



## 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**

**REGENT PARK, TORONTO,  
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 Regent Park, Toronto**

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

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**IMHP would like to thank the following agencies from the Regent Park Community who participated in the Community Table process.**

Children's Aid Society of Toronto  
City of Toronto – Children's Services  
George Brown College – Early Childhood  
Gerrard Resource Centre – Ryerson University  
Native Child and Family Services of Toronto  
Parents for Better Beginnings: Regent Park Community Health Centre  
Regent Park Community Health Centre  
Regent Park Early Learning and Child Care Centres  
Riverdale Community Midwives  
St. Michael's Hospital  
Surrey Place Centre  
Toronto District School Board: Parenting and Family Literacy Centres  
Toronto Public Health: Healthy Families  
Toronto Public Health: Toronto Preschool Speech and Language Services

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



## Executive Summary

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

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

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

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

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

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

## Key Findings/ Recommendations

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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.excellenceforchildandtheyouth.ca/sites/default/files/policy\\_early\\_years.pdf](http://www.excellenceforchildandtheyouth.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 Regent Park - Toronto

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## About Regent Park

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The Regent Park community is located in East Downtown Toronto enclosed by Gerrard Street (North), River Street (East), Shuter Street (South), and Parliament Street (West) (City of Toronto, 2014). It is home to a large, diverse population with residents coming from a wide range of unique cultures and ethnic backgrounds. It is considered to be one of Toronto's most multicultural neighborhoods.

Historically, Regent Park is known as Canada's largest and oldest social housing project (The Toronto Neighbourhoods, 2015). A large portion of housing in the community is managed by Toronto Community Housing. After its creation in the late 1940's, it became clear the structure, placement, and transportation in Regent Park was isolating for residents. The isolation and status as a low income, high crime community has created a perceived negative stigma for Regent Park.

In 2005, the Regent Park Revitalization Plan was initiated to rejuvenate the community and intended to make it more inclusive through modernized integrative mixed income and social housing, and add a number of large community recreational and cultural facilities (Toronto Community Housing, 2015). The project is still underway in 2015, with phase three of five being completed (Toronto Community Housing, 2015). Through the revitalization plan, many community and social service agencies have been engaged and supported to encourage a sense of community and improve the quality of life for residents.

Although there has been some improvement alleviating this isolation, there are still many families who experience this. Many residents of the Regent Park community are immigrants or newcomers to Canada, where becoming accustomed to a new lifestyle can be an added challenge. For practitioners working with this population, this often results in some difficulty engaging families who may be isolated by language, cultural or economic barriers. There are many programs and services in Regent Park such as the Parents for Better Beginnings: Family Home Visiting Program to engage families. However, due to a lack of funding, questions around sustainability and effectiveness of these programs are yet to be answered. Funding to evaluate current initiatives and programs is required to ensure the needs of these vulnerable families are being met.

Additionally, when services are requested for children and families, there is often a waitlist of over a year due to the high demand in the city of Toronto. This can be problematic for children who are developing rapidly within the first three years and are in need of responsive and early intervention.

With all the advances that have emerged in the Regent Park community over the past decade, there is still much to be done as community agencies and services will look to build on the momentum to support the residents of Regent Park.

# Regent Park

This report provides a snapshot of current infant mental health efforts in the Regent Park community. The Regent Park Community Table included the following agencies:

- Children's Aid Society of Toronto
- City of Toronto – Children's Services
- George Brown College – Early Childhood
- Gerrard Resource Centre – Ryerson University
- Native Child and Family Services of Toronto
- Parents for Better Beginnings: Regent Park Community Health Centre
- Regent Park Community Health Centre
- Regent Park Early Learning and Child Care Centres
- Riverdale Community Midwives
- St. Michael's Hospital
- Surrey Place Centre
- Toronto District School Board: Parenting and Family Literacy Centres
- Toronto Public Health: Healthy Families
- Toronto Public Health: Toronto Preschool Speech and Language Services

## Core Prevention & Intervention for the Early Years

### What is Happening in Regent Park 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 Regent Park community. It is solely based upon the participation of the identified community partners over the two days.

#### Universal Programs for all Families

##### Gerrard Resource Centre – Family Support Program

- The Gerrard Resource Centre (GRC) is an outreach program of the School of Early Childhood Studies at Ryerson University. The GRC has a special focus on the inclusion of children with disabilities and family supports.
- The Family Support Program provides a drop-in, emergency short-term child care, a toy lending library and child care information and referral.
- The Family Support Program is a strong contact point for families accessing services. Staff in the GRC are assisting families who are accessing services by taking them to their appointments or making the phone calls with the family. This has proven to an effective strategy for having families accessing services.
- The centre is a designated member of Family Resource Programs Canada.

##### Native Child and Family Services of Toronto - Aboriginal Head Start: Maajiishkatoong Zoong Mnidoowin – Building Strong Spirits

- Building Strong Spirits is a free school readiness program providing a happy, safe, relaxed learning environment for children with an Aboriginal background aged 2 ½ to 6 years and their families. Development is embraced through play, curiosity and creativity. The program is based on appreciation for the teachings that bind North American Aboriginal people, with a focus on cultural awareness, values, languages, music and craft. It is governed by empowered parents and caregivers who sit on the Parent Council. The Building Strong Spirits program encompasses culture and language, education, health promotion, nutrition, social support, and parental and family involvement.

##### Nelson Mandela Child Care Centre

- The centre is licensed for infants, toddlers and preschoolers, including a before-and-after school program for full day Kindergarten children. This centre is operated by George Brown College and serves as a training lab school for students from the early childhood education programs at the college while providing care for the children and families in the Regent Park area.

## **Parents for Better Beginnings: Regent Park Community Health Centre**

- Provides school readiness programming to promote children's social emotional health and well-being as well as the various other developmental domains while engaging in activities and routines to set the foundation in preparation for children's lifelong learning process.
- Hosts parent child groups, series workshops or one off sessions providing education and training supporting parents through their parenting process.
- Coordinates community development initiatives, organizing and group development to enhance local leadership skills towards community improvement and cohesion.

## **Toronto Children Services: Regent Park Early Learning and Child Care Centre (ELCCC)**

- Resource consultants are available in ELCCC. Any families enrolled in services can receive regular screening of child's development. If there are concerns in the relational, behavioural, speech/language areas, families (with consent) can meet and access support services.
- Regent Park specifically has a resource consultant in every licensed child care setting. This is a part of the Every Child Belongs initiative, wherein professionals provide the consistent support needed so that every child can take part in the child care program of his or her family's choice. These supports include: regular visits to programs, early identification and intervention, individual consultation, program consultation, program adaptations, staff, provider and parent training, environmental assessments, service coordination, referral, and enhanced staffing/intensive resource support when needed.
- Resource consultants can refer families to accredited children's mental health agencies for prevention and intervention services such as Child Development Institute, Surrey Place Centre, etc.

## **Toronto District School Board: Parenting and Family Literacy Programs**

- Parenting and Family Literacy Centres are free, school-based programs for parents and caregivers with children from birth to age six. These fun, play-based programs are designed to support your child's early learning and development and are aligned with the Kindergarten program. They offer a safe, nurturing and stimulating program where children can play and parents can connect.
- There are 78 centres located in elementary schools across Toronto. These centres provide opportunities for development of social, emotional, physical, cognitive, and language skills, building positive connections with your local school, participation in a family literacy program that helps children develop and build essential literacy and numeracy skills, discussing parenting concerns, and borrowing books from multi-lingual libraries. Parents and caregivers are supported and connected with appropriate interventions services and community agencies when possible.

## Toronto Public Health: Healthy Families

### Breastfeeding and Infant Feeding Support:

- Toronto Public Health offers free breastfeeding and infant feeding support services to families through face to face intervention in addition to telephone support, breastfeeding clinics and breastfeeding support groups. These services are confidential and clients do not need a health card (OHIP). Interpreter services are available upon request.
- There are Breastfeeding Clinics strategically located throughout the city where Public Health Nurses (PHNs) work in collaboration with physicians, nurse practitioners and lactation consultants in providing breastfeeding support. This includes a complete breastfeeding assessment for the mother and infant dyad, provision of up-to-date evidence based research, breastfeeding education and teaching. Follow-up care and referrals to other services are provided as appropriate.
- The Breastfeeding Support Groups, provide a welcoming and supportive environment where families can share and learn from each other's breastfeeding experiences. This program is a professional/ peer led model in which breastfeeding topics are identified by the group and information and education is shared through facilitated group discussions. Individual consultation and referrals to other services are provided as appropriate.

### Peer Nutrition Program:

- The Peer Nutrition Program provides nutrition education and food skills activities for parents and caregivers of children 6 months to 6 years from diverse ethno-cultural communities in Toronto. The program aims to improve the feeding skills of parents and caregivers to enhance the nutrition status of children. The program is led by trained community nutrition educators (peers) and is supported by registered dietitians (RD). Parents and caregivers attend healthy eating workshops for six weeks where they learn skills such as feeding (infant, toddlers and preschoolers), food labels, shopping, meal planning and preparation, budgeting and food safety tips. They may also then attend bi-monthly support sites where the education process continues for up to 1 year. There is a community gardening component during summer where participants network and plant culture specific vegetables and fruits. Participants also have access to a registered dietitian for nutrition risks assessment.

### Parenting Programs:

- Living and Learning with Baby (LLB) focuses on enhancing parenting capacity, strengthening the parent and child relationship, supporting the transition to parenthood and building support systems. Parents are able to share knowledge and experiences of being a parent. Topics include: infant nutrition, adjustment to parenthood, growth and development, caring for a sick child, and keeping your child safe. Living and Learning with Baby is a free program facilitated by a PHN and offered to parents with children 6 weeks to 6 months old in a series of 2 hour sessions held over a 6 week period.
- The Nobody's Perfect (NP) Parenting Program is an evidenced based program developed by Health Canada in 1980s. NP helps parents to recognize their strengths and

# Regent Park

to find positive ways to raise healthy, happy children. NP is based on the concept of “experiential learning” which incorporates adult learning principles. Parents take an active role in the learning process by utilizing their own experiences and building on their current knowledge. The program incorporates adult learning principles and theories, experiential learning cycle, and principles of Nobody's Perfect (Empowerment, Safety and Participation) into each session. NP also helps parents build networks among themselves and encourages them to see one another as sources of advice and support. It is a flexible program and can be tailored to meet the needs of parents. Topics discussed are determined by the group which can include child growth and development, child safety, understanding your child's feelings, understanding and managing child behaviour, managing parent stress and parent self-care. The Nobody's Perfect Program is offered to parents and caregivers with children up to 6 years of age and under. It is a series of 2 hour group sessions held over a period of 8 weeks and is delivered in multiple languages. NP is facilitated by a PHN and community partner.

## Early Abilities: Infant Hearing Program

- Universal newborn hearing screening is free and available in all birthing Hospitals in Toronto. Infants discharged early or who missed their screening in hospital will be screened in the community at one of 14 locations. Neither OHIP nor Canadian citizenship is required to participate.
- There are two community screening clinic locations in the Regent Park catchment area:  
**Growing Together**, 260 Wellesley St E, Toronto, ON  
**Toronto Birth Centre** 525 Dundas St E, Toronto, ON
- These services are coordinated by Toronto Public Health's Early Abilities (formerly Toronto Preschool Speech and Language Services).

## Toronto Public Health: Online Support

- Welcome to Parenting is a free online prenatal program for pregnant individuals and their partners living in Toronto. The program provides expectant parents with the knowledge, skills and confidence to have a baby and prepare for parenthood. It also provides individuals a connection to experts in prenatal education, child development and parenting to answer individual questions, a Parent Zone to connect online with other families in Toronto, and a Dad's Corner.
- eCounselling Service is a free, confidential and anonymous online counselling for Toronto residents. A public health nurse and/ or registered dietitian can provide information on a wide range of topics including: breastfeeding, mental health promotion, pre-conceptual health, prenatal and postpartum depression, and anxiety and parenting.

## 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.

## 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

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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.
- Parents for Better Beginnings Prenatal and Postnatal Program is a designated CPNP/CAPC program for Regent Park.
- The program provides education and resources to pregnant women on the healthy development of the baby, lifestyle during pregnancy, nutrition and exercise while pregnant, labour and delivery, learning what to expect, and preparing for baby's arrival, breastfeeding and newborn care. Women enter the program when they are pregnant and continue until their babies are 6 months old. Weekly sessions include workshops, information about pregnancy and children's development, healthy snacks, assistance with transportation (TTC tickets) and a \$10 grocery voucher. There is support from nurses, a dietician, social workers, family home visitors and a lactation consultant. Program partners include St. Michael's Hospital and Toronto Public Health.
- Native Child and Family Services have both CAPC and CPNP programs available for their families.
- Native Child and Family Services CAPC: This goal of this parent education and support program is to increase knowledge of childhood development, discipline strategies and self-care. Groups, workshops and seminars are a great way for parent to meet other parents who may be experiencing the same struggles, challenges or accomplishments. Programs include Beyond the Basics parenting classes, Positive Parenting classes, community kitchen, and family traditional arts and crafts.
- Native Child and Family Services CPNP: This program for expectant and new mothers helps ensure a healthy start in life for the next generation of Native people. It emphasizes the importance of traditional teachings and spiritual beliefs. The program offers prenatal classes, community kitchen, family in-home visiting, and Mother's Circle postnatal group (0 – 6 months).

## Native Child and Family Services of Toronto

- Child Protection: As the children's aid society for the Native community in Toronto, Native Child and Family Services Toronto (NCFS) investigates allegations of child abuse and neglect, protects children who have suffered abuse or neglect (or are at risk of harm) by assisting and supporting their families to reduce harmful circumstances. NCFS offers guidance, counselling and referral services to families whose children are at risk of abuse and neglect, refers families to other service providers where we do not offer a service, arranges for treatment services for children in our care, places children with family members or extended family, in foster homes or adoptive homes, depending on the legal status of the child and his or her needs, and recruits, develops, educates and supports foster and adoptive parents. NCFS has partnerships with Healthy Babies Healthy Children/ Homeless at Risk Prenatal (HARP) program nurses, and Anishnawbe Health Toronto to assist with expectant mothers.

- Prenatal cases are included in the full caseloads of staff as relationships are developed prenatally to avoid potential confrontations when the child is born
- Visits with families occur as frequently as once a week.
- **Mooka'am (New Dawn) Children's Mental Health Services** was developed under the guidance of traditional teachers and elders. Mooka'am is comprised of preventative and healing services for children, women and men using a combination of traditional cultural approaches to health and healing and contemporary counselling techniques.
- Using a strength-based approach, this service strives to help families and individuals in the community to restore holistic health by building self-esteem and strong identities, dealing with the effects of trauma, including emotional, spiritual, psychological and sexual abuse, developing healthy relationships with partner, family and community. Services are provided in individual, family and group settings, and include: children's mental health assessments and treatment (0 to 6 and 6+), transitional support for women in domestic violence situations, family work, men's healing, women's healing and group programs.
- **Kognaasowin (Parenting in a Good Way)** – Aboriginal Early Childhood Development Program provides parenting education and support for families with children up to 6 years old. Aboriginal teachings play an important part in these services. There are a variety of programs to prevent problems from developing or to help stop existing problems from getting worse. Parenting groups, workshops, in-home support and family drop-in are offered through the following services: Aboriginal Ontario Early Years Centre, CAPC, CPNP, and Ninoshe – Aboriginal Healthy Babies Healthy Children
- **Ninoshe - Aboriginal Healthy Babies Healthy Children: The Ninoshe** program offers support and parenting skills to new mothers and provides links to community services. NCFST Ninoshe workers provide support to families in the same way that "aunties" play a supporting role in traditional Native societies. Services include family in-home visiting, pre/postnatal groups, and parenting classes.

## Regent Park Community Health Centre, Parents for Better Beginnings

- Early Years Social Work: Workers seek to improve the quality of life and wellbeing of individuals and families facing social disadvantages such as poverty, mental and physical illness or disability, through one-on-one short term counselling, crisis support and short-term series parenting groups. For expectant families and families with children under the age of six. Within the program there is an Infant Mental Health and Family Counsellor who provides intervention work with parent-child dyads.
- Family Home Visiting Program: This program provides free and voluntary in home support to assist families prenatally until age four to promote healthy parent, infant and child growth and development. Home visitors work to build on parents' strengths to facilitate positive parenting while cultivating and nurturing parent-child relationships and ensure the home environment is conducive to the child's developmental success. This is especially imperative knowing the home is the child's first learning environment and parent is child's first teacher. A glimpse into the home setting allows for a more meaningful understanding of everyday social issues faced by the family, thereby allowing for a more holistic perspective when developing realistic interventions and access of appropriate resources within the community. Additionally, FHVs



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visit mothers in hospital and/ or shortly after discharge to ensure appropriate supports are in place.

- **Child and Family Advocate:** Works with parents to ensure children six years of age and younger and their families have access to positive influences and services that will benefit their lives through individual support, referrals and navigating systems related to immigration, income, safety, housing, child welfare, education, and more.
- **Early Childhood Resource:** Provides play-based therapy with families on attachment, separation, communication and special needs guidance regarding infant mental health and positive parent-child relationships, in a way that promotes optimal development to ensure direct and long term benefits in a child's life.
- **Child Development Clinic:** Available for children under six with suspected developmental challenges, delays or disorders. Specializes in the assessment, diagnosis and follow up with paediatrician and team to support transition of families and understanding and coping with their child's diagnosis.

## Riverdale Community Midwives

- Riverdale midwives provide primary care to women and their babies throughout their low-risk pregnancy, labour and birth. They continue to care for mother and newborn until 6 weeks postpartum and specialize in childbearing as a normal and healthy event in a woman's life. A compassionate woman-centered care approach is used with a focus on prevention and health promotion. Riverdale Community Midwives are experienced providers of homebirth with a long-standing tradition of safely providing this service to women and their families in the community. For planned hospital births, they hold privileges at St. Michael's Hospital of Toronto.
- They provide prenatal services where families can address any of their parenting concerns with midwife. They can also refer to the Maternal Infant Program and Perinatal Mental Health at Mount Sinai, Postpartum Mood Disorder Services at Women's College Hospital, and Healthy Babies Healthy Children after birth.
- Riverdale community midwives continue to support families following hospital visits or neonatal intensive care unit (NICU) stays through follow-up visits.

## SickKids Team Obesity Management Program

- STOMP Early Years is a partnership with SickKids Hospital and Toronto Public Health. The two-year family-based program focuses on healthy living and targets children 6 months to 5 years of age, living in the Toronto area, with BMI greater than the 97<sup>th</sup> percentile, based on the WHO growth charts. In phase one of the program, parents attend a weekly 2 hours psycho-educational group, individual appointments with inter-professional team members and home visiting by a public health nurse. Group content is related to healthy living and incorporates the Incredible Years Parenting Program curriculum. The second phase of the program consists of medical check-ins and groups every 3 months, with access to continued individual and home visiting support.

## St Michael's Hospital

- Patients of St. Michael's Hospital may access prenatal care either through a family medicine obstetrics provider at one of the Academic Family Health Team sites or through the obstetric clinic at St. Michael's Hospital's Women's Health Care Centre. The Women's Health Care Centre offers prenatal care by obstetricians; a special pregnancy unit featuring care by perinatologists with clinics for diabetes in pregnancy and medical complications of pregnancy; prenatal classes preparing for labour and birth and for breastfeeding; breastfeeding teaching and support by lactation consultants; postnatal checkups; nutrition and social work services; and a perinatal psychiatry clinic.
- The My Baby and Me Passport Program was created for young parents with no fixed address. The Passport Program consists of a portable health record, a series of incentives (including TTC tokens and meal vouchers) provided at each prenatal and postpartum visit, and comprehensive care and collaboration with community agencies. The goals of the program are to improve maternal and child health outcomes by motivating pregnant women to attend regular prenatal appointments and to advance communication and coordination of patient care among hospital staff and community agencies.
  - The Baby Tuck Shop provides free essential maternity and baby items to families receiving obstetric care at St. Michael's Hospital. Stocked with donations of new clothing, blankets, diapers and more, the store offers easy access to important and costly supplies for families who identify financial need.
  - Mindfulness Support Groups for New and Expecting Parents are offered with the goal of helping parents to reduce stress and manage fluctuations in mood, improve relationships and decrease the risk of postpartum depression. Parent-child connections are emphasized with an emphasis on understanding how mindfulness contributes to child development.

## **Toronto Children's Aid Society (CAST)**

- CAST is committed to preventing situations that lead to child abuse and neglect by embracing, strengthening and supporting families, and communities, protecting children and youth from abuse, and neglect, providing safe and nurturing care for children and youth and advocate meeting the needs of children, youth, families, and communities.
- Offer a Pregnancy and Aftercare (PAC) Program for mothers which provide concrete support to families.
- Infant Nurse Specialists visit families in conjunction with the family support workers, occurring biweekly or weekly.

## **Toronto Public Health: Healthy Families**

### **Canada Prenatal Nutrition Program: Individual Service**

- CPNP Individual Service (IS) is offered to all CPNP participants who have an identified health issue, risk or concern. IS is delivered by public health nurses and registered dietitians at CPNPs. The goal of IS to promote and support healthy pregnancies, healthy birth outcomes and preparation for parenthood through one to one interventions. Interventions include assessment, health counselling, referral and crisis intervention. Overall objectives for IS are to increase the client's capacity (knowledge, skills and behaviours) to address their identified health/nutrition related risks and concerns.

## Healthiest Babies Possible Program

- The HBP Program is a unique program of Toronto Public Health which promotes healthy pregnancies and healthy birth outcomes among nutritionally at-risk pregnant clients. The program is delivered by public health registered dietitians at over 65 community sites in Toronto. Eligible clients receive intensive one-to-one nutrition counselling from a public health dietitian throughout their pregnancy and up to one postnatal visit. The counselling sessions include assessment, education, referral and support. Clients who are identified as at risk for poor fetal and infant development are referred to early parenting intervention services such as Healthy Babies Healthy Children and prenatal/ postnatal groups. Eligible clients also receive food certificates, prenatal vitamins and TTC tokens.

## Healthy Babies Healthy Children (HBHC)

- HBHC is funded by the Ministry of Children and Youth Services and delivered through Toronto Public Health. It is a home visiting program delivered by PHNs and FHV's for families identified with risk, to achieve a healthy pregnancy, optimal child development and positive parenting.
- All consenting families are screened within the postpartum period for eligibility to receive HBHC services and are provided with information about TPH services and programs for parents. HBHC screens can also be completed in the prenatal and early childhood periods where indicated.
- Families who are identified with risk as per the screen, will be offered a home visit by a PHN to complete an in-depth assessment.
- Families who are confirmed with risk are eligible to receive ongoing HBHC services.

## Early Screening and Assessment Activities

### Child Welfare: Native Child and Family Services and The Children's Aid Society of Toronto

- Once a child is in care for a year, an Action Assessment Record (AAR) is completed which includes various screens/assessments of their wellbeing. These are used to inform Plans of Care.
- As part of their training with IMHP, both agencies are trained on using the ASQ-3 and ASQ:SE screening tools.
- Both agencies use the Edinburgh Postnatal Depression Scale (EPDS).

### Riverdale Community Midwives

- Complete prenatal screening of mother which provides a background of her pregnancy experience.

### Parents for Better Beginnings: Regent Park Community Health Centre

- PFBB has created a progress report with various components from different screening tools for children in their School Readiness program. Progress reports are completed three times, pre-program, after one month then at the end of the program. The document is then shared

with the local TDSB school the child will be attending, follow-up with the teacher in October of that school year is then done to track the child's overall readiness for school.

- Staff also use the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) tool and the Edinburgh Postnatal Depression Scale (EPDS)

## **Child Development Clinic: Regent Park Community Health Centre**

- For children under six with suspected developmental challenges, delays or disorders, the clinic specializes in the assessment, diagnosis and follow up with pediatrician and team to support transition of families and to understand and cope with their child's diagnosis.
- Assessments are conducted by a developmental pediatrician. A referral by a family physician is required. Services include childcare and interpreters provided during the assessment, referrals to internal resources such as a social worker, external to local neighbourhood services, and short-term case management to ensure that follow up support is available.

## **St. Michael's Hospital**

- The Pediatric Ambulatory Clinic offers clinics in a number of fields including: antenatal consultation, dermatology, developmental assessment, dietetic and lactation support, fetal alcohol spectrum disorder diagnostic, general pediatric consultation, immigrant health and infectious disease, neonatal follow-up, pediatric cardiology, pediatric hematology, specialized nutrition and a teen's clinic.
- Pediatric outreach clinics are offered at Regent Park Community Health Centre, Robertson House shelter for women and children, and a School-Based Health Clinic focusing on development and mental health in Regent Park serving children and their siblings who attend Sprucecourt Public school as well as nine surrounding schools.

## **Surrey Place Centre**

- Receives the Modified Checklist for Autism in Toddlers (MCHAT) tool from referring community partners.
- Clinicians can provide in depth psychological assessments for clients who are referred to the agency.

## **Toronto Public Health: Healthy Families**

### **Early Identification Screening Clinics**

- TPH partners with community organizations (e.g. Ontario Early Years Centres (OEYC), Family Resource Centres and Community Health Centres) to coordinate comprehensive screening clinics for families with children under 6 years of age. PHNs also integrate screening into routine contacts with families attending Early Years programs and services.
- Tools used to support developmental screening include the Nipissing District Development Screen (NDDS), and the Toronto Speech and Language Communication Checklist. FHVs and PHNs facilitate the completion of these tools.
- The Toddler NutriSTEP® (18 to 35 months) and NutriSTEP® (age 3 to 5 years) are questionnaires that assess a child's nutritional risk and provide early identification of

potential nutrition problems. The completion of this tool is supported by a PHN and/or community partner trained in the utilization of the tool.

## Healthy Babies Healthy Children (HBHC)

- The HBHC Screen is completed by community partners in the prenatal, postpartum or early childhood periods. Universal screening is offered to all families in the postpartum period. PHNs complete an in-depth assessment and offer the blended home visiting program (i.e. visits by a PHN and FHV) to eligible families.
- FHVs and PHNs work with families to complete the NDDS and the Toronto Preschool Speech & Language Communication Checklist to help start discussion of development.
- PHNs are certified in the use of Nursing Child Assessment Satellite Training (NCAST) parent-child interaction scales to observe and assess parental response and sensitivity to cues during feeding and/or teaching.

## Postpartum Adjustment Programs and Services

- Public Health Nurses use the Edinburgh Postnatal Depression Scale (EPDS) where appropriate, to identify clients at risk for a perinatal mood disorder.

## Toronto Early Learning and Child Care Centres

- Use the Nipissing District Development Screen (NDDS) along with worker observations.
- Resource consultants use the Development Profile Tool, NDDS, Ages and Stages Questionnaires 3 (ASQ-3) and Ages and Stages Questionnaires: Social Emotional (ASQ-SE)

## Toronto District School Board: Parenting and Family Literacy Centres

- Connect the families attending their programs to hearing and dental clinics.
- Offer pediatric clinics in partnership with St. Michael Hospital for families who do not have a family doctor.
- Sprucecourt Public School In-School Health Clinic provides community access to a developmental pediatrician for developmental screening and 18-month Well Baby Visits. Physicians and psychologists are also available in the health clinic. The child must be enrolled in a TDSB school to access the clinic.

## Early Intervention Services

### Child Welfare: Native Child and Family Services Toronto and Children's Aid Society of Toronto

- Children five and under within the agencies can receive the ASQ-3 and ASQ:SE screening to identify any developmental delays. Together with the screening scores, worker observation, and caregiver interviews, a developmental support plan is created to support the child in reaching their developmental milestones. The process is done in collaboration with the families and/or caregivers.

## Parents for Better Beginnings, Regent Park Community Health Centre

- On site screening and assessment for children 3 to 6 years of age to provide early identification and intervention services responsive to cultural and linguistic diversity to ensure healthy communication development.

## Surrey Place

- Surrey Place Centre provides specialized clinical services for children and adults living with developmental disabilities, autism spectrum disorder and visual impairments reach their full potential. There are a variety of groups and workshops for clients, families and caregivers, as well as extensive education and consultation services to community agencies. Programs and services range from assessment, diagnosis, and one-on-one treatment, to family counselling and group support and is provided by a broad network of clinicians and professionals.
- The Infancy and Early Childhood Program provides comprehensive clinical services for infants and children up to the age of six who have or are suspected of having a developmental disability. The program uses a family centered, interdisciplinary team approach to establish a unique service plan to meet each child's specific needs, while also placing a special focus on working with parents and caregivers.
- As part of the Toronto Infant and Child Development Program, Surrey Place Centre works specifically infants and toddler with an established risk or biological risk
- Established Risk: The developmental problems of infants and children in this category are related to diagnosed medical disorders. This includes an expected range of developmental handicaps may be associated with these disorders: genetic and chromosomal syndromes (e.g. Down syndrome), neurological disorders (e.g. seizures, cerebral palsy), congenital malformations of the nervous system (e.g. microcephaly, hydrocephalus), sequelae of infections of the nervous system (e.g. meningitis, encephalitis, HIV, CMV, herpes), and metabolic disorders (e.g. untreated hypothyroidism, PKU).
- Biological Risk: Infants in this category have a history of prenatal, perinatal, neonatal and/or early development events that may have affected the central nervous system. Such events and their consequences increase the probability of developmental problems for the child. These may include: prenatal or perinatal complications (e.g. small for gestational age, anoxia, stroke in utero or during or after birth), prematurity and associated complications respiratory distress syndrome, cerebral haemorrhage, jaundice), sensory impairments such as blindness and deafness, child of parent(s) with a developmental disability or sibling having a developmental disability of unknown origin, early global developmental delays, autism, parents with chronic, established mental illness or prenatal substance exposure
- Surrey Place Centre's Blind – Low Vision Early Intervention Program provides early intervention support to children birth to age 6 with a diagnosed visual impairment. This family-centred service provides supports to children and their families in natural settings including the home and early learning settings. The goal of the service is to mitigate the risks of the visual impairment on the child's development. Vision is the primary information gathering sense for sighted children, therefore, as much as 80% of early social interactions, materials and physical environments are visually based and do not focus on tactile and auditory development essential for children who are visually impaired. Intervention provided

through the Blind – Low Vision program will assist the families and caregivers in providing opportunities that support the development of all the senses for optimized learning.

- Toronto Autism ABA Services help children and youth with ASD develop skills in the areas of: communication, social/interpersonal, daily living skills, and emotional/behaviour regulation. They also provide education to parents/caregivers on how to apply ABA strategies which will help their children learn, maintain and generalize skills
- The Toronto Partnership for Autism Services (TPAS) is a community-based service that helps children with autism and their families through Intensive Behavioural Intervention or IBI. IBI is a scientifically proven intervention with the goal of increasing the rate of learning for children with autism.

## **Toronto Public Health: Healthy Families**

### **Healthy Babies Healthy Children (HBHC)**

- HBHC is a voluntary program for individuals and families who meet eligibility criteria, from the prenatal period until the child's fourth birthday. Length of involvement with the program varies and is guided by family/client identified goals related to parenting and child development
- PHNs and FHVs provide information and support regarding: achieving a healthy pregnancy, healthy child development and safety, breastfeeding, nutrition and healthy eating, adjusting to parenthood, and accessing community resources.
- Family Service Plans are developed with the family to provide a focus for ongoing home visiting and service coordination.
- PHNs utilize Nursing Child Assessment Satellite Training (NCAST) in their service delivery.
- In the prenatal period, Promoting Maternal Mental Health During Pregnancy is used. The purpose of these activities is to prepare the individual for parenting and for developing a nurturing parent-child relationship. During the parenting period, Parent Child Interaction Scales are implemented by the PHN in the home. The scales assess the parent child interaction during feeding and/or teaching situations. A strength based approach is used and immediate results are discussed with the parent. The PHN works with the family, and FHV to develop a plan that will strengthen the parent child interaction.
- Partners in Parenting Education (PIPE) activities are implemented by the FHV and the PHN and are used across the province within HBHC to complement the NCAST assessments and support enhancement of parent-child relationships. PIPE is a parent education curriculum that effectively integrates new parent knowledge with a parent-child activity that supports positive interaction. It is an activity based intervention that involves engaging the parent to interact with their child. The focus is on social emotional development

### **Healthy Babies Healthy Children: Homeless at Risk Prenatal Program (HARP)**

- HARP is delivered within the HBHC program by 6 HBHC PHNs with the support and collaboration of two HBP RDs to homeless pregnant women. These women face many challenges with addictions, mental health, physical health issues and have histories of severe trauma. The goal of the program is the healthiest birth outcome possible, by

providing intense, frequent home visiting services in the prenatal period. If the parent maintains custody of the child, the family will continue to receive support through the HBHC program and in collaboration with other service providers such as addiction services, child protection services and housing support.

## Parenting Programs

- Make the Connection (MTC) 0-1 is a program developed by the non-profit organization FirstThree Years which is now part of the Psychology Foundation of Canada. This program supports parents' interaction with their babies in ways that promote secure attachment, communication and brain development. It is an intensive and enjoyable series combining hands-on activities, parent reflection and discussion as well as personalized video feedback.
- The MTC 0-1 is a free program offered to parents with babies under 1 year old. It is a series of 2 hour sessions, held over a nine week period, facilitated by PHNs and community partners.
- Make the Connection 1-2 follows the MTC 0-1 helping parents support their child's development during the second year. Like the Make the Connection for babies, MTC 1-2 combines hands-on activities, parent reflection and discussion as well as personalized video feedback.
- The MTC 1-2 is a free program offered to parents with toddlers 1-2 years old. It is a series of 2 hour sessions, held over a nine week period, facilitated by PHNs and community partners.
- The Incredible Years Basic Parent Program® (IY) is an evidenced based program developed by Dr. Carolyn Webster-Stratton. It aims to improve parent-child interactions and attachment, promote positive parenting and foster the parent's ability to provide a nurturing environment for healthy child development. An emphasis is also placed on the promotion of child social competence, emotional regulation, positive attributions, academic readiness and problem solving. Incredible Years teaches parents and/or caregivers interactive play and reinforcement skills, non-violent discipline techniques, logical and natural consequences and problem solving strategies. Learning methods include group discussion, videotape modelling and rehearsal intervention techniques. This program is offered to parents and/or caregivers with children ages 2 to 6 who are at risk for behaviour problems. It is a series of 2 hour group sessions with pre-determined topics held over a period of 14 weeks and is offered in multiple languages. IY is facilitated by PHNs and community partners.

## Postpartum Adjustment Program

- Postpartum Adjustment Programs aim to improve maternal mental health, prevent negative impacts on child development and improve family dynamics. This is achieved by assessment, referral, individual and group counselling. There is a focus on maternal mental health and coping strategies and improved communication. Particular attention is paid to the maternal infant relationship, the parent's ability to soothe the infant and attachment. The group is co-facilitated by an infant mental health therapist and a public health nurse. Expedited access to individual infant mental health services is available. The program is available to families with a child under one year who are experiencing postpartum adjustment difficulties including postpartum depression and anxiety.



Interpretation services, childcare, TTC tokens and a healthy snack are offered to reduce barriers to access.

## SickKids Team Obesity Management Program

- STOMP Early Years is a partnership with SickKids Hospital and Toronto Public Health. The two-year family-based program focuses on healthy living and targets children 6 months to 5 years of age, living in the Toronto area, with BMI greater than the 97<sup>th</sup> percentile, based on the WHO growth charts.
- In phase one of the program, parents attend a weekly 2 hours psycho-educational group, individual appointments with inter-professional team members and home visiting by a public health nurse. Group content is related to healthy living and incorporates the Incredible Years Parenting Program® curriculum. The second phase of the program consists of medical check-ins and groups every 3 months, with access to continued individual and home visiting support.

## Toronto Public Health – Infant Hearing Program (IHP)

- Children in the Regent Park community, identified as having a permanent hearing loss, can receive services through either Toronto Public Health's Infant Hearing Program or Toronto Preschool Speech and Language Services Program. Services provided include:
  - ✓ Newborn Hearing Screening
  - ✓ Audiology services – hearing testing
  - ✓ Family support services
  - ✓ Counselling, support and general information about community agencies
  - ✓ Information about the different communication options available for a child who is deaf or hard of hearing
  - ✓ Referrals to community programs as needed
  - ✓ Oral and/or visual communication support
  - ✓ Assessment of children's communication development
  - ✓ Professional guidance to help develop children's language skills
  - ✓ Parent education
- Presently, the only services *provided locally within Regent Park* (through Parents for Better Beginnings) are oral communication support services through TPSLS. Should more intensive services and hearing testing be required, children and their families are seen through The Hospital for Sick Children or through many of our partnership community agencies.
- Intake for IHP is generally completed through the Toronto Public Health central number.
- Referral criteria for Hearing Screening Services: Children 0 to 4 months of age are eligible to receive newborn hearing screening. Children 4 to 24 months of age are eligible if the child's hearing was not screened before and there is a concern that the child may have a hearing loss. Children 24 months to 6 years are eligible if a permanent hearing loss has been identified.

- Referral criteria for Audiology Services or Communication Development Service is for children between birth and 6 years of age who have a permanent hearing loss.

## **Toronto Public Health - Toronto Preschool Speech and Language Services (TPSLS)**

- The South Geographical Service Area (GSA) of TPSLS administers and delivers a range of family-centered and community preschool speech and language services. The overarching objectives are to identify and serve all of the preschool children (from 5 months of age until participation in Full Day Kindergarten) who have speech, language and communication delay and/or disorders. TPSLS aims to maximize positive outcomes for these children with respect to communication, play, social and literacy development while supporting the families.
- At present, a full range of community based services are being offered through a satellite clinic at Regent Park Community Health Centre and in collaboration with staff from Parents for Better Beginnings and the Child Development Clinic:
  - ✓ Initial assessment and counselling
  - ✓ Parent training/parent-implemented intervention
  - ✓ Monitoring/parent consultation
  - ✓ Caregiver and educator consultation
  - ✓ Case/service coordination and referral
  - ✓ Individual and group treatment
  - ✓ Home programming and reassessment
  - ✓ School transition planning
  - ✓ Community screening
- Referral and Intake: Intake is generally completed through a Toronto Public Health central number but the Regent Park caseload is managed at a local level.
- Criteria for service: Referrals are taken for children ages 5 months and older, up until August 31st of the year they enter full day kindergarten (FDK) with suspected or identified communication issues, Children identified with global developmental delay and /or multiple complex needs may be triaged and transferred to a partner agency who may better suit their multiple needs the time of intake (e.g. Surrey Place Centre, Holland Bloorview Kids Rehab), and after entry into full day kindergarten, children may be nominated by a school board speech language pathologist for selected services in their FDK years.
- Transition to school: Prior to a child's entry into school, staff work closely with local community School Board Speech Language Pathologists to ensure smooth transition to school for children requiring continued support.

## **Toronto Public Health: Early Abilities**

- Early Abilities (formerly Toronto Preschool Speech and Language Services) is funded by the Ministry of Children and Youth Services, and is comprised of community partnerships to deliver three programs: Infant Hearing (IHP), Blind Low Vision Early Intervention Program (BLV), and Preschool Speech and Language Program (PSL). These services are free and are coordinated by Toronto Public Health's Early Abilities (formerly Toronto

Preschool Speech and Language Services). Neither OHIP nor Canadian citizenship is required to participate. Referral and Intake is completed through an online application and/or the Toronto Public Health–Early Abilities intake number:

## Infant Hearing Program

- The Infant Hearing Program is designed to identify infants born deaf or hard of hearing, and children (0-6) who may be at risk for permanent hearing loss and intervene early. There are four components to the program: screening, identification, communication development programming and family support.
- IHP services are available to:
  - ✓ Infants identified through the infant hearing screening
  - ✓ Children 4 to 24 months of age who missed their screening and there is a hearing concern
  - ✓ Children 24 months to 6 years who have an identified permanent hearing loss (PHL) outside of the IHP program
- Identification/ Audiology (hearing) testing is conducted at one of five IHP audiology centres in Toronto. Two centres are in downtown Toronto: Hospital for Sick Children and Mount Sinai Hospital.
- Communication Development Programming is based on the degree of hearing loss, the nature of the hearing loss, and the child's overall development:
- Oral Language support with or without augmentative communication is available in Regent Park through partners at Parents for Better Beginnings. Early Abilities provides speech and language pathology services to those children with significant hearing loss. The Hanen Centre is a primary provider of services in Regent Park.
- American Sign Language consultation service is an in-home service delivered by a partner agency Silent Voice.
- Family Support consists of the following services:
  - ✓ counselling
  - ✓ service navigation to community services and supports
  - ✓ referrals to targeted services to support child development
  - ✓ support for financial applications related to the PHL and
  - ✓ parent education

## Blind Low Vision Early Intervention Program

- The Blind Low Vision Early Intervention Program is designed provide vision services to children (0-6) who have been identified as blind or with low vision. There are two components to the program: early intervention and family support.
  
- BLV is available to with a variety of hearing losses including:
  - ✓ visual acuity no better than 20/70 in the better eye after correction,
  - ✓ a visual field restriction to 20 degrees,
  - ✓ a physical condition which cannot be medically corrected and as such affects functional vision eg Cortical Visual Impairment(CVI),
  - ✓ delayed maturation or progressive visual loss.
  
- BLV is delivered by a team of Family Support Workers and Early Childhood Vison Consultants from Toronto Public Health, Surrey Place Centre and Canadian National Institute for the Blind. Services are in-home and include:
  - ✓ family support services
  - ✓ targeted early intervention services
  - ✓ childcare consultation
  - ✓ parent education
  - ✓ professional development

## Preschool Speech and Language Program

- The Preschool Speech and Language Program is designed to identify and intervene early with children (5 months-school entry) who may be experiencing delays delay and/or disorders in their speech, language, play, social communication and literacy development. Program's goals are to maximize positive outcomes for children by building families' capacity in strategies to support child development. There are three components to the program: screening, identification, and communication development programming.
  
- There are over thirty locations across Toronto, one of which is at the Regent Park Community Health Centre. Services include:
  - ✓ Initial assessment and counselling
  - ✓ Parent training/parent-implemented intervention
  - ✓ Monitoring/parent consultation

- ✓ Caregiver and educator consultation
- ✓ Case/service coordination and referral
- ✓ Individual and group treatment
- ✓ Home programming and reassessment
- ✓ School transition planning with the local school's speech-language pathologist

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

### Downtown East Child and Family Network

- The purpose of the Toronto Downtown East Child and Family Network is to provide an opportunity for local services for children prenatal to 12 years old and their families to inform the development of the Provincial framework for the Best Start Child and Family Centre (CFC) concept. The Toronto Downtown East Child and Family Network will implement practices that provide seamless access to services in the community and reflect the unique needs of neighbourhoods through community planning processes that improve the health and wellbeing of children and families.
- The Toronto Downtown East Child and Family Network members will represent key service sectors that offer one or more core functions to children prenatal to 12 years of age, and their families. The definition and scope of the four functions as outlined by the Toronto Child and Family Advisory Network are as follows:
  - I. Health Comprehensive - Services to meet the healthy birth outcomes and developmental needs of children.
  - II. Learning and care - Nurturing, high quality services where children's care and learning needs are met.
  - III. Family support - Range of support services for parents and caregivers of children in their care giving role.
  - IV. Early intervention - Early access to identification and assessment services for all children birth to five years, plus referral and intervention services for children with extra support needs
- Services and programs offered under each core function as well as the delivery of any additional functions will be determined by the needs of the community.
- Currently the Downtown East Child and Family Network is creating a document which outlines the Regent Park community agencies and the services offered.

### Women and Children's Community at St. Michaels Hospital

- The Women and Child Committee at St. Michael's Hospital is comprised of staff from St. Michael's and various community partners. The committee works collaboratively to

advocate and bring attention to matters concerning the women and children they work with, who are also patients at St. Michael's.

## **YPNFA (Young Parents of No Fixed Address)**

- A “network of over 30 Toronto agencies and organizations dedicated to building strong community partnerships to address the challenges faced by young homeless/street involved, pregnant and parenting youth and their children”. This network is not Regent Park specific but does work that supports IMH. The website is <http://www.ypnfa.ca/> for more info.

## **TARGet Kids! SickKids**

- Nurse practitioners as well as the family medicine team at Regent Park will be prospectively enrolling families with children under 6 into this longitudinal cohort study ([www.targetkids.ca](http://www.targetkids.ca)). This research will measure temperament, development, mental health, nutrition, growth, physical activity, cardio metabolic risk and biomarkers. It will also collect school readiness data from the Early Development Instrument (EDI) in any eligible child who is entering JK or SK. Mothers would be offered enrollment into a trial that will identify and connect mothers with postpartum depression to services, and assess the outcomes for them and their children. TARGet Kids will also offer enrolment for children with iron deficiency into a trial to treat this and evaluate developmental outcomes. The aim of the TARGet Kids! registry is to link early life exposures to health problems including obesity, micronutrient deficiencies, and developmental. This data will work towards advocating to improved child mental health and health care overall

## **Toronto Public Health**

- Toronto Public Health values and recognizes the importance of collaborating with community agencies to promote the health and wellbeing of families and children in the City of Toronto. A vast number of Toronto Public Health programs and services are co-facilitated, offered or coordinated in collaboration with community partners. TPH staff co-facilitate programs such as Make the Connection, Nobody's Perfect, Incredible years Parent Program® and the Post Partum Adjustment Program with community partners. Staff from community agencies interested in facilitating the Make the Connection, Nobody's Perfect or Incredible years Parent Program® are provided training through TPH in house trainers. TPH also continually supports community agencies in the coordination of screening clinics and collaborates with organizations to deliver programs such as the Canada Program Nutrition Program and Breastfeeding Clinics. Lastly TPH recognizes the need for innovation within collaboration as evidenced by partnering with SickKids in delivering the SickKids Team Obesity Management Program: STOMP Early Years.

## Short Term Opportunities to Enhance Core Prevention and Intervention

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

- Develop a pathways document to share with families for Regent Park on screenings and assessments available for prenatal to three years of age. Included in the pathways document, will be:
  - ✓ Services that require a formal referral from a physician
  - ✓ Services/tools can be accessed by front-line practitioners
  - ✓ A referral process that all community partners are aware of
- Develop a form of passport document for families for when they visit physicians, nurses, and other support services.

### Early Screening and Assessment Activities

- The Regent Park community will look to have a larger conversation on screening and assessment for social-emotional development– this will include parents from the community at the table. Included in this conversation will be discussion of a referral procedure for the community – how can the community support families and determine if they have engage and accessed the service successfully?

### Collaboration

- The Downtown East Child and Family Network will look to include Regent Park community agencies who wish to join. Meeting dates and times will be sent to those who wish to join.
- The Downtown East Child and Family Network will identify champions for funders to address IMH concerns.
- Parent for Better Beginnings will look to connect with Atkinson research at the University of Toronto on regarding evaluation on their “Progress Report” document.

## Long Term Opportunities for Core Prevention

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### Supports for All Families with a Focus on Those in High-risk Situations

- Explore non-traditional strategies to engage families in services as families often experience challenges in physically attending services (e.g. providing a transportation fare is not enough as public transit is not accommodating to all).
- Educate funders around the difficulty of engaging families and strategies for non-traditional approach.
- Educate practitioners and funders about what IMH is and why family centered care is so important to IMH.

### Strengthening Data Collection/Statistical Analysis and Assessment

- Each agency will look to explore how to include evaluation component to their programs serving infant, toddler, and families.
- Regent Park Community Health Centre: Parents for Better Beginnings will evaluate the outcomes/effectiveness of the “Progress Report” document.



# Competencies for Practice in the Field of Infant Mental Health

## What is Happening in Regent Park Today

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- Among community agencies, there is a strong will and skill around building and maintaining positive relationships with families in Regent Park. Agencies in this community possess a strong awareness of diversity and implement practices that support diversity of families.

## Knowledge

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- Through the discussion, it was identified that the level of knowledge and understanding of atypical and typical child development and common behavioural disorders of each professional across sectors varies - some practitioners have a strong knowledge while others could improve.
- Additionally across sectors, there is a strong basic understanding of influences on child development (parental mental health, cultural differences, intimate partner violence, etc.) which also varies among professionals.
- PFBB family homes visitors attend HBHC Professional Development trainings throughout the year and CPNP staff attend trainings as appropriate.
- Parent for Better Beginnings is in the process of forming a subcommittee within the program to identify an infant mental health strategy to ensure all around staff are knowledgeable.
- A Community of Practice is being developed by George Brown College which will include ECE alumni and placement partner agencies.
- HBHC PHNs receive extensive education and training in the use of all the assessment and screening tools mandated to be implemented by MCYS. As stated in a comment earlier PHNs receive education and training in the three components of the NCAST Programs. NCAST has a formalized training and certification process for the use of the Parent Child Interaction Scales. PHNs must be initially trained and reach reliability in the use of these tools prior to implementation with their families. Also nurses have to go through yearly recertification and reach a reliability in the scales in order to continue to use the scales.
- Motivational Interviewing training has been piloted with HBHC PHNs in Toronto and the plan is for all PHNs to receive the training.
- HBHC Family Home visitors are trained in the PIPE curriculum and use the activities with their families at each home visit. The selection of the activities is based on PHN assessment and Family Home Visitor observations of the parent child interaction.

## Skills

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- Parents for Better Beginnings uses the Infant Mental Health Status Chart and Early Learning for Every Child Today (ELECT) documents to inform their observations.
- Regent Park Community Health Centre have interdisciplinary case conferences where observations are shared. Parents for Better Beginnings provide mutual access to records within the Health Centre which assist in collaborative efforts.
- Staff within Parenting and Family Literacy Programs at Toronto District School Board have strong observational skills as they see families together. Additionally, staff will complete an exercise which requires them identify five things they know what the family- this is important to the relationships they build with families and engaging families.
- Toronto Children Services in Regent Park engage parents as to how they prefer their information to be shared when referrals are made for their children- staff often make referrals together with the families. This encourages parents to become advocates for their children.
- Riverdale Midwives have the opportunity to observe families within their homes and those included in the family circle, which add to their strong observation skills
- HBHC PHNs and FHVs participate in reflective supervision to support their delivery of the HBHC program.

## Short Term Opportunities for Competencies

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### Knowledge Building for Professionals

- IMHP will host an Infant Mental Health Basics workshop for Regent Park Community Partners. It will be hosted at SickKids Hospital to access OTN network which will archive the session. IMHP will look to organize this for June. The pre-knowledge test and post-knowledge test will be administered for participants. The participation of the education sector will be important as the community has identified they would like to include them in infant mental health conversations and initiatives.
- IMHP will create an Infant Mental Health Basics presentation for families in the Regent Park Community. This will be brief workshops with one during the day and one in the evening to accommodate families. IMHP will explore the delivery of a train the trainer event to follow.
- As a community, look to create parent education opportunity for resources for Regent Park families on optimal development periods to reach families before the child enters school. 2-3 easy to understand presentations, bulletin boards, or handouts.
- IMHP will create a central depository of resources for families for all 5 communities engaged in the initiative. IMHP will use their existing resources to begin to explore.
- Leverage current training initiatives by community agencies by exploring how they can be opened up to other partnering agencies:
  - ✓ Create a portal for training opportunities relevant to infant mental health practices.
  - ✓ Contact Humber City Wide Training to see how Regent Park Community Partners can be included in trainings.
- IMHP will share the Infant Mental Health Status Chart with community partners when staff are making observations.
- The Early Learning and Care sector identified specifically they would like to strengthen their approaches of engaging families around concerns about their child's development/behaviours.
- As a community, we would like to strengthen knowledge, capacity, and skills in the following areas:
  - ✓ Working with families who have experienced oppression
  - ✓ Strengthen the capacity to monitor families. There are limited windows when practitioners can do this, especially if they are only involved in a drop-in program.

## Collaboration

- School Readiness programs experience difficulty with families who only attend prior to school beginning and think it is about academics, whereas school readiness is built over time. Engage the education sector so they are made aware of this challenge
- IMHP will connect St. Michael's NICU with Life with Baby to explore opportunities to support families once they return home after birth. Additionally IMHP will share the From the Heart campaign materials.
- Community partners will decide if they wish to engage in the Women and Child committee at St. Michael's hospital – Contact Brenda Packard from Toronto CAS if your agencies are interested in joining.
- Explore/ form a subcommittee/ meeting to brainstorm how the Regent Park community can be stronger community around IMH capacity. The group would explore opportunities for a potential pilot project in the community.
- Form a working group to explore how to create a central resource for practitioners on infant-early mental health. Frontline practitioners should be included in this group. IMHP will bring to the community table some of their resources to see what would be useful to practitioners.
- IMHP will connect Regent Park Community partners with Dr.Cindy-Lee Dennis and St. Jamestown/ Mount Sinai partners to see how the community can support mothers with PPMD.
- Riverdale Community Midwives look to refer/ introduce families to the other community agencies and the service they offer to continue to support families after the 6 weeks after birth. One way could be a drop in or a meet and greet with community agencies.
- Identify where the report can be shared with existing tables and groups in the community. Create a list of who the community would like to meet with and select meeting dates.

## Long Term Opportunities for Competencies

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### Knowledge Building for Professionals

- Parenting and Family Literacy Programs at Toronto District School Board would like to continue to strengthen capacity of staff in getting to know families and identify signs of unresolved trauma.
- Strengthen strategies for engaging families specifically when there is a developmental concerns with the child and for screening opportunities.
- Engage agencies in how to create a continuum of learning that is accessible and affordable.
- IMHP will look to create IMH modules to educate in service practitioners; IMHP will look to engage the multiple chairs of each sector (Social work, ECE, Nurses etc.) on having IMH modules.
- Strengthen and support the arrival of family when they return home after a hospital visit. Explore with community agencies how they can support families when they return home/into the community, taking more active role with families. This could be on the agenda at the Women and Child table at St. Michaels.
- Explore how practitioners can build the skills of teams on strategies for building the capacity within of parents/families/etc. on empathizing with babies/children.
- Find expertise to help build the skill within families around developing empathy for babies/children. Identify the experts and figure out how to have them come into the community (such as Mary Gordon, Dr.Wittenberg).
- Look for opportunities to strengthen staff knowledge around recognizing parental trauma and its influence on the child – develop a common understanding of knowing who to refer to and who are the experts.
- Evaluate the effectiveness of programs in the community and whether they lead to better outcomes – utilize existing researchers and teams in the community.

### Collaboration

- Explore a strategy to engage the public schools in Regent Park in infant mental health conversations. TDSB Family Literacy Centres can assist in beginning this conversation.
- The community would like form a subgroup in an existing committee/structure to determine a structure to disseminate current research for frontline practitioners on infant-early mental health topics.
- Continue to be aware of making a connection with Fraser Mustard Institute to have Regent Park Community Practitioners present in their information dissemination.

## Organizational Policies & Practices

### What is Happening in Regent Park Today

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

### Opportunities for Organizational Policies & Practices

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- Develop or identify existing resources that support vicarious trauma in infant mental health settings.
- Develop protocol/pathways for dealing with vicarious trauma, compassion fatigue, and burnout for community partners to support staff. Identify experts on this topic.
- Explore opportunities for supervisors to strengthen their capacity to support and recognize when staff are overwhelmed or experiencing vicarious trauma/compassion fatigue.
- 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.

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