



## 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**

**SIMCOE, 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 Simcoe County**

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

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Catulpa Community Support Services: Community Action Program for Children & Canada  
Prenatal Nutrition Programs of Simcoe County

County of Simcoe: Children and Community Services

County of Simcoe: Early Intervention Services

New Path Youth and Family Services of Simcoe County

North Simcoe Ontario Early Years Centre

Royal Victoria Regional Health Centre: Children's Development Services

Simcoe Community Services: Preschool Services  
(Including Simcoe County Infant Development Program, Resource Teacher Program Barrie, Innisfil, Bradford and Ontario Early Years Centres, Barrie, Innisfil and Bradford)

Simcoe County District School Board

Simcoe Muskoka Catholic District School Board

Simcoe Muskoka Child, Youth, and Family Services  
(Formerly known as Simcoe Children's Aid Society)

Simcoe Muskoka District Health Unit: Healthy Babies Healthy Children

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

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## Executive Summary

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

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

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

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

Through this project, IMHP consulted with five communities in Ontario (Niagara, Simcoe, Muskoka and Parry Sound, Ottawa, and Regent Park Toronto) to gain a better understanding among all agencies and sectors concerned with infant mental health as to the existing gaps or barriers,

opportunities for improved service delivery, and potential solutions for inter-systemic supports. Common themes emerged across communities about infant mental health practices, policies, services and in relation to the knowledge and competencies of those working with this young population and their families.

## Key Findings/ Recommendations

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

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

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

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

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

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

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

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

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

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

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

### **5) Transparency is key to collaboration and effective referral.**

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

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

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

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

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

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

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

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

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

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



practitioners to learn more about a child, facilitate discussion between staff and families, and support families on a daily basis.

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

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

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

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

**References**

Clinton J, Kays-Burden A, Carter C, Bhasin K, Cairney J, Carrey N, Janus M, Kulkarni C & Williams R. (2014). Supporting Ontario’s youngest minds: Investing in the mental health of children under 6. Ontario Centre of Excellence for Child and Youth Mental Health. Retrieved from [http://www.excellenceforchildandyouth.ca/sites/default/files/policy\\_early\\_years.pdf](http://www.excellenceforchildandyouth.ca/sites/default/files/policy_early_years.pdf)

Zero to Three Infant Mental Health Task Force (2014) Early Childhood Mental Health. (webpage) retrieved July 1, 2015) from ([http://main.zerotothree.org/site/PageServer?pagename=key\\_mental](http://main.zerotothree.org/site/PageServer?pagename=key_mental))

# Project Overview

Across Canada attention to mental health has never been greater. While significant efforts focus on adolescent and adult mental health, there is a growing awareness of how significant early mental health is to physical and mental health outcomes across the life span. The prevailing definition of infant mental health used in the United States and in many parts of Canada states:

*Infant and early childhood mental health, sometimes referred to as social and emotional development, is the developing capacity of the child from birth to five years of age to form close and secure adult and peer relationships, experience, manage and express a full range of emotions, and explore the environment and learn – all in the context of family, community, and culture (Cohen, Oser & Quigley, 2012, pg. 1).*

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

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

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

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

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

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

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

## Methodology

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### Selection of Communities

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

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

### Establishing Community Tables

Once the five communities were selected a local champion of infant mental health was identified as the lead for organizational purposes. Each community champion was asked to assist with scheduling to organize 2.5 days of face to face meetings.

The following is a list of the communities selected:

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

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

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

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

- **Current programs and/or services** that the community considered to be part of their system of infant mental health services that were available to all families or targeted toward high risk families.
- **Current strategies for developmental screening** and what aspects of this looked at mental health.
- **Current early intervention programs** with a focus on those addressing infant mental health.
- **The current state of knowledge and skill of practitioners** in the community working with this age group within the following sectors:
  - ✓ Education
  - ✓ Child Protection
  - ✓ Early Learning and Care
  - ✓ Children's Mental Health
  - ✓ Public Health
  - ✓ Rehabilitation Services
  - ✓ Speech and Language Services
  - ✓ Existing collaboration among agencies
- **Short term opportunities to strengthen practices, services, and policies.** These were identified as activities the community felt could be achieved within one year.

- **Long term opportunities to strengthen practices, services and policies.** These were identified as activities the community felt would require more than one year to achieve.
- **Organizational policies and procedures** specific to infant mental health. For instance, were caseloads within agencies reflective of the intense work often required when an infant's mental health is vulnerable or did staff receive regular supervision that offered opportunities for reflection and also provided support to the trauma some staff witnessed?

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

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

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

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

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

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

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

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

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



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

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# Supporting Infant Mental Health in Simcoe County

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## About Simcoe County

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Simcoe County is part of Southern Ontario, located North of Toronto and nestled in between Lake Simcoe and Georgian Bay (Tourism Simcoe County, 2013). The 2011 census reported that it is home to 446,063 people and covers 4,859.16 km<sup>2</sup> of land area (Statistics Canada, 2012). Simcoe is informally distinguished as “North” and “South” Simcoe (County of Simcoe, 2014). North Simcoe is made up of municipalities including Collingwood, Wasaga Beach, Clearview, CFB Borden, Barrie, Springwater, Oro Medonte, Severn, Penetanguishene, Tiny, Midland, Tay, Orillia, and Ramara (County of Simcoe, 2014). South Simcoe is comprised of 5 municipalities including Innisfil, Bradford West Gwillimbury, New Tecumseth, Adjala Tosorontio and Essa (County of Simcoe, 2014). Simcoe is diverse with small and large rural areas sprinkled with medium to small urban centres and towns (Tourism Simcoe County, 2013). A tourism hotspot year round, this part of the province is robust in culture and outdoor opportunities such as skiing, boating, and hiking (Tourism Simcoe County, 2013).

While one of its jewels is the rural landscape, this is also one of the challenges for those agencies providing health, education and social services to families. In 2011 in the County of Simcoe, there were 23,350 children age 0-4 years old and 4,320 live births (Simcoe Muskoka Health Stats, 2015). While some funding acknowledges the challenges faced by rural communities, many programs are stretched to meet the needs in a timely way given the distances. Funding was a recurring theme in discussions as many of the programs, Healthy Babies Healthy Children (HBHC), and Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) programs serve high risk communities but have experienced either a funding freeze or a reduction leading to fewer staff resources.

Simcoe County has also benefitted from some longstanding champions of infant mental health who have persisted in sharing the knowledge in the community as much as possible. This expertise was evident at the table, as was a willingness to collaborate.

Simcoe County echoed the thoughts of other Community Tables about engaging the post-secondary sector to ensure new graduates arrived with this science rather than trying to share it with them once they are in the workforce. Efforts will be made to engage the post-secondary sector in such talks.

Strength within the community is their relationship with First Nations, Métis and Inuit communities who, while not at the table due to scheduling challenges, will have input and access to the final report.

There are a couple of things that really stood out in Simcoe County. First, the County has developed and implemented a flagship entity within the community called **Early Screening Matters (ESM)**. This initiative which includes early screening and referrals for developmental delays also results in shared electronic record among agencies involved with a child. There was recognition that infant mental health needs were not well supported in this process, but ESM is still new and there was a definite willingness infant mental health in some way and also including any agencies and services that were not involved as yet such as Healthy Babies Healthy Children.

The second initiative that stood out in the County was the **funding by the Local Integrated Health Network and the County of Simcoe** for participation of all health, education and social service agencies in the online Infant Mental Health Community Training Institute offered by

IMHP. Hundreds of practitioners, clinicians and educators participated. The group felt strongly that once completed, embracing opportunities to discuss at the local level the science and how to embed it into practice was a logical next step.

This report provides a snapshot of current infant mental health efforts in the District of Simcoe County.

The Simcoe Community Table included the following agencies:

- Catulpa Community Support Services: Community Action Program for Children & Canada Prenatal Nutrition Programs of Simcoe County
- County of Simcoe: Children and Community Services
- County of Simcoe: Early Intervention Services
- New Path Youth and Family Services of Simcoe County
- North Simcoe Ontario Early Years Centre
- Royal Victoria Regional Health Centre: Children's Development Services
- Simcoe Community Services: Preschool Services  
*(Including Simcoe County Infant Development Program, Resource Teacher Program Barrie, Innisfil, Bradford and Ontario Early Years Centres, Barrie, Innisfil and Bradford)*
- Simcoe County District School Board
- Simcoe Muskoka Catholic District School Board
- Simcoe Muskoka Child, Youth, and Family Services  
*(Formerly known as Simcoe Children's Aid Society)*
- Simcoe Muskoka District Health Unit: Healthy Babies Healthy Children

# Simcoe County Core Prevention & Intervention for the Early Years

## What is Happening in Simcoe 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 Simcoe community. It is solely based upon the participation of the identified community partners over the two day event.**

Simcoe County is a leading community in recognizing the importance of infant-early mental health and how it relates to immediate and long term community wellness and prosperity. The community has a long-standing multi-sector Child, Youth, and Family Services Coalition of Simcoe County and Best Start Network. Recently the Local Integrated Health Network (LIHN) and Simcoe County Best Start Network provided the entire region funding for registration to enable access to a 15 part series on infant mental health. Staff were encouraged and supported to participate in the series that was broadcast on line in real time but are available for up to one year from the date the session aired through an archived website. Some agencies allowed staff to view the webcasts during work hours while other participants were eager and viewed them on their own time. While the agencies/services in this community agree that there are many strengths they also identified some very clear opportunities that can improve developmental outcomes, in particular mental health outcomes for young children. The information below highlights current activities that are available and clearly support infant mental health promotion, early identification of risk for poor mental health and intervention.

### Universal Programs for All Children and Families

#### Ontario Early Years Centres (OEYC)

- Ontario Early Years Centres provide key programs and services such as:
  - ✓ early learning programs and activities for children
  - ✓ early literacy activities and resources
  - ✓ parent/caregiver education
  - ✓ resources and supports
  - ✓ pre and post-natal resources and information
  - ✓ information about and a connection to other community services
  - ✓ linkages to the community and to local early years services
  - ✓ outreach services
  - ✓ developmental screening
  
- OEYC sites provide parent-child play groups in OEYC centres and in outreach community locations. OEYC offer capacity and skill building programs which require registration that target specific topics and run in blocks over a number of weeks such as “Life with Baby”

This 10 week program is designed for first time parents and their babies aged 10 months and under.

- There is currently a program in Innisfil at the Best Start Child and Family Hub in which Resource Teachers are delivering parent-child interactive play groups that provide parent education and coaching.
- OEYCs in Simcoe County have Francophone staff, including a Coordinator of Francophone Services supporting Francophone families and their children. Parent-child interactive programs, parenting workshops and resources are available in French.
- OEYCs in Simcoe County have a Coordinator of Aboriginal Services, supporting First Nation Métis and Inuit (FNMI) families and their children with access to OEYCs. Aboriginal Coordinator provides FNMI programming within the OEYC setting.

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

### Simcoe Muskoka District Health Unit: Healthy Babies Healthy Children (HBHC)

- HBHC is mandated through the Ontario Public Health Standards to be offered by all public health units throughout the province. The Ministry of Children and Youth Services provides 100% funding for the Program. HBHC is delivered through Simcoe Muskoka District Health Unit.
- HBHC is a voluntary program for women and their families in the prenatal period and families with children from birth until their transition to school, identified with risk that will be provided with opportunities to achieve their potential.
- Every child and parent identified with risk in Ontario will have access to evidence-informed programs and services that support healthy child development and effective parenting (Ministry of Children and Youth Services, HBHC Guidance Document, 2012).
- In-home visits with women and their families in the prenatal period and families with children from birth until their transition to school by a public health nurse and a lay home visitor.

### Simcoe Muskoka Child, Youth, and Family Services (SMCYFS – formerly Children's Aid Society of Simcoe County)

- SMCYFS provides a range of services to our mainstream, FNMI and FLS community including:
  - ✓ Investigating allegations of child abuse and neglect;
  - ✓ Protecting children who have suffered abuse or neglect (or are at risk of harm) by assisting and supporting their families to reduce harmful circumstances;
  - ✓ Offering guidance, counseling and referral services to families whose children are at risk of abuse or neglect;
  - ✓ Referring families to other service providers when we do not offer a service;
  - ✓ Arranging for treatment services for children in care;

- ✓ Placing children with kin whenever possible, and/or in alternative family based care arrangements depending on the legal status of the child and his or her needs;
- ✓ Recruiting, developing, educating and supporting foster and adoptive homes;
- An infant assessment framework is used to determine strengths, needs, risks and protective factors;
- In-home family support (admission prevention, practical support and education and therapeutic family contact (access) if an infant/young child requires out of home care;
- The Watch, Wait & Wonder (WWW) program is offered to families in need of parenting support;
- Enhanced Parenting Specialists (EPS) supports frontline practice with infants and young children;
- Family centered case conferencing and Family Finding to increase the circle of support for infants/young children and their families.

## **Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) Simcoe County**

The Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) programs are federally funded initiatives through Public Health Agency of Canada (PHAC) and are often embedded in community based programs and services.

Below is an overview of the program adapted from <http://phac-aspc.gc.ca/hp-ps/dca-dea/program/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.
- CAPC/CPNP programs in Simcoe County are delivered by Catulpa Community Support Services.
- Referrals and community connections: CAPC and CPNP programs refer participants to community agencies, programs, services and community events. This is a critical role in ensuring that families are aware and connected with much needed services and supports.
- **The Simcoe County MotherCare Program** is one program that receives CPNP funding with which it provides a friendly and supportive environment for pregnant women and new mothers with babies up to 3 months. The program is geared toward promoting and encouraging healthy pregnancies.
- Participants receive support and information on a wide-range of relevant issues such as breast-feeding, health, pre and postnatal nutrition and community resources. Below are the many ways this funding is used to support expectant families and/or families with young children:

- ✓ A Registered Dietitian with the program who works with staff and participants to understand and support the “Feeding Relationship”.
- ✓ Public Health Nurses work in-kind at all MotherCare.
- **Next Step Postnatal Programs:** Programs for parents with infant 3 months to 3 years of age. Extension of the CPNP MotherCare programs. Participants receive support and information on a wide-range of relevant issues such as breast-feeding, health, pre and postnatal nutrition and community resources. Below are the many ways this funding is used to support expectant families and/or families with young children:
- The following programs are offered by CAPC through Catulpa Community Support Services:
- **Young Parent Support:** Pregnant or parenting youth find emotional support, practical help and access to basic needs in the informal atmosphere of a Young Parent Resource Room. Outreach is provided throughout Simcoe County in schools, home and coffee shops ensuring that all pregnant and parenting youth have access to available supports.
- **Food Skill Building and Meal Clubs:** Each month more than 60 young parents and their children join together at one or more of the Young Parent Supper Clubs to prepare and share a meal together.
- **Parenting Programs:** Each site provides supports to parents to assist in strengthening parenting skills and the parent-child relationship.
- **Integration to Canadian Society Program:** The Integration to Canadian Society Program assists and supports newcomer parents and their children with the successful integration into Canadian society and the school system. This program helps parents to recognize their role, their rights, and responsibilities as residents and parents in Canada through a variety of culturally sensitive programs and supports. Parents gain knowledge through workshops that cover topics such as: car seat/seatbelt laws, Talk to Your Child in Your First Language, immunization, Getting Ready for K, attendance, high school, early warning letter, etc. A summer school readiness program is provided to newcomer children entering Junior or Senior Kindergarten in the month of July.
- **Early Learning Programs:** Many of the programs provided by CAPC sites have a specific focus on enhancing children's early learning skills. Examples of such programs include: Connect with Your Baby, You and Your Toddler, Preparing for Kindergarten, and Success in Kindergarten.

## Simcoe County Infant Development Program

- Programs are designed to serve infants and young children who are at risk of or identified with a developmental delay and their families. The target populations include established risk (diagnosed disorder), biological risk (early events which may affect an infant's development), and psychosocial risk (vulnerabilities which may be magnified by environmental factors) which accompanies established or biological risk. The Infant Development Program is primarily a home visiting program. Limited service is offered in community settings such as OEYC programs and Outreach playgroup settings established in high risk communities.

- Infant Development workers assess infant development and family functioning and work collaboratively with a multiple disciplinary team to provide an integrated Individual Family Support Plan for families.

## Early Screening and Assessment Activities

### Simcoe County Early Screening Matters Initiative

- **The Simcoe County Early Intervention Council** engaged the community to develop an early developmental screening protocol. The intent is to provide broader screening capacity within the system so that screening is a regular and expected part of community programs which service children. Licensed child care centres, Ontario Early Years Centres (OEYC), and Community Action Program for Children (CAPC) introduce families to Early Screening Matters initiative at registration.
- At registration, developmental milestone information and The Nipissing District Developmental Screen (NDDS) is shared with families as a “conversation starter”. If a concern is found or if a concern is raised by either the parent or Early Learning Professional, the next step is to administer the Early Referral Identification Kit (ERIK) together with families.
- ERIK is a “practice-informed” tool created by York Region Early Intervention and York Preschool Speech and Language, adapted by professionals from Simcoe County Early Intervention and Children’s Development Services in Simcoe. Simcoe County professionals collaborated to build referral pathways to support identification of children who may benefit from multiple services as early as possible, facilitating a system vs. a service based response
- The ERIK is unique in identifying red flags and atypical aspects of development. In Early Learning Centre (ELC), Early Childhood Educators (ECE) complete developmental screenings (note: ERIK is not a validated tool at this time).
- Parents are informed that should they have any concerns about their child’s development the early learning professional can sit down together with the parents and complete an ERIK. Alternatively, if early learning professional has concern, they can approach the parent with the ERIK.
- Agencies using ERIK fax any referrals to Royal Victoria Regional Health Centre intake office which triages the referrals to the correct agency/service. At this point a shared electronic record is created when more than one referral is suggested to support service coordination. ERIK referrals from the Early Screening Matters Initiative are tracked.

### Simcoe Muskoka District Health Unit: Healthy Babies Healthy Children (HBHC)

- HBHC offers support in the home (assessment, teaching, referral and service coordination) for every child and parent identified with challenges to provide opportunities to achieve healthy pregnancy, nutrition and feeding (including breastfeeding), healthy child development, safety, adjusting to parenthood, accessing community resources , and more. These visits are done by public health nurses and lay home visitors who work with families, offer health information and support, and connect families to parenting services in the community.
- Public Health Nurses (PHN) and Family Home Visitors (FHV) and work with families to complete the NDDS to help start discussion of healthy child development. The Ages and Stages Questionnaire 3 (ASQ-3) is completed by parents with PHNs if there is a concern and

the appropriate referrals are made directly from HBHC to the agency or service deemed appropriate by the Nurse.

- The Nursing Child Assessment Satellite Training (NCAST) “Promoting Maternal Mental Health during Pregnancy” and “Keys to Caregiving” are used to provide tools for staff to promote positive growth and development with a special emphasis on maternal and infant mental health promotion and parent-child attachment.
- The NCAST Parent-Child Interaction Feeding and Teaching Scales are used by PHNs to provide valid and reliable assessments for measuring parent-child interactions. The results from these strength-based tools are discussed with families and guides interventions for enhancing parent-child relationship.

## **Simcoe Muskoka Child, Youth, and Family Services (SMCYFS - formerly known as Simcoe Children’s Aid Society)**

- Some, not all, staff use the Infant Assessment Framework to determine strengths, needs, risks and protective factors within a developmental context;
- Additionally, some but not all staff use the NDDS within the agency. SMCYFS has a made a commitment to become active in the ESM initiative through their Early intervention Services.
- For young children in the agency’s care the Ages and Stages 3 Questionnaires (ASQ-3) and Ages and Stages Questionnaire Social Emotional (ASQ:SE) will be used once embedded in the Action Assessment Record (AAR).

## **New Path Youth and Family Services**

- New Path Youth and Family Services offers early years services to families with children up to 6 years of age who are experiencing social, emotional or behavioural problems. The following services/programs are offered at New Path Youth and Family Services:
  - ✓ Parent & Child Groups (Incredible Years Parent Group and Incredible Years Small Group Dinosaur Treatment Program)
  - ✓ Intensive home-based counselling (for up to a 6 month period)
  - ✓ Consultation with a multi-disciplinary team if appropriate
  - ✓ Service coordination with other agencies
  - ✓ Supportive services while you wait
  - ✓ Follow-up consultations
  - ✓ Referral to other community services if appropriate
  - ✓ New Path is using the ASQ:SE.

## **Simcoe Infant Development Program**

- Infant Development Programs use the following tools for assessment and planning and Individual Family Service Plan development:
  - ✓ ASQ and ASQ:SE
  - ✓ The Bayley Scales of Infant and Toddler Development, third edition



- ✓ Brigance Inventory of Early Development II
- ✓ Portage: Child Development Tool for Observation and Planning
- ✓ Sensory Profile 2
- ✓ PICCOLO
- ✓ The Carolina Curriculum
- ✓ CSBS DP Infant-Toddler Checklist
- ✓ Edinburgh Postnatal Depression Scale
- ✓ Battelle Developmental Inventory 2nd edition
- ✓ M-CHAT

## Physician Enhanced 18 Month Well Baby Visits

- 18 month Well Baby Visits with physicians to assess infant development are available but not occurring consistently.

## Early Intervention Services

### Simcoe Muskoka District Health Unit: Healthy Babies Healthy Children (HBHC)

- HBHC offers home visiting programs to families deemed to be at risk for poor developmental outcomes.
- HBHC creates a Family Service Plan for each family that supports parents and ensures stronger service coordination and integration for home and clinics. One plan includes several components to prioritize needs and strengths.
- HBHC offers support in the home (assessment, teaching, referral and service coordination) for every child and parent identified with challenges to provide opportunities to achieve healthy pregnancy, nutrition and feeding (including breastfeeding), healthy child development, safety, adjusting to parenthood, accessing community resources, and more. These visits are done by public health nurses/ lay home visitors who work with families, offer health information and support, and connect families to parenting services in the community.
- Positive Parent Program (Triple P) is also offered through HBHC
- The “Partners in Parenting Education” (PIPE) activities are used across the province within HBHC to complement the NCAST assessments and support the enhancement of parent-child relationships.

### Simcoe Muskoka District Health Unit

- Roots of Empathy: Roots of Empathy focuses on raising levels of empathy, resulting in more respectful and caring relationships and reduced levels of bullying and aggression. Roots of Empathy is offered in selected schools in SCDSB, SMCDSB and TLDSB, as identified by the Boards. Observations of a loving parent-child relationship give children a model of responsible parenting.

- Muskoka Post-Partum Peer Support Group: This web-based peer support group can be accessed by women across Simcoe and Muskoka to provide additional support to clients identifying with mild to moderate adjustment issues related to the postpartum period. Neither professional mental health nor medical advice is offered through this service. Supporting women experiencing mild to moderate adjustment issues may help improve adjustment to parenting and the promotion of healthy parent-child interactions.
- Triple P: a parenting program to support parents to engage with their infants and children in positive ways. Triple P is offered in a variety of ways throughout Simcoe County in groups, and individually.
- Breastfeeding Place: Peer breastfeeding support groups, facilitated by Public health nurses and community peers allows parents to connect with each other, receive information and support on parent-infant attachment and breastfeeding.

## Simcoe Infant Development Program

- The Simcoe County Infant Development Program provides in-home services to families across Simcoe County with infants 2 years of age or under who are at risk of or who have been identified as having a developmental delay.
- A child may be referred by parents themselves or by community professionals with parent's consent.
- Recognizing that the family is the primary source of support and nurturing for the child, intervention on behalf of the child is family-centered and directed. Through play, the infant's strengths and needs are identified and appropriate activity suggestions are provided in order to support their optimum development. Parental guidance and support as well as suggestions to encourage and promote healthy parent-child interactions can also be provided.
- As specialists in infant development and infant mental health, Infant Development Workers will assist the family to:
  - ✓ Identify the child's and family's needs.
  - ✓ Develop an Individual Family Service plan, focusing on the family's goals and include specific activities that address the child's developmental needs.
  - ✓ Link to and connect with a variety of professional services offered through the Early Intervention System as needed. These could include a physiotherapist, occupational therapist, speech/language pathologist, family counselling, developmental assessment, and/or behavioural intervention.
  - ✓ Co-ordinate services as needed in order to provide a team approach.
  - ✓ Access funding or special subsidies that may be available.
  - ✓ Connect you with local parent support groups and parent education opportunities as available.
  - ✓ Transition to Preschool Resource Services if needed.  
(<http://www.simcoecommunityservices.ca/preschool-services/simcoe-county-infant-development-program>)

- Services are available throughout Simcoe County with our main office in Barrie and satellite offices situated in Bradford, Collingwood, Midland and Orillia. There are no costs involved. This service is funded by the Ministry of Children and Youth Services.

## **Transitional Integrated Program Plan (TIPP):**

- Developed to support children involved in Early Intervention as they transition from preschool to school.
- Gathers information such as the child's strengths and needs from the family and Early Intervention team and shares this information with the school using the shared electronic record.
- Designed to inform the development of the Individual Education Plan (IEP) and serve as an initial school plan.

## **Simcoe Resource Teacher Program**

- The Resource Teacher Program provides services to child care programs and families with children between 2 years of age and school entry, who are experiencing a barrier to development or are at risk of doing so.
- Services to children are offered primarily in Licensed Child Care settings and services are offered to families through regular meetings at OEYC locations, in their home or at the agency office location, to support them in their role as the primary decision makers for their child.
- All interventions, whether child or family focused, are based on strengths and are documented by use of an Individual Family Service Plan (IFSP). The IFSP articulates the child and family goals with specific strategies to determine outcomes. Goals often contain cross disciplinary objectives and are prioritized to respect the values of the family and to meet the most critical needs of the child at home, in preschool and in the community, to ensure full participation. An IFSP is in place six weeks after a child has become actively involved in the service and a full report based on formal and/or informal assessment findings is completed annually.
- Resource Teachers will develop a written Statement of Relationship with the Childcare centres they serve to establish goals and direction for the partnership. The Statement of Relationship will include:
  - ✓ Direct involvement in the program based on minimal sufficiency for optimal outcomes
  - ✓ Consultation Services
  - ✓ Sharing of resources
  - ✓ Joint planning of meetings/case conferences
  - ✓ Training needs and opportunities for childcare staff
  - ✓ Problem Solving Strategies
- Resource Teacher Programs facilitate home visits using "Best Practice Guidelines for Home Visits" as developed by the Early Intervention Council.
- Services to support children in regulated childcare will be determined using a Service Level Continuum Chart and may include the following methods of delivery:

- Consultation: Resource Teachers offer this specific service that is time limited and varied based on the defined Consultation Service Model. Consultation Services may include:
  - ✓ Coaching of Early Childhood educators
  - ✓ Modelling of specific interventions and techniques
  - ✓ Observation of children with special needs for recommendations
  - ✓ On-site Meeting participation
  - ✓ Inclusion plan reviews
  - ✓ Service Coordination
  - ✓ Team meeting participation
  - ✓ Assist in developing program plans
  - ✓ Program/Curriculum modifications/adaptations
  - ✓ Classroom modification
  - ✓ Transition to school planning
  - ✓ Off-site training workshops for Early Childhood educators
  - ✓ Provide parent education/workshops
  - ✓ Mentoring (new programs)
- Direct Service Includes:
  - ✓ 1 to 1 interaction for defined time in a childcare program with the goal to move to consultation model (supporting specific room, period of day, mediation, therapy)
  - ✓ Case Management
  - ✓ Home Visits
- School Transition Follow-up: This is offered for up to three months when children enter the school system to ensure a smooth transition. The Resource Teacher may visit the school or consult with the teacher.
- Assessments: Assessments are regularly completed by Resource Teachers. These may include the Bracken and Sensory Profile, the Portage Checklist, Brigance, etc. Informal observations by the Resource Teachers, family and Early Childcare Educators may also form part of an assessment.
- Community Education/Training: Presentations to parent groups, various college programs and other professionals or in-service training to childcare programs may be offered as requested.

## **New Path Youth and Family Services**

- New Path Youth and Family Services offers Early Years Services to families with children up to 6 years of age who are experiencing social, emotional or behavioural problems.
- Parent & Child Groups (Incredible Years Parent Group and Incredible Years Small Group Dinosaur Treatment Program).

- Intensive home-based counselling (up to a 6 month period).
- Consultation with a multi-disciplinary team if appropriate.
- Service coordination with other agencies.
- Supportive services while you wait.
- Follow-up consultations.
- Referral to other community services if appropriate.
- The Incredible Years Small Group Dinosaur Treatment Program which looks at social emotional development, social skills, regulation, and behavioral concerns for children four and up.
- Triple P programs are available for parenting support at New Path and other agencies in the community including the health unit. They are using toddler and preschool components.

## **Children's Development Services - Royal Victoria Regional Health Centre**

- Provides children and their families with a wide range of services and supports both in the clinic and community to help them develop to their fullest potential.
- Provide Occupational Therapy Services for Barrie, Innisfil and Bradford.
  - Provide Speech Language Pathology Services across Simcoe County with offices in Alliston, Barrie, Bradford, Collingwood, Midland & Orillia.
- Offers integrated models of education, assessment and intervention. Speech Language Pathologists and Occupational Therapists assess jointly and prepare a joint assessment report and intervention plan.
- Responsive parenting is inherent in the parent coaching models of intervention.
- Hanen programs are regularly delivered to families across the county including: It Takes Two to Talk, Target Word, More Than Words, Talkability.
- Assessment and intervention services in French. Integrated education for parents and early learning professionals is offered in French.
- A full time Speech Language Pathologist is devoted to early identification and education activities across the county of Simcoe. This SLP acts as the lead for the Early Screening Matters Initiative as well as delivering a wide range of education opportunities often in conjunction with Occupational Therapist and/or a Resource Teacher. Learning Language & Loving It - The Hanen Program for Early Childhood Educators is also delivered by this SLP.

## **Children's Therapy Services - Orillia Soldiers' Memorial Hospital**

- Offers Occupational Therapy Services in Alliston, Angus, Collingwood, Midland and Orillia. Services are delivered in a variety of settings.

- Offers Physiotherapy across the county of Simcoe. Services are delivered in a variety of settings.

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

- Best Start Network of Simcoe County: An example of collaboration among service providers is the Community Integration Leaders Initiative which was endorsed by the Best Start Network.
- As a strategic and innovative response to the need to provide more integrated, coordinated services closer to home, parents and service providers in Simcoe and York advocated the provincial government to form the Children's Treatment Network. The Network's goal is to create a new service delivery model that links existing service providers across sectors so they can take a team approach to each child's care. The Children's treatment Network was the lead agency for the Initiative.
- Early Screening Matters Initiative is used universally by those agencies providing children's development services across Simcoe County and learning modules were purchased to support this work through the CIL Project.
- Early Intervention Services and Simcoe School Board collaborate with the Transition Integrated Program Plan (TIPP) which are used to support children involved in early intervention services as move from preschool into the school system.
- There is a Learning Management System (LMS) in place and used by the ELC community (Child care, OEYC, HBHC, Public Health Nurses, Early Intervention Services).
- The Simcoe County Early Intervention Council has created integrated support materials for families and the broader system including an Early Intervention shared website and parent handbook. [www.earlyintervention.simcoe.ca](http://www.earlyintervention.simcoe.ca)

### **Best Start Network of Simcoe County is a children's planning table of the Child Youth and Family Services Coalition of Simcoe County:**

- Prenatal, Infant, and Early Years Mental Health Task Group (Best Start Network subgroup) was established which include the various sectors working with infants, toddlers, and their families.
- Simcoe Infant Development Program accessed and coordinated in partnership with resource teachers, home visitors, child care, OEYC, HBHC, and school transition agencies.
  - Prenatal-Infant and Early Years Mental Health Task Group, LHIN Child and Adolescent Mental Health Steering Committee collaboration for IMHP professional development.
- Best Start Early Years Professional Development Committee is a collaboration for professional development for childcare, JK/SK teaching teams, special needs resourcing and other early years providers
- Shared electronic records are used when the need for multiple services is identified.

# Simcoe County

- There is currently an Aboriginal Children's planning table (Biinoojinsag) in Simcoe County which meets monthly. First Nation Metis Inuit members are also present at Best Start Network and planning tables.

## Short Term Opportunities to Enhance Core Prevention and Intervention

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

- Promote existing and implement more multi-sector opportunities for staff to be coached on how to communicate and share information with parents about normal development and developmental concerns.
- Explore the development of parenting messages on child development (using a universal language) to be shared on social media by agencies.
- Explore effective outreach methods for agencies working with vulnerable families in high risk situations
- Explore and review what resources are available on developmental milestones that could be promoted online or face to face with families as a consistent resource for parents and professionals.
- Ensure families that are waiting for intensive services are provided with interim resources and strategies they can use to support their child's development while they wait.
- Identify pre-existing campaigns using locally developed key messages (based on the science) and explore funders to promote and advocate the importance of Parent- Child relationships, accessing developmental screenings, engaging and empowering parents, healthy development, parental mental health and impact on infants and toddlers.
- Support the development of Best Start Child and Family centres to address the needs of vulnerable families in Simcoe Country.

### Early Screening and Assessment Activities

- Broaden and implement opportunities for physicians and other health professionals to become aware of infant and parental mental health through education (through CME credits).
  - Explore and identify ways to increase early screening opportunities across sectors (physicians, early learning and care settings etc.).
- HBHC and SMCYFS are committed to formally becoming a part of the ESM initiative as well as, train staff on the ESR (Electronic Shared Record), the Preschool CANS and the Common Assessment Framework
- Continue to support the Community Learning Library to continue efforts in module development for the Early Screening Matters Initiative.



## Collaboration

- Explore and create a universal one page document for physicians to use during visits; all agencies in the region will have this document that includes key messages about the importance of relationships for babies.
- Expand Simcoe County Prenatal Infant and Early Years Mental Health Task Group to include FNMI community, Francophone community, midwives, doctors, parents, and other professionals in the community to the table. (Identify parents who can be invited to the table).
- Communicate and align the work of Simcoe's Prenatal Infant and Early Year Mental Health Task Group with the Special Needs Strategy.
- Create a package and executive summary for Special Needs Strategy and Service integration tables to highlight key points and recommendations made.
- Advocate for government/agencies to address the impact adult mental health has on infant mental health.
- Have IMHP attend Local Health Integration Network (LHIN) meeting to discuss the initiative completed by Simcoe Prenatal Infant and Early Years Mental Health Task Group in June. Look to share the report with a broader group of agencies.
- Explore and work toward the inclusion of a parent at the task group.
- Expand involvement with First Nation, Métis, Inuit and Francophone partners through the Best Start Network to review the report and ensure that it is inclusive and respectful to the specific needs of FNMI and Francophone families in the county.
- Coordinate a meeting with Adult Mental Health Services including the FNMI service lead.
- Explore further how the ESM initiative can be more inclusive and reflective of population of the country.

## Long Term Opportunities for Core Prevention

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### Supports for All Families with an Emphasis on Those at Risk

- Explore opportunities to enhance the development of a model that supports family time through parent education and coaching applicable or adaptable to a variety of settings including child protection and Ontario Early Years Centres.
- Enhance a county-wide strategy to support infant feeding and general nutrition from birth to five, including the Baby Friendly Initiative (BFI).
- Broaden mandates of agencies to include prenatal components.

### Early Screening and Assessment

- Explore the ideal intervals for screening to occur.
- Explore and identify all current services that provide developmental screening including infant and early mental health.
- Identify and document which agencies are using what screening tools and the protocol followed by each when there is a developmental concern.
- Explore what other services or agencies could explore the implementation of developmental screening including infant and early mental health.
- Create a process to recognize the risk for early mental health and respond with appropriate services.
- Create a process to evaluate the Early Screening Matters initiative including the ERIK tool
- Explore how ERIK can include a stronger focus on infant and early childhood mental health concerns.
- Continue to roll out and implement the pre-school CANS tool and the Common Assessment Framework.

### Early Intervention

- Identify strategies to increase the system capacity for referrals to be followed up and coordinated both universally, early/ indicated intervention, and treatment including but not limited to the use of the shared records system.
- Explore how the shared records system can be used by those currently not using it to enhance coordinated referrals, early intervention and treatment.

- Create and implement an updated 'transition to school' plan before the child enters kindergarten so all are aware of any new information from May to September.
- Strengthen service coordination for children transitioning from one system to another such as from preschool to school to ensure continuation and consistency.
- Explore and identify current infant mental health experts within sectors and share this information at the Best Start Network table. This may include a discussion about what criteria would identify any individual as an "infant mental health" expert.

## Collaboration

- Include physicians and midwives in the process of Shared Records, Early Screening Matters, and other early identification initiatives.
- At local teams, determine what could be done to engage all practitioners and clinicians to create a more robust team and strengthen and expand relationships.
- Identify opportunities to leverage agencies who have established relationships with families when sharing plans for care.
- Advocate for a parenting course in school and high schools to teach child development, families/parenting, and life skills (including Roots of Empathy).
- Maintain a strong focus and commitment to ensuring culturally and linguistically competent services, supports and processes for families.

## Strengthening Data Collection/Statistical Analysis and Assessment

- Determine what information is currently being collected by agencies to help learn where in the region families are accessing services and where there is less involvement.
- Explore a provision within the Early Screening Matters Initiative that allows new information that would be relevant to professionals/clinicians to be prompted for relevant practitioners with an alert message.
- Explore a plan that uses a universal tool to capture family/child, assessment, referral, and screening information.
  - Explore how technology can be used to increase information gateways for families.

## Competencies for Practice in the Field of Infant Mental Health

### What is Happening in Simcoe Today

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- Over 25 agencies from across Simcoe County and across many disciplines (health, education, early learning and care, child protection etc...) are engaged in the Infant Mental Health Community Training Institute, integrating the knowledge presented on varying infant mental health topics into practice. This was funded by the LHIN and the County of Simcoe.
- The Best Start Network member agencies established the Early Years Professional Development Committee to better coordinate activities, services and professional development. The County of Simcoe contributes substantial funding through a capacity building envelope provided by the Ministry of Education to address training needs for licensed child care and Early Years partners in Simcoe County.

### Knowledge

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- The Best Start Network and Professional Development committee facilitate infant mental health knowledge in the county. For the last three years, the Best Start Professional Development survey has indicated priority be given to training opportunities in early year mental health.
- There is an annual “We Are Strong Together” conference for Early Years professionals.
- Through the Royal Victoria Regional Health Centre, Preschool speech services deliver workshops on topics of interest to ECEs and OEYC. Simcoe CAS uses the high-risk infant curriculum (developed by OACAS) available for child protection staff
- Through Best Start, Early Intervention Services can create a Service Pathways Mapping which is available for children in the county.
- 3 modules (Early Screening Matters, Developmental Screening Tools, Sharing Developmental Information) are currently available on our locally developed learning management system. These 3 modules are also available in French. These modules are also being adapted for and by the First Nation, Metis and Inuit Practitioners.

## Skills

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- Within Simcoe Muskoka Child Youth and Family Services, there are some staff who are trained to deliver Watch, Wait and Wonder which is an attachment intervention. As well the agency delivers an Anti-Oppression practice training to increase staff's understanding of the dynamics of privilege, power, oppression and social location, how her/his own social identities impact their interactions with clients and colleagues and to understand that being a change agent and an ally is integral to the role of Child Welfare Workers. Additionally, the agency has developed a policy and framework for the delivery of supervision.
- Kindergarten teachers are equipped with education kits on self-regulation.
- Professional Learning Communities (PLC) are teaching kindergarten staff how to work with special needs children in a full day play based kindergarten setting.
- Infant Development Team and HBHC have been trained on attachment and methods for staff sharing ways to use this knowledge in their practice with families.
- Early Literacy Specialists provide skills based workshops to services across the county on "Reading With Children"

## Short Term Opportunities for Competencies

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### Knowledge Building for Professionals

- At the Best Start Network, Child, Youth, and Family Coalition of Simcoe County and LHIN community meetings, initiate a dialogue about parental mental health and how that can create developmental vulnerability for infants and toddlers.
- Create and promote relevant training opportunities for all sectors annually.
- Strengthen the opportunities for cross disciplinary, collaborative professional development training using the Best Start Network Table to share opportunities.
- At the Coalition Table, create a mechanism so experts from one agency can provide some training to other agencies that may want to strengthen that particular area.
- Explore how we can create infant mental health experts and champions within agencies and the region.

### Skill Building for Professionals

- Create an opportunity to debrief what was learned from IMH Community Training and how the information was interpreted from different sectors and how it can be practiced.
- Enhance the Best Start Service Mapping Tool to identify further mental health services for referrals – <http://maps.simcoe.ca/Public/?MODE=theme&THEME=BESTSTART>

## Long Term Opportunities for Competencies

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### Knowledge

- Determine long term sustainable strategies and opportunities to support practitioners as they apply what they learned through IMH Community Training.
- Explore how to engage supervisors to be a part of conversations about service integration around the new knowledge from community training.
- Gain support and develop strategies to evidence based practices/programs to assist with manageable caseloads.
- Advocate to provide sufficient resources to support infant, child and family mental health.
- Explore ways to strengthen empathy, culturally competent, and linguistically competent capacities within staff.
- Have the system incorporate a strategy of empowerment for parent/caregiver- this can be built into competencies.

### Skills

- As a community, we would like to strengthen knowledge, capacity, and skills in the following areas:
  - ✓ Trauma informed practices among more disciplines and services.
  - ✓ Child focused intervention within a parental mental health context that is coordinated.
  - ✓ Supporting parent-child relationships for families experiencing antenatal mood disorders.
  - ✓ Evidence based practices and programs – ensuring we are using interventions and programs that have been evaluated.
  - ✓ Responding to parental mental health concerns in a timely way with age appropriate interventions.
  - ✓ Capacity for staff engagement with families in a collaborative way in other agencies/ services/ programs
  - ✓ Adopt a supervision model that is specific to an infant mental health context.
  - ✓ Create a community based mentoring calendar amongst professionals which would include job shadowing, professional development events and staff swapping opportunities to assist in strengthening observational skills specific to infant mental health. This could enhance skills but also enhance understanding among disciplines about roles and scope of practice.

- ✓ Enhance the skills of practitioners and clinicians to make observations of infants, toddlers and their development within the context of infant mental health with a clear protocol established.
- ✓ Create a collaborative practice with adult mental health practitioners, strengthening the bridges between community agencies and adult mental health services.
- ✓ Acknowledge the needs to strengthen the capacity and resources to provide family counseling
- ✓ Increase skill and capacity for all staff working with young families in the area of engagement and relationship building with vulnerable individuals and families.



## Organizational Policies & Practices

### What is Happening in Simcoe Today

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Within Simcoe County, many agencies are trained on cultural sensitivity and awareness. Having this knowledge and understanding, allows agencies to respond more effectively to the needs of each client's unique cultural. Particularly as a community, we are looking to strengthen our understanding of the First Nation, Metis, Inuit community and the Francophone community to better respond to their needs.

### Short Term Opportunities for Organizational Policies & Practices

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#### Knowledge Mobilization for Professionals

- Explore how to build capacity in staff specific in infant mental health as new staff are hired.
- Adopt the Zero to Three Definition of *Infant Mental Health* and identify where it needs to be included across the region.

### Long Term Opportunities for Organizational Policies & Practices

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#### Service Delivery

- Assess if the hours of operation at our agencies are accommodating for different types of family services.
- Explore ways to create more flexibility within agencies to accommodate individual family needs.
- Work towards service integration.

#### Knowledge Mobilization for Professionals

- Enhance knowledge and awareness of vicarious trauma to practitioners.
- Voice and request support at Best Start Network to explore compliance with the Children's Charter in Simcoe County.

## Data Collection

- Create and implement a staff survey on organizational policies and practices for agencies working with infants and toddlers for each community. IMHP would develop the survey based on the needs determined by the community from out organizational policies and practices document. The outcome of the survey would be used to support and emphasize the need for the development of agency policies and procedures that support practitioners and clients.

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