provides supports those homes as deemed necessary. The resource team also provides adoption services. This team further provides family finder services The family

Muskoka and Parry Sound

finding model provides child welfare professionals with techniques for identifying and finding family members and other adults who care about a child placed in foster care.

- All Muskoka staff are in the process of being trained in Triple P.
- Can refer babies with possible neonatal abstinence syndrome to Great Beginnings at HANDS when concerned.

Simcoe Muskoka Child, Youth and Family Services (Children's Mental Health – Muskoka Region)

- Get a Plan Program: Assists young mothers (16-17 years old) who have not made a connection services (social assistance, medical care, other social services and programs)
- Community based mobile crisis services are available for children and youth, and their family in a mental health crisis situation, including 24-hour telephone response, risk assessment, access to appropriate professional and clinical services and supports including hospitalization, where required, and linkage to follow-up services and plans of care. Available 24 hours per day, 7 days per week and linked to trained professionals,
- Counselling Walk In Clinic. The clinic provides an option for quick access to therapy services for families with children between the ages of 0 and 17 years of age. It enables family members to see trained therapists at their chosen moments of need. Its intent is to create opportunities for immediate problem solving and therapeutic conversation, as well as connection to other FYCSM and community Children's Mental Health services if required. For many, a single session is sufficient; however the clinic may be used more than once if needed.

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) programs 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.
- Great Beginnings Prenatal and Growing Up Programs are designated CAPC/CPNP programs for Muskoka, Parry Sound, and North Bay located at HandsTheFamilyHelpNetwork.ca
- Great Beginnings offers a Prenatal Nutrition Program and Growing Up Program. The Prenatal Nutrition Program provides a weekly 2 hour group to participants who are

Muskoka and Parry Sound

pregnant or who have an infant less than 6 months of age. The Growing Up Program provides a weekly 2 hour group to participants with children 6 months to 6 years of age

- Great Beginnings serves pregnant women of any age or mothers with infants up to 6 months of age are eligible to attend the Prenatal Nutrition Program. Parents with children aged 0-6 are eligible to attend the Growing Up Program. The programs are available to support mothers and families who experience social isolation, financial hardship, limited education, lack of knowledge about available resources, domestic abuse, history of substance abuse, medical history of high-risk pregnancy, children with special needs and a need for additional support.
- Prenatal Nutrition participants are provided with a variety of supports including a Public Health Nurse, weekly workshops, gift cards on some occasions, nutritious snack while at the program, prenatal vitamins, free childcare and free transportation. The program aims to improve maternal and infant health, reduce the incident of unhealthy birth weights, promote and support breastfeeding, build partnerships and strengthen community supports for pregnant women.
- Growing Up participants are offered opportunities for play and parent/child interaction as well as a one hour educational workshop. Gift cards, milk, and milk substitute are distributed, free transportation is available and free childcare is provided for the children while parents are in the educational workshop. The program aims to increase social support networks, increase understanding of child development, increase awareness of parenting skills, increase knowledge of community resources, increase parent/child interaction and increase transition to other prevention programs. Often partner with OEYC (DSSAB) in PS for location and child care.

HANDS TheFamilyHelpNetwork.ca: Infant Child Development Services

- Infant child development (ICD) services at HANDS provides a range of services catering to the developmental and mental health needs of infants and young children throughout the Parry Sound and Muskoka districts. Services include consultations, screenings, assessments and interventions on growth and development, mental and physical health, social and emotional needs, as well as parenting support in terms of education, and navigating other community resources required.

One Kids Place

- Feeding Team: The feeding team provides quality care and expertise in the area of childhood feeding issues. The team consists of an occupational therapist, speech-language pathologist, physiotherapist and a social worker. These therapists work in consultation with the family physician and/or paediatrician and a dietician as needed to meet the needs of each individual child. There are many reasons that children may have difficulty with eating.
- Referrals to the feeding team can be made by a parent/caregiver, family physician, paediatrician, Infant Development Program, Healthy Babies Healthy Children Program, or other therapists involved with the child.

Muskoka and Parry Sound

- There is a feeding clinic offered weekly which takes an interdisciplinary approach to feeding.
- This initiative is funded by Best Start.
- There are other regions looking to duplicate this initiative but experience limited funding.

Early Screening and Assessment Activities

Simcoe Muskoka District and North Bay Parry Sound District Health Units: Healthy Babies, Healthy Children (HBHC)

- HBHC offers support in the home (assessment, teaching, referral and service coordination) for every child and parent identified with challenges to provide opportunities to achieve healthy pregnancy, nutrition and feeding (including breastfeeding), healthy child development, safety, adjusting to parenthood, accessing community resources, and more. These visits are done by public health nurses and lay home visitors who work with families, offer health information and support, and connect families to parenting services in the community.
- Public Health Nurses (PHN) and Family Home Visitors (FHV) work with families to complete the NDDS to help start discussion of healthy child development. The Ages and Stages Questionnaire 3 (ASQ-3) is completed by parents with PHNs if there is a concern and the appropriate referrals are made directly from HBHC to the agency or service deemed appropriate by the Nurse.
- The Nursing Child Assessment Satellite Training (NCAST) “Promoting Maternal Mental Health during Pregnancy” and “Keys to Caregiving” are used to provide tools for staff to promote positive growth and development with a special emphasis on maternal and infant mental health promotion and parent-child attachment.
- The NCAST Parent-Child Interaction Feeding and Teaching Scales are used by PHNs to provide valid and reliable assessments for measuring parent-child interactions. The results from these strength-based tools are discussed with families and guides interventions for enhancing parent-child relationship.
- North Bay Parry Sound District Health Unit (West Parry Sound) – Development Screening Clinics: A multidisciplinary team sets up screening clinics for families to attend: use the ASQ-3, ASQ-SE, and Red Flags. This an initiative of the Best Start Network in PS and implemented by DSSAB staff (OEYC & ISS) along with HANDS (Infant Development).
- North Bay Parry Sound District Health Unit complete the 18 Month Well Baby Visits – children with concerns are given priority at One Kids Place.

Simcoe Muskoka Child, Youth and Family Services (SMCYFS)

- Intensive Service Coordination (ISC) Program: The ISC program provides systems level service coordination for complex special needs children, youth and their families. Complex special needs children and youth are those who have high needs stemming from

Muskoka and Parry Sound

significant functional limitations, usually in several domains; and whose families have sought services but are experiencing significant stressors or report an inability to manage the care needs of their child; and who would benefit from an extraordinary service response beyond what is currently available to them in the service system. Referrals come from the community case manager. The ISC becomes involved to create an integrated plan with identified, measureable goals and to coordinate and facilitate existing and new services and service providers in meeting the identified needs of the child, youth and family. The ISC program is also the only avenue to access Bridge Funding and Case Resolution funding for children and youth.

- Psychological Services: Minimal funding is available for psychological services and are for clients already receiving services
- Telepsychiatry: a way for people who live in parts of the province where there are no child and adolescent psychiatrists to receive high quality, specialized psychiatric consultations. The consultation can offer help with a diagnosis, recommendations for medication, suggestions for the best interventions, as well as a second opinion regarding what another medical or service provider has concluded.
- Counselling Walk-In Clinic. The clinic provides an option for quick access to therapy services for families with children between the ages of 0 and 17 years of age. It enables family members to see trained therapists at their chosen moments of need. Its intent is to create opportunities for immediate problem solving and therapeutic conversation, as well as connection to other FYCSM and community Children's Mental Health services if required. For many, a single session is sufficient; however the clinic may be used more than once if needed. It provides an initial assessment of a child and family's needs and strengths.
- Child and Adolescent Needs and Strengths (CANS): A child and adolescent needs and strengths assessment is completed for all families who will access further services. ASQ-SE is used but not a standard tool across the agency
- 0-6 Program: ASQ-SE can be used to assess the needs of this population but it is not yet used as a consistent tool

HANDS TheFamilyHelpNetwork.ca: Infant Child Development Services

- There are a number of screening and assessment tools are being used including the following however this is not an exhaustive list.
- Using the Ages and Stages Questionnaire 3 (ASQ-3) and Ages and Stages Questionnaire: Social Emotional (ASQ-SE) Tools. When there are red flags, resources are provided to the families.
- Psychologists administer the Bayley tool. The psychologist also supervises and administers the Bayley with trained staff.

One Kids Place (OKP) Sensory Secrets

- This is a program developed by one of our occupational therapists to address the ever increasing sensory needs which present in the child population. This program has three components: it offers an eight module training program to early childhood educators and

Muskoka and Parry Sound

other community partners while also offering parent based information sessions based loosely off of these modules. It also offers strategies for both parents and educators to use to help mitigate sensory-based behaviours and issues which arise.

- The eight modules are as follows: sensory defenders, sensory seekers, repressive exploders, body awareness, breathing, moving, rhythm, and co-regulation and self-regulation

These modules are assembled into binders and given to community educators as a resource. This program is available in French and all documents have been translated into French. This was piloted in North Bay in one site and is being piloted in Parry Sound and North Bay (tentative-based on funding) in the upcoming year. We will be evaluating its efficacy and client and educator-based satisfaction in the current implementation year.

Developmental Clinics at One Kids Place

- The Developmental Clinics provides a collaborative multi-disciplinary assessment lead by a paediatrician. This clinic determines the nature and extent of the child's multiple developmental challenges and may or may not include a formal diagnosis.
- Team includes a physician, nurse practitioner, social worker, psychologist, and occasionally an occupational therapist and speech and language pathologist.
- These clinics happen four times a year in each community across the Muskoka region. Children must be attached to a pediatrician to attend.
- HANDS psychology works collaboratively with One Kids Places providing services to the developmental clinics
- The Developmental Clinic assists with: facilitating a medical diagnosis by providing an appropriate multi-disciplinary assessment and/or referrals for further assessment and investigation, determining therapy requirements/interventions that can be provided by One Kids Place, generating a comprehensive treatment plan that may include referrals to community agencies, facilitating provision of counselling and support needs for parent(s)/caregivers as it pertains to the child's diagnosis and/or developmental difficulties.

Parry Sound OEYC and Licensed Child Care

- Use the Nipissing District Developmental Screen (NDDS) and when there are concerns, the Ages and Stages Questionnaire 3 (ASQ-3) and Ages and Stages Questionnaire: Social Emotional (ASQ-SE) tools are used.

Muskoka OEYC and Licensed Child Care

- Use the Nipissing District Developmental Screen (NDDS) and when there are concerns, the Ages and Stages Questionnaire 3 (ASQ-3) and Ages and Stages Questionnaire: Social Emotional (ASQ-SE) tools are used.

Early Intervention Services

Healthy Babies, Healthy Children (HBHC)

- HBHC offers home visiting programs to families deemed to be at risk for poor developmental outcomes.
- HBHC creates a Family Service Plan for each family that supports parents and ensures stronger service coordination and integration for home and clinics. One plan includes several components to prioritize needs and strengths.
- Simcoe-Muskoka HBHC uses the CANS tool to prioritize what needs to happen and when using a trans-disciplinary model. For example, one agency might have a better relationship with a family to share the plan.
- In addition, breastfeeding support groups are available for families through HBHC.

Simcoe Muskoka Child, Youth and Family Services (SMCYFS)

- Intensive Service Worker (ISW) Program: Intensive Service Worker Program (ISW) provides children, youth and their families with flexible mental health services in their homes and communities. The focus of this program is to strengthen the functioning of parents and children by building on their individual skills and supports.
- Due to the short duration, either a brief intervention of 4 – 6 sessions or a longer term intervention of 12 – 15 sessions, the service will require the family to focus on clear and concrete goals. The family's strengths and abilities are the foundation for change. The service plan will reflect tasks that the family feels they can achieve. During the sessions, the worker will assist the family by facilitating, mediating, coaching, teaching and supporting.
- Services provided include: behaviour management training, parenting techniques, dealing with discipline, establishing routines, household management, understanding developmental stages, accessing social services / community resources, preparing for individual and / or family counselling,
- Participation in the ISW program encourages self-direction, determination and autonomy in families. Families will be encouraged to develop further problem-solving skills and increase their behaviour management strategies in the home or community setting.
- The program ensures the child and family take a leadership role as part of the team, focuses on individual and family strengths, resembles a "booster shot"; mobilizing resources within the family and community, supports the family in their involvement with community, school and other services, provides information to enhance the understanding of child development.
- This intervention is both practical and clinical in nature and can assist in advocating or completing referrals for more long-term services for the child and family
- SMCYFS 0 – 6 years Program: The 0 – 6 year intensive service workers program provide a broad spectrum of services to families with children ages 0 – 6 years including emotional

Muskoka and Parry Sound

support, education and referrals to other community-based programs.

- The 0-6 Year Program enhances early identification, intervention and treatment services for preschool aged children with young children in a community setting, delivers services in the home and community, provides or links families to appropriate parenting classes and life skills training, assists parents in understanding child development and with parenting skills,
- It encourages and enhances the relationship/attachment between caregiver and child, and assists parents in recognizing and managing mental health issues, impacts of early trauma on brain development which may affect the child/family.
- SMCYFS Child and Family Therapists: Children, youth and their families who are experiencing mental health difficulties and want/need either a short term (6 sessions or less) intervention or longer term (12 to 24 sessions) treatment. Therapists assist children, youth and families using a variety of evidence informed interventions (CBT, DBT, narrative therapy, structural/strategic therapy, emotion-based relational therapy, among others).
- All interventions are strength focused and goal or outcome based.
- CFTs provide a certain amount of case management, case coordination with other services/service providers (school, other agency services, ACL, medical).
- Participation in services is voluntary and consent is required. One onsite attachment therapist is available at FYCSM.

HANDS TheFamilyHelpNetwork.ca: Infant Child Development Services

- Infant Child Developmental Services work with parents and guardians addressing the developmental needs of infants and children. This may include growth and development, physical and mental health, social and emotional aspects, and parenting support and education. The program provides community based prevention, case management when appropriate, and an emphasis on early identification and intervention.
- The program is designed to work with families who have infants and children from birth to five years 11 months. Often the children and Infants receiving service have a developmental or diagnostic background, or may have the potential of experiencing one. For others the focus may be on environmental or educational aspects of early development. A diagnosis is not required to refer to the program.
- This service benefits families with infants and children who may have a history of prenatal or neonatal difficulties (prematurity or compromised health), or they may have, or be at risk of experiencing a developmental delay. Benefits may include a family centered approach, strategies to encourage and support development, collaboration with other professionals, improved understanding of a specific diagnoses or delay, as well as increased knowledge of various developmental topics. Benefits of the program increase when families make themselves available and become active participants.
- ICDS is a home based program working with families to identify early developmental needs of infants and children. The service uses initial and ongoing assessments, observations, and relationship building to set goals in the form of a Family Service Plan. Goals and the Family Service Plan may be supported through developmental information,

Muskoka and Parry Sound

fact sheets, modeling and learning new skills, coordinating services, referring to other professionals, and monitoring progress. Service hours are flexible and duration is unique to each family.

- Referrals can be made by parents, guardians, and community partners such as family physicians, pediatricians, public health nurses, and others involved with the infant, child, and their family. Any person considering referring to the ICDS program can contact Hands TheFamilyHelpNetwork.ca to discuss the program and the referral process.
- In collaboration with One Kids place, HANDS can refer and add babies born with Down syndrome or premature babies born 33 weeks old or less on the speech and language waitlist at One Kids Place in Parry Sound.
- With permission from the Bands office or Chief can make a request to HANDS to visit reserves to engage in services with First Nations, Métis, and Inuit communities.
- HANDS also offers a Premature Follow-up Clinic in partnership with One Kids Place where extensive information regarding the child is collected through parents and the use of the child history form.

HANDS TheFamilyHelpNetwork.ca: Treatment and Intervention Preschool to Six (TIPS)

- The TIPS program provides intensive home/ community based mental health services for families that are experiencing mental health difficulties in the home and less intrusive measures do not adequately meet the needs of the family. The intensive home/ community based intervention is tailored to meet the needs of each child and his/her family and are time-limited.
- The services provided in the home can be very intensive, intrusive and intimate. This enables the worker to look at the whole picture and challenge the family, while at the same time acknowledge strengths and provide the opportunity to be empowered.
- The TIPS program is an intervention option for children under the age of 6 and their families, who reside in the Districts of Nipissing and Parry Sound, have tried less intrusive interventions and believe that “the family” is the client.
- The most successful interventions are with families who recognize the need and want things to be different and also have the motivation, desire, ability and commitment to work towards making these changes. It is important that the family works in partnership with the worker to develop goals, identify and implement strategies that will support them in addressing their individual family needs. Those that are willing to flex their schedules, compromise on availability and extend invitations for workers to join them in any of their daily activities seem to benefit most.
- Intervention is based on client need, and may include counselling, support, skill enhancement through play based activities, videos, role plays etc. and coordination of resources. The emphasis is on cooperation and partnership with the family. The program focuses on strengths and includes assessment (family, behavioural, psychological or psychiatric) and treatment planning which may involve other services. The hours are

Muskoka and Parry Sound

flexible, and the intensity (up to 10 hours/week) and duration (up to 12 weeks) will be negotiated with each family.

- The Consultation component may be requested by community service providers such as schools and daycares. The focus is an identified child who presents with challenging behaviour or may be experiencing difficulty in any one of a number of developmental areas.

One Kids Place

- One Kids Place Children's Treatment Centre (OKP) provides rehabilitation services to approximately 3000 children and youth (to the age of 19) and their families residing in the Districts of Muskoka, Nipissing and Parry Sound. OKP provides center based and community based services in the areas of physiotherapy, occupational therapy, speech language pathology, social work and therapeutic recreation. Specialized services are provided across the region including; Augmentative and Alternative Communication Program; Seating and Mobility Services; Developmental Clinic; Feeding and Swallowing Services and Orthopaedic Clinic. OKP is the lead agency for the Nipissing Timiskaming Preschool Speech and Language Program and the Muskoka Parry Sound Preschool Speech and Language Program. OKP provides services to the Infant Hearing Program and Blind Low Vision Program. OKP is also the lead agency for the North East Regional Applied Behaviour Analysis Program for children and youth with autism spectrum disorder.

Parry Sound District Social Services Administration Board

- Integration Support Services is an early intervention program for a child 0 – 6 years of age with special needs. Any pre-school child who requires additional programming or support and attends a licensed Child Care Program or Early Years Program is eligible for this service. Referrals are accepted from families, pre-school programs and any community agency within the District of Parry Sound with parental consent. The program intends to support the child in an inclusive environment, provide families with the information and skills to choose programs and services to meet their child's special needs, provide families with the opportunities for ongoing education and involvement, provide ongoing support to the pre-school teachers/facilitators involved with the child, assist in the child's transition to school, and review and evaluate the services the family is using based on needs.
- The program ensures that every child, regardless of his or her ability, is able to attend and participate to his or her potential in a community program chosen by the parents.
- Resource teachers provide ongoing support to preschool teachers and early years facilitators along with resources and supports for parents/guardians.

Existing Collaborations among Services and Sectors Positively Supporting Infant Mental Health

- There are current Best Start Networks in Parry Sound, North Bay, and Muskoka. Agencies who participate collaborate to address common issues despite limited funding.
- Generally, community agencies are strong at leveraging when other agencies are travelling to families- this is not a formal protocol but demonstrates collaborative practices in Muskoka District

Muskoka and Parry Sound

- There is an Early Years Table in Parry Sound as well as Parry Sound/ Muskoka OEYC Advisory Committees in Parry Sound and Muskoka Districts.

Muskoka and Parry Sound

Short Term Opportunities to Enhance Core Prevention and Intervention

Support for All Families with a Focus on Those at Risk

- Strengthen awareness around for mothers dealing with Postpartum Mood Disorders:
 - ✓ Connect with Linda Rankin and the Postpartum Mood Disorders Strategy as to what can IMHP and the Muskoka District community do to support these efforts
 - ✓ Determine who is collecting current research and statistics of the prevalence rate of PPMD in Northern Ontario. This data will strengthen the advocacy efforts of the community partners
 - ✓ IMHP will create an advocacy resource that explains how PPMD can influence infant-early mental health and the impact of non-treatment.
 - ✓ IMHP will engage PHAC as to what can be done to support families experiencing PPMD.
- Engage in a community discussion on how to address infants and toddlers with a positive toxic screening result with identified Fetal Alcohol Spectrum Disorder or Neonatal Abstinence Syndrome.
- Build on existing efforts (Dad Central, Muskoka Fathering Coalition) to strengthen and create new opportunities for dads Identify programming specific for fathers – IMHP can connect Muskoka District with Life with a Baby as a starting point.

Early Screening and Assessment Activities

- Review the Premature Follow-up Forms (which document the child's history) and explore if possible how to embed infant mental health components within it.
- Utilize a common screening tool across the board to create common language.
- Evaluate if current screen tool are effective at improving child outcomes – for example, look at the NDSS and if it is improving outcomes for our children.

Collaboration

- Engage in conversation with the Local Integrated Health Network (LHIN) regarding:
 - ✓ Muskoka District accessing the Infant Mental Health Community Training archives.
 - ✓ Determine what type of data is being collected by the LHIN that could be helpful to the Muskoka District community partners.
- Develop a more organized system for volunteers in community agencies:
 - ✓ Continue to increase the number of volunteers within community agencies to assist with transportation services for families.

Muskoka and Parry Sound

- ✓ Explore how to develop the capacity for the role of volunteer coordinator – Increase support and resources for coordination of volunteers

Long Term Opportunities for Core Prevention

Early Screening and Assessment

- Collectively as a group, we will look at a second validated screen tool to be used in our community agencies with children under 5. Practitioners will be given the choice of which tools they prefer to use. This will be a part of a long term plan to increase developmental screening across Muskoka District.
- Explore the inclusion of the ASQ-3 and ASQ-SE tools in the Developmental Clinics – IMHP can offer training to those working in the screening clinics.
- Explore how to restart the Developmental Clinics in Muskoka.

Collaboration

- Look for opportunities to strengthen relationship between Muskoka District Hospitals and Community Agencies.

Strengthening Data Collection/Statistical Analysis and Assessment

- Evaluate/ measure One Kids Place: Sensory Secrets program and its outcomes with children – does this screening process capture children who may have been missed otherwise? Evaluate the number of referrals from one year to the next.

Competencies for Practice in the Field of Infant Mental Health

What is Happening in Muskoka and Parry Sound Today

There was a district-wide training in Parry Sound on “Setting the Stage” for the early learning care sector that discussed to not just focus on the behaviour on a child but when a behaviour is identified, the staff are trained to work backwards to determine what led to this behaviour. The district has a strong facilitator for this training

Knowledge

- Ontario Early Years Centres (OEYC), Licensed Child Care, and Healthy Babies Healthy Children (HBHC) have a strong understanding of typical child development knowledge.
- HANDS and Simcoe Muskoka Child Youth Family Services are well equipped to respond to behavioural problems and collaborate with community agencies to support families. There are knowledge exchange efforts between One Kids Place and its community partners.
- Muskoka Manual: Children with challenging behaviour project in Muskoka to provide Positive Behaviour Supports in Muskoka Early Childhood Settings Manual. It is used to educate new staff and to refresh current staff on this behavioural approach. There is capacity being built through a train the trainer format in both Muskoka.
- Positive Behaviour Supports Manual: About Me Album – When a child is enrolled in licensed child care in Muskoka and Parry Sound, the album documents their various aspects of their life up until the first day of kindergarten. Components include; things I need (glasses, comfort item...), things that calm me down, my families, and my accomplishments. This information is also shared with their school when the child begins. There is also a section within this which includes the ‘Circle of the Child’ in which parents fill out.
- North Bay Parry Sound District Health Unit provide updates for staff regarding maternal-child interactions and breastfeeding knowledge.
- Simcoe Muskoka Child Youth and Family Services provide ongoing clinical education for mental health staff regarding trauma, attachment, and narrative therapy.
- There is currently an addictions worker assigned from Canadian Association of Mental Health (CAMH) to OEYC that can work with pre and post-natal mothers.

Muskoka and Parry Sound

Skills

- Parry Sound Licensed Child Care Centres offers Seeds of Empathy program which is designed for Early Childhood settings to foster social and emotional competence and early literacy skills and attitudes in children three to five years of age while providing professional development for their educators.
- At HANDS, staff were trained on use the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes Tool (PICCOLO).
- In Parry Sound, HBHC, Early Learning and Care settings, and intervention services (including HANDS and Community Living and Integration Support Services (Resource Teachers in PS) are using a family centered approach to service delivery. Muskoka services are looking to move in this direction as well.
- One Kids Place provide regular workshops on child development for the community- the focus is on physical, cognitive, and speech and language. OKP has taken the lead in the community providing Hanen and Sensory workshop which are offered across the district.
- Roots of Empathy (3-4 years old) is available through SMCYF services at a few schools.

Short Term Opportunities for Competencies

Knowledge Building for Professionals

- Within PPMD, Adult Mental Health, and At Risk Transition Committee (participants of CAPC/CPNP transition to OEYC) High Risk Family Table, examine how infant mental health is managed within their respective areas.
- IMHP will give Muskoka district community partners access to the Infant Mental Health Community Training Institute.

Collaboration

- As a community, we would like to strengthen our partnerships with the First Nations, Métis, Inuit community:
 - ✓ Explore how we can include the FNMI community at the Early Years table and/or Best Start Network – Melanie Honsinger will connect with existing relationships with current partners.
 - ✓ Have a conversation with Debbi Pegahmagabow from B'saanibamaadsiwin (Aboriginal Mental Health Program).
- Family Children and Youth Services of Muskoka: Adult Mental Health services will look to assist HBHC to support babies and families when mothers present a mental health concern.
- When engaging in the Special Needs Strategy Table include and incorporate components for the infant and toddler population.
- When the Special Needs Strategy report is released, the group will review what is available for infant and toddler population.
- Community agencies engaged in this initiative will formally share this report with their Executive Directors and Senior Management to speak to the limitations/ borders and boundaries present to knowledge exchange and service collaboration among agencies.
- Find opportunities to share this report with municipal, provincial, and federal elected officials in Muskoka District regarding:
 - ✓ The delivery of service for young children and their families and the challenges facing.
 - ✓ Transitioning children in mental health services.

Long Term Opportunities for Competencies

Knowledge Building for Professionals

- Build the capacity of Infant Mental Health knowledge within Children's Mental Health services and programs across the districts.
- As a community develop a strategy to build the capacity for an infant mental health expert – HANDS and could be lead on this opportunity.
- IMHP will explore how to develop and share infant mental health resources in the following areas (Information could be added to Parry Sound Best Start Webpage www.foreverychild.ca):
 - ✓ Prepare a resource sheet with free web based resources that support infant-early mental health. The community will then engage in discussions around the resources together. Compare with current resources, have discussions.
 - ✓ Build an inventory sheet of profiles of professionals to highlight their expertise in areas relevant to infant mental health.
 - ✓ Explore how to use Sharepoint program to provide IMHP resources to HBHC.
 - ✓ Host an infant mental health basics workshop which highlights the research.
- As a community, we would like to strengthen knowledge, capacity, and skills in the following areas:
 - ✓ Trauma informed practices.
 - ✓ Supporting the First Nation, Métis, Inuit communities.
 - ✓ Understanding of infant mental health for staff engaged in legal proceeding involving infants and toddlers.

Collaboration

- Develop a collaborative approach among agencies to parent education programs and events across the district.
- Explore how planning might fit into existing community tables or whether a new/separate table is needed.
- Reach out to the FNMI communities affected by the fee subsidy restrictions and boundaries to look for a resolution.

Organizational Policies & Practices

What is Happening in Muskoka and Parry Sound Today

- HANDS staff complete an annual staff engagement survey as well as pre and post surveys with families regarding some services. Additionally, HANDS also their own reflective supervision practice document and core competencies document.
- SMCYFS also does pre and post surveys with families within their agency.
- 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.

Opportunities for Organizational Policies & Practices

- Community agreed to develop a survey for frontline practitioners to better understand how those providing direct services feel.
- IMHP will create a draft and seek table's approval and input.
- The survey will be broken up by districts: Parry Sound and Muskoka.

References

- Boivin M, & Hertzman C (Eds.) (2012). Early Childhood Development: adverse experiences and developmental health. Royal Society of Canada - Canadian Academy of Health Sciences Expert Panel (with Ronald Barr, Thomas Boyce, Alison Fleming, Harriet MacMillan, Candice Odgers, Marla Sokolowski, & Nico Trocmé). Ottawa, ON: Royal Society of Canada. Available from: https://rsc-src.ca/sites/default/files/pdf/ECD%20Report_0.pdf
- Center on the Developing Child (2015). Core concepts in the science of early childhood development. Retrieved from: http://developingchild.harvard.edu/resources/multimedia/interactive_features/coreconcepts
- City of Toronto (2014). Neighbourhood census: NHS profile. Retrieved from <http://www1.toronto.ca/City%20Of%20Toronto/Social%20Development,%20Finance%20&%20Administration/Neighbourhood%20Profiles/pdf/2011/pdf3/cpa72.pdf>
- 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.
- Cohen J, Oser C & Quigley K (2012). Making it happen: Overcoming barriers to providing infant-early childhood mental health. Zero To Three. Available at <http://www.zerotothree.org/public-policy/federalpolicy/early-child-mental-health-final-singles.pdf>
- County of Simcoe (2014). *County base map*. Retrieved from: <http://www.simcoe.ca/InformationTechnology/Documents/Simcoe%20County%20Base%20Map.pdf>
- Infant Mental Health Promotion (2002, rev. 2011). *Competencies for Practice in the Field of Infant Mental Health – Best Practice Guidelines*. The Hospital for Sick Children, Toronto. Retrieved from: http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Competencies_Full%20Page_2.pdf
- Infant Mental Health Promotion (2004, rev. 2011). *Core Prevention and Intervention for the Early Years – Best Practice Guidelines*. The Hospital for Sick Children, Toronto. Retrieved from: http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Core%20Prevention_Full%20Page_2.pdf
- Infant Mental Health Promotion (2004, rev. 2011). *Organizational Policies & Practices to Support High Quality Infant Mental Health Services – Best Practice Guidelines*. The Hospital for Sick Children, Toronto. Retrieved from: http://www.imhpromotion.ca/Portals/0/IMHP%20PDFs/Organizational%20Policy_Full%20Page.pdf
- Niagara Region (2015). *About Niagara region*. Retrieved from <https://www.niagararegion.ca/about-niagara/default.aspx>
- North Bay Parry Sound District Health Unit (2010). North bay parry sound district health unit service area. Retrieved from http://www.myhealthunit.ca/en/resourcesGeneral/Health_Unit_Area_Map.pdf

- Public Health Agency of Canada (2010). *CACP/CPNP National Projects Fund (NPF)*. Retrieved from <http://phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/funding-financement/npf-fpn/index-eng.php>
- Simcoe Muskoka Health Stats (2015). Live Births. Retrieved from <http://www.simcoemuskokahealthstats.org/topics/pregnancy-and-before/birth-and-fertility-rates/live-births-and-crude-birth-rate>
- Statistics Canada (2012). Focus on Geography Series, 2011 Census. Statistics Canada Catalogue no. 98-310-XWE2011004. Ottawa, Ontario. Analytical products, 2011 Census. Last updated October 24, 2012.
- Statistics Canada (2012). Muskoka, Ontario (Code 3544) and Ontario (Code 35) (table). Census Profile. 2011 Census. Statistics Canada Catalogue no. 98-316-XWE. Ottawa. Released October 24, 2012. <http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/index.cfm?Lang=E>
- Statistics Canada (2012). Niagara, Ontario (Code 3526) and Ontario (Code 35) (table). Census Profile. 2011 Census. Statistics Canada Catalogue no. 98-316-XWE. Ottawa. Released October 24, 2012. <http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/index.cfm?Lang=E>
- Statistics Canada (2012). Ottawa, Ontario (Code 3506008) and Ottawa, Ontario (Code 3506) (table). Census Profile. 2011 Census. Statistics Canada Catalogue no. 98-316-XWE. Ottawa. Released October 24, 2012. <http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/index.cfm?Lang=E>
- Statistics Canada (2012). Parry Sound, Ontario (Code 3549) and Ontario (Code 35) (table). Census Profile. 2011 Census. Statistics Canada Catalogue no. 98-316-XWE. Ottawa. Released October 24, 2012. <http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/index.cfm?Lang=E>
- Statistics Canada (2012). Simcoe, Ontario (Code 3543) and Ontario (Code 35) (table). Census Profile. 2011 Census. Statistics Canada Catalogue no. 98-316-XWE. Ottawa. Released October 24, 2012. <http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/index.cfm?Lang=E>
- The District of Muskoka (2014). About us. Retrieved from <http://www.muskoka.on.ca/content/about-us>
- The Toronto Neighbourhoods (2015). History: Regent Park. Retrieved from <http://www.torontoneighbourhoods.net/neighbourhoods/downtown/regent-park/history>
- Toronto Community Housing (2015). Regent park. Retrieved from <http://www.torontohousing.ca/regentpark>
- Tourism Simcoe County (2013). Experience Simcoe County. Retrieved from <http://experience.simcoe.ca/>