



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

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# **COMMUNITY REPORT**

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

**THE INDIGENOUS COMMUNITY OF  
SIMCOE COUNTY, ONTARIO**

Infant Mental Health Promotion (IMHP)  
The Hospital for Sick Children, Toronto  
June, 2017

**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 the Indigenous Community of Simcoe  
County**

Infant Mental Health Promotion (IMHP), The Hospital for Sick Children, Toronto  
June 2017

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Barrie Area Native Advisory Circle  
Barrie Native Friendship Centre  
Centre de santé communautaire Chigamik Community Health Centre  
Community Living Huronia: Preschool Resource Services  
Enaahchtig Healing Lodge  
Enaahchtig Aboriginal Community Mental Health Program  
Georgian Bay Native Friendship Centre: Young Children and Family  
Georgian Bay Native Friendship Centre: Akweigo  
Georgian Bay Native Women's Association  
Georgian College Early Childhood Education  
Métis Nation of Ontario Community Wellness  
Métis Nation of Ontario Healthy Babies Healthy Children  
Ontario Early Years Centres of Simcoe County  
Orillia Native Women's Group  
Perinatal Mood Disorder Coordinator- Orillia Soldiers Memorial Hospital  
Public Health Agency of Canada  
Simcoe County Community Action Program for Children and Canada Prenatal Nutrition Program  
Catulpa Community Support Services  
Simcoe County District School Board FNMI Education Department  
Simcoe Muskoka District Health Unit  
Simcoe Muskoka Family Connexions First Nations Métis Inuit Unit Protection/ Resource Team

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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.excellenceforchildand youth.ca/sites/default/files/policy\\_early\\_years.pdf](http://www.excellenceforchildand youth.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 that were selected in 2015 for the pilot:

- Niagara

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

In 2016, eight community tables were held across Canada. The communities who hosted a table include:

- Langley, British Columbia
- The Lac La Ronge Tri-Community (La Ronge, Air Ronge, Lac La Ronge Indian Band), Saskatchewan
- The Indigenous Community of Simcoe County, Ontario
- Timiskaming District, Ontario
- Algoma, Ontario
- Etobicoke, Ontario
- East York, Ontario
- Durham Region

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 candor 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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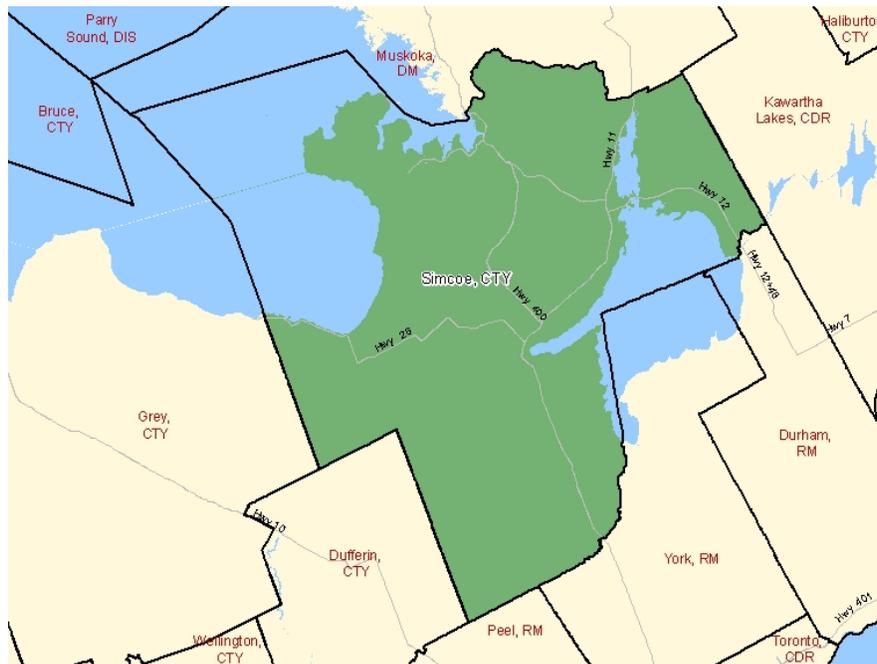
# **Supporting Infant Mental Health in the Indigenous Community of Simcoe County**

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## About the Indigenous Community of Simcoe County

“Simcoe District” was established in 1843 by the Legislature of Upper Canada. Today, the Corporation of the County of Simcoe is comprised of sixteen towns and townships. The County has a population of 446,063 people, of which 23,350 are aged 0-4 years old, is the second largest County based upon population and third largest based upon physical size in Ontario (County of Simcoe, 2014; Statistics Canada, 2011).



The Barrie Area Native Advisory Circle’s (BANAC) report (2016) titled Community-Based Mapping of Indigenous Children and Youth Services in Barrie/Midland Region described the following:

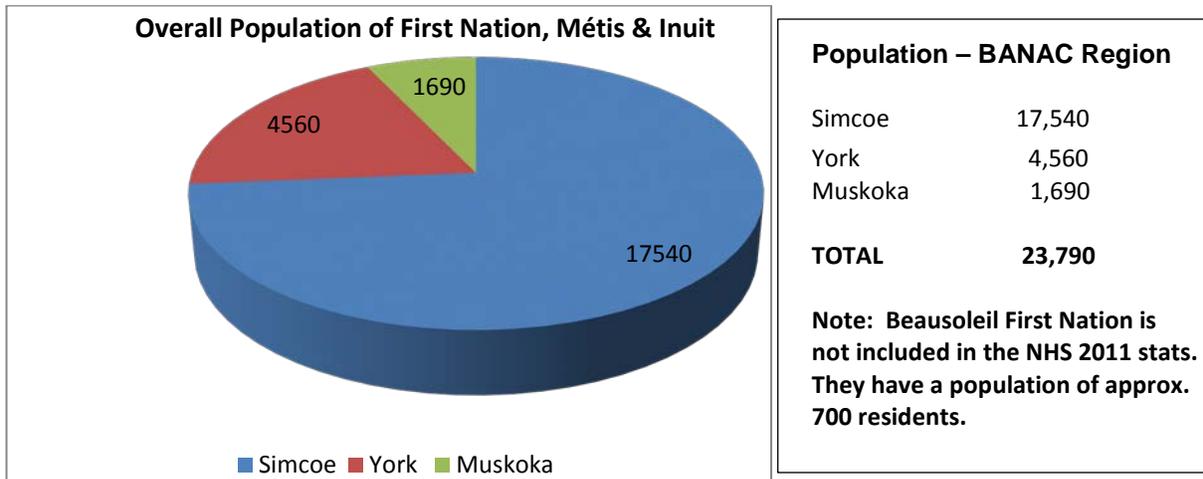
### Demographic Profile

The Barrie Area Native Advisory Circle, (BANAC), catchment area is the Simcoe County, York and Muskoka district. It is home to 5 First Nation communities (Rama, Beausoleil, Wahta, Moose Deer Point, Georgina Island), 2 Friendship Centres (Georgian Bay and Barrie), 1 Healing Lodge (Enahtig), 4 local Native Women’s Groups (Georgian Bay, Orillia, Rising SUN, York Region), Regional Aboriginal Women’s Transitional Housing (BRAWC), 1 Equine Therapy Program (Mistatim), 4 Housing Groups (SUN, Huronia, Infinity Property, Endaad), 2 Métis communities (Georgian Bay Métis Council and Moon River Métis Council) and a local Métis Nation of Ontario office.

The National Household Survey/2011, (NHS) reports an Aboriginal population of 23,790 for this region. Of these, 12,915 or 54% identified as First Nations, 9,855 or 42 % identified as Métis, 220 or 1 % identified as Inuit and other Aboriginal identity accounted for 800 or 3%.

Breakdown of **First Nation, Métis & Inuit (FNMI)** population for the Simcoe, Muskoka and York region is demonstrated in the following table. (Note: Aboriginal peoples of Canada are defined in the Constitution Act, 1982, section 35 (2) as including the Indian, Inuit and Métis peoples of Canada.) (p. 6)

# The Indigenous Community of Simcoe County



(p. 6)

Chansonneuve and Hache's (2013) Indigenous Cultural-Linguistic Framework described the following:

## A Unique History

For millennia, the lands now known as Canada were home to many Nations of Indigenous peoples with distinct languages, cultures, and worldviews. Population estimates prior to sustained European contact in 1500 range from 500,000 to over two million. While all other 'diversity' groups in Canada share a history of themselves or their ancestors immigrating, settling and adapting to life in a new country and climate, Indigenous people's history stretches back many thousands of years before European arrival. Indigenous history tells of this time, when forms of governance were based on gender equality and consensus decision-making, when remote communities and Nations were connected to each other through trading routes and trap lines, and when hunting, agricultural and medicinal skills were well developed through an intimate knowledge of, respect for, and kinship with the land. (p.6)

## Impacts on Children and Families Today

Today there are approximately three times more Indigenous children in the care of Canada's child protection system than at the height of the residential school system in the 1940's. While Indigenous children represent only five percent of the children in Canada, they constitute about 40 per cent of the children in care. This overrepresentation of Indigenous children and families in the child protection system is symptomatic of a larger crisis for Indigenous people that can be traced to Canada's legacy of colonization, marginalization and oppression. (p.8)

## The Indigenous Community of Simcoe County

The Indigenous Community of Simcoe County table included the following agencies:

- Barrie Area Native Advisory Circle
- Barrie Native Friendship Centre
- Centre de santé communautaire Chigamik Community Health Centre
- Community Living Huronia: Preschool Resource Services
- Enaahdig Healing Lodge
- Enaahdig Aboriginal Community Mental Health Program
- Georgian Bay Native Friendship Centre: Young Children and Family
- Georgian Bay Native Friendship Centre: Akweigo
- Georgian Bay Native Women's Association
- Georgian College Early Childhood Education
- Métis Nation of Ontario Community Wellness
- Métis Nation of Ontario Healthy Babies Healthy Children
- Ontario Early Years Centres of Simcoe County
- Orillia Native Women's Group
- Perinatal Mood Disorder Coordinator-Orillia Soldiers Memorial Hospital
- Public Health Agency of Canada
- Simcoe County Community Action Program for Children and Canada Prenatal Nutrition Program
- Catulpa Community Support Services
- Simcoe County District School Board FNMI Education Department
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# Core Prevention & Intervention for the Early Years

## Highlights from Community Table Discussions

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- Supporting Indigenous families prenatally and during the postpartum period are areas that require attention from many sectors in Simcoe County. This was discussed in a variety of settings:
  - ✓ Education for families and practitioners working with these families should include cultural and traditional teachings.
  - ✓ Mentorship and role modeling from people within the Indigenous community are ways of promoting prenatal and preconception education.
  - ✓ Specifically after the discharge period, breastfeeding activities can be challenging. There are no protocols that support mothers during this vulnerable time. Education at both the professional and community level can to be strengthened to address this. There may be funding required but using a community/collaborative approach can help to determine various resources to assist this. Elders are knowledgeable members of the community who can support mothers during this time, providing in home or community visits.
- There is a prevalence and tendency to use a ‘one-size fits all’ approach by agencies who offer services and programs for children and families which does not allow for flexibility or the incorporation of cultural practices and teachings of Indigenous families.
- Programs that were targeted for Indigenous families such as Aboriginal Head Start no longer exist due to lack of funding despite being effective at reaching families and improving school readiness – there is a strong interest to bring this back to the community.
- The First Nations, Inuit, and Métis Community continues to grow in Simcoe County however services have not adjusted to this increase. There are sparse pockets but a consistent availability of programs and resources for Indigenous children and families is needed across the county.
- There are a growing number of grandparents parenting their grandchildren when their biological parents are experiencing mental health or substance use challenges. This is a factor that must be considered when discussing services intended to support families with young children. Tailoring programs and resources to recognize grandparents as the primary caregiver is required.

# What is Happening in the Indigenous Community of Simcoe County 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 Indigenous Community of Simcoe County community. It is solely based upon the participation of the identified community partners over the two day event. These services are specifically available, targeted, and accessed by the Indigenous Community of Simcoe County.***

## Universal Programs for All Children and Families

***In this area, any programs and services that are intended for all parents/caregivers and children to attend are listed.***

### Barrie Area Native Advisory Circle: Biinoojinsauk Child Care Centres

- Offers child care for the 0-3 age group.
- The centres enhance a positive sense of identity and understanding of the Aboriginal Heritage through a culturally based curriculum. The programming provides for the holistic nourishment of our children. Their spiritual growth, self-esteem, personal validation and identity will be met at our centre. The centres also recognize the need to deliver culturally and community relevant teaching and develop programs that are family centered and culturally appropriate.
- The vision is that children are able to reach their full potential and our communities take on responsibility to ensure this happens. Aboriginal people view the care of their children as one of the most important responsibilities of a community and share the belief that "children are the future".
- At Biinoojinsauk, children should be children and should enjoy developing and practicing their skills while socializing and playing with others. They provide an environment where children gain confidence in their ability to do and make things. The children are guided by responsible teachers; nurturing, giving, caring and a positive influence. They believe children will flourish in a culturally enriched, positive and friendly environment.
- High quality child care is sensitive, responsive, personal, developmentally and culturally appropriate and not custodial. It is also characterized by small group sizes, well trained staff, adequate health, safety and physical environment precautions, high adult to child ratios and stable consistent care giving.
- The goals in meeting and supporting the child care needs of Aboriginal families are:
  - ✓ Recognize the need for Aboriginal children to receive culturally and community relevant teaching and care.
  - ✓ Develop programs that are family centered; educational and community based; culturally appropriate and sufficiently funded to meet the need.
  - ✓ Provide ongoing and continuous care for the children.

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- ✓ Provide for parent involvement through parent council, volunteerism, parent education, parent orientation and planning with parents.
- **Elder Involvement:** The programming is intended to address the holistic development of children and as such, Elders play a vital role in our programs. Elders may participate in the following areas:
  - ✓ **Project Support** – Elders provide guidance to the Parent Council, integrate the use of the sacred medicines and provide teachings, as well as provide input into curriculum development.
  - ✓ **Program Delivery** – Elders and Grandparents are invited attend training for the Nookimis / Mishomis and Mother Goose programs to enhance and implement new skills.
  - ✓ **Classroom Involvement** – Elders may be asked to facilitate and provide smudges, opening prayers, legends, and teachings. They may be asked to provide guidance where required as well as lead with songs and stories.
- **Family Wellness Workers:** The Bebbinot Family Wellness Workers will provide guidance and support to the parent councils of the three Biinoojinsauk Childcare Centres to address child development, life skills, basic needs, parenting, cultural and traditional teachings, in home support, education and intervention and cultural identity.
- **Parent Council:** Parent Councils consist of parents with children currently enrolled in Biinoojinsauk Child Care Centres, grandparents, and parents that have previously had children enrolled in centres and will be guided by the Biinoojinsauk Coordinator and Elders from the community.

### Barrie Native Friendship Centre

- **The Aboriginal Health Babies Healthy Children Program (AHBHC)** offers support to Aboriginal families prenatally and until their child reaches 6 years of age. The program attempts to ensure that all Aboriginal families and their children who need assistance with physical, mental, emotional, and social issues have access to early intervention services. To provide accessible services to families, the program is delivered primarily through home visiting. The AHBHC program is completely voluntary and open to any Aboriginal family that also requests immediate emergency assistance.
- **The Aboriginal Family Support Program** is for children ages 0-6 years old and their families. We offer programs and services which include:
  - ✓ **Community Kitchen, Brown Baggin It and Kids in the Kitchen**, which are hands-on activities that focus on nutrition and encourage healthy family and community interactions.
  - ✓ **The Creative Cultural Play Group** fosters a positive cultural identity through play language, games, and positive peer interaction for both parents and children.
  - ✓ **The Parent Relief** program provides time for parents to engage in self-care, make appointments, etc.
  - ✓ **The Parent Circles** program fosters relationships through a parent-child play group in a cultural setting. It also provides a networking opportunity for parents. The Parent Circles program also integrates access visits for children in care.
  - ✓ The Aboriginal Family Support Program makes referrals, home visits and has case conferences to ensure that all the different needs of families are addressed.

## Centre de santé communautaire Chigamik Community Health Centre

- **Traditional healing programs** are offered on site where Honoured Traditional Healers use traditional Aboriginal approaches to bring about wellness for individuals and/or groups with mental, physical, spiritual and emotional holistic healing needs.
- **Mama Tribe:** mamas nurturing mamas who nourish children. This drop-in breastfeeding peer support group is offered to mothers who are looking for caring, non-judgmental, mother-to-mother support and educational opportunities. Led by trained peer leaders who support, protect and promote breastfeeding, pregnant women, new moms and their babies will have the opportunity to meet other moms in the area, speak with trained peer leaders and visit with special guests including a public health nurse, lactation consultant, nurse practitioner, postpartum mood disorder specialist and many others. Whether mothers choose to bottle or breastfeed, all are welcome to drop by.
- **Breastfeeding Clinic:** This free drop-in program provides education and peer support to mothers who would like advice on feeding their baby. There is a Registered Nurse and Lactation Consultant available to answer questions. Participants can come to learn more about feeding their baby or just to spend time with other moms. There is no need to register, simply drop in.
- **Primary Care:** Chigamik Community Health Centre offers holistic primary health care to registered clients, in English and French, including the services of nurse practitioners, family doctors (physicians), and registered nurses. The culturally respectful services are grounded in the philosophy of client-centered care, striving for individual and community empowerment. The primary care team looks at all the factors that contribute to an individual's health and well-being. Clients within the clinic are assigned a family doctor and/or a nurse practitioner, as well as a nurse. Some of the services primary care provides include pre and post-natal care. During the perinatal process, midwives from Nottawasaga collaborate closely with practitioners and see clients at the Chigamik Community Health Centre.
- **MotherCare & Next Step** programs are offered out of Chigamic weekly. For further information on these programs, see page 14, Chigamic provides space and in-kind dietitian support to the program.

## Ontario Early Years Centres

- Programming includes **Grow With Your Baby**, **Infant Mother Goose**, and **Triple P**.
- **The Getting Ready for K** program is offered to the First Nations Reserves in the community.
- There is capacity to provide OEYC programming on reserves for families.
- **The Best Start Child and Family** Centres include an Aboriginal context within their programming.
- The Mother Goose Program was previously adapted for Indigenous children and families but this could not be maintained due to a lack of funding.

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

*This section will look at the programs and services directed towards infants, toddlers and families who have moderate risk (4-8 risk factors) and few protective factors. For example, programs such as child protection and home-visiting services would be included here.*

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

The Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) programs are federally funded initiatives through Public Health Agency of Canada (PHAC) that are committed to promoting healthy birth outcomes and the healthy development of children. These programs are typically embedded within community based agencies.

##### Orillia Native Women's Group

- Offers a CPNP program for prenatal to postnatal up to 18 months old. The focus of the program is nutrition of mothers and their children which is completed through a variety of activities including a community kitchen and breastfeeding support- tied into attachment and bonding.
- The program provides Traditional Baby Carriers to promote attachment between mother and child.
- Additionally many traditions and cultural ceremonies are available to families at the Orillia Native Women's Group such as naming ceremonies. Families also receive a baby bundle with traditional items that welcome the baby into the world. Including in the baby bundle is a baby shaker which replicates the first heartbeat of the child.
- Elders are invited to the program to connect with the baby and to welcome them into their community. The baby is then held by each member of the community.
- Prenatal yoga classes are available for pregnant women and mothers with children.
- Baby blanket making is offered which passes on cultural traditions.
- Playtime within the program through sensory play supports bonding with mothers with activities that can be done at home.
- One on one maternal support is provided to mothers to those who attend but it can be a challenge to attend programs with limited to no transportation services.
- Local outreach to help support mothers who may not come to the program. It is important to check in whether through phone call/visits.
- A First Nations Doula is currently being piloted at the agency with the opportunity for others to become First Nations Doula to help others to build capacity in the community.

##### Georgian Bay Native Women's Association (GBNWA) - CPNP program

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- The goal of the Canada Prenatal Nutrition Program is to enable communities to develop and/or enhance comprehensive programs to improve the health of pregnant women and their children. The cornerstone of the program is nutrition counselling, education and maternal food and/or nutrient supplementation.
- The overall goal of the CPNP is to improve the health of pregnant women and their children up to six months after birth.
- Objectives:
  - ✓ To provide an opportunity for parents to share their experiences with one another through a parent support circle.
  - ✓ To provide opportunities for parents to practice nutrition teachings and learn to cook within a limited budget.
  - ✓ To provide pregnant women and their children with access to nutrition counselling, assessment and prenatal supplements.
  - ✓ To provide educational workshops focusing on lifestyle issues, FAS and FAE, breast feeding, infant care, exercise and fitness, fetal development, physical, emotional and spiritual changes during pregnancy and the process of childbirth.
  - ✓ To provide postnatal information in order to improve mothers and their children's health and well-being.
- **GBNWA Children's Cultural Program:** This program is dedicated to promoting the Native language, culture, values and traditions while keeping in tune with childhood principles.

The program will provide children the opportunity to participate in a positive learning environment that is culturally sensitive to their own culture and social background. It will allow them to develop at their own individual level. The children will be exposed to situations which will stimulate: Ojibway language, Native arts and crafts, Native culture, values, independence, self-esteem, decision making skills, respect for others and environment, physical activity and communication skills.
- **Parent Support Circles & Parenting Classes:** Parents discuss issues related to parenting and personal growth. Guest speakers and elders facilitate on Native parenting and cultural teachings.
- **Mom and Tot Program:** The program focuses on Ojibway cultural teachings which follow the principles from social, physical, spiritual and emotional development of the child and parent.
- **Special Events & Recreational & Other:** Promote healthy lifestyles by having family picnics, community feasts, family camping trips, field trips, and holiday parties. Ongoing: transportation home visits, advocacy referrals, crisis intervention, outreach services and one on one support.

### Catulpa Community Support Services

- Catulpa is the sponsor/host agency of CAPC/CPNP in Simcoe County. This agency welcomes and offers services to children and families who are Indigenous. For culturally sensitive

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services, the Orillia Native Women's Group offers a CPNP program (description above) and the Georgian Bay Native Women's Association offers a CAPC program (description above).

- For more information on programs and services that Catulpa Community Support Services offers, please refer to the Simcoe County Community Report "Embedding the Science of Infant Mental Health in Practice and Policy".

### Simcoe Muskoka District Health Unit (SMDHU)

- **Health Connection:** A free, confidential health information and advice service. Available by phone, email, Facebook and Twitter.
- **Prenatal classes:** in person and online (coming soon). Includes information about labour and birth, newborn care and comfort, breastfeeding, safety, becoming a parent and much more.
- **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 support groups:** 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.

### SMDHU: Healthy Babies Healthy Children Program (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.

### Georgian Bay Native Friendship Centre

- **The Young Children and Family Program:** (YCFP) is designed to provide Aboriginal families healthy opportunities for the development of their children (0 – 6 years of age) through education, family home visiting, service coordination and referrals. It is a voluntary program open to any Aboriginal family who requests the service. The program ensures that families have access and support, inclusive of early intervention and prevention services. Culturally appropriate and holistic, the program begins during pregnancy and is carried through the critical years of early childhood education. It offers opportunities for healthy childhood development through participant based program activities. YCFP is funded through

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the Ministry of Community and Social Services and the Ministry of Health, in partnership with the Aboriginal Healing and Wellness Strategy.

### **Simcoe Muskoka Family Connexions: First Nations, Métis, Inuit Unit Protection/Resource Team**

- Support for mothers is provided as they access outside services and program. Often individual home visiting services are preferred. Family Connexions promote families to self-refer to the agency and supports clients as they transition between services.
- All early intervention service referrals are done through Royal Victoria Hospital (Barrie south, Collingwood south, there is no FNIM team but there is in the Midland area)
- Pilot with Ontario Early Years and Simcoe Muskoka Family Connexions, Barrie Friendship Centre, OEYC provide space for CAS to have access visits for families. Having access visits at the CAS agency is intimidating for families. Also teaches parent more appropriate ways to feed their children within a family setting. This aligns with the shift to more therapeutic access visits. Family contact workers and resource workers create a supportive parenting plan (this takes away from the home visiting component of the family resource worker).
- **Barrie Native Friendship Centre** have opened up their agency to provide alternate locations for access visits.

### **Métis Nation of Ontario: Healthy Babies, Healthy Children**

- The MNO Healthy Babies Healthy Children Program, funded by the provincial government is a prevention/intervention strategy for families with children aged 0-6. It includes preparation for parenting, prenatal and postnatal care. The goal is to assist all Aboriginal families in providing an environment for the healthy development of children through home visits, service coordination and referrals. The program, which provides support for children at risk, is voluntary and open to any Aboriginal family who requests the service.
- The Program is provided MNO Health Services Workers through local Community Councils located in Kenora, Dryden, Fort Frances, Thunder Bay, Timmins, Sudbury, North Bay, Georgian Bay/ Midland, Baptiste Lake/ Maynooth, Toronto, Windsor/ Essex, and Welland

### **Centre de santé communautaire Chigamik Community Health Centre**

- **Kizhaay Anishnaabe Niin (I am a Kind Man):** At a time when violence is common across communities, this program reminds us that violence has never been an acceptable part of Aboriginal culture. This program embraces the Seven Grandfather Teachings which show men how to live in harmony with Creation through wisdom, love, respect, bravery, honesty, humility, and truth.

This program will provide education to men to address issues of abuse against women, re-establish traditional responsibilities by acknowledging sacred teachings, to inspire men to engage other men to get involved and stop abuse, and to support Aboriginal men who choose not to use violence.

## Early Screening and Assessment Activities

*This section identifies screening and assessment practices in the community. Items identified include developmental screening tools such as the Ages and Stages Questionnaires or parental mental health scales such as the Edinburgh Scale.*

### Royal Victoria Hospital

- The ERIK Assessment and Referrals to Royal Victoria Hospital is often the community procedure when developmental delays or behavioural concerns present with a child under five in Simcoe County. Addressing the social-emotional difficulties is not always included. Lengthy waiting lists are still a concern for the community. Social determinants of health further contribute to the mental health of young children as well as the ability to access services. It is important to note that although the ERIK assessment may be administered by an Indigenous worker, the referrals which are handled by the Royal Victoria Hospital may not necessarily result in Indigenous specific services.
- The CANS tool was previously used in this community with an Indigenous version created and piloted however its prevalence and use currently is unknown. There is a need for a more culturally reflective assessment tools to assess child outcomes and wellbeing.

### CAPC and CPNP

- Offers the Early Referral Identification Kit (ERIK) screens.

### Centre de santé communautaire Chigamik Community Health Centre

- Well Baby Visits are available for families.
- The Nipissing District Developmental Screening (NDDS) Tool is available.
- Nurses within the agencies are using the Edinburgh Postnatal Depression Scale (EPDS).

### Community Living Huronia Preschool Resource Services

- Trained on using the ERIK tool and how to share development information with families.
- Child care consultations available – when there is a concern, they can attend with parents, complete the ERIK and then make appropriate referrals (Speech and Language, Occupational Therapy, etc.) help to build strategies for parents and caregivers.

### Simcoe Muskoka District Health Unit: Healthy Babies Healthy Children

- 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.

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- Public Health Nurses (PHN) and Family Home Visitors (FHV) work with families to complete the NDDS to help start discussion of healthy child development. The Ages and Stages Questionnaire 3 (ASQ-3) is completed by parents with PHNs if there is a concern and the appropriate referrals are made directly from HBHC to the agency or service deemed appropriate by the Nurse.
- The Nursing Child Assessment Satellite Training (NCAST) “Promoting Maternal Mental Health during Pregnancy” and “Keys to Caregiving” are used to provide tools for staff to promote positive growth and development with a special emphasis on maternal and infant mental health promotion and parent-child attachment.
- The NCAST Parent-Child Interaction Feeding and Teaching Scales are used by PHNs to provide valid and reliable assessments for measuring parent-child interactions. The results from these strength-based tools are discussed with families and guides interventions for enhancing parent-child relationship.
- HBHC uses the Edinburgh Postnatal Depression Scale (EDPS) in pre/postpartum visits. This tool is also used by nurses who answer the health connection line.

### **Métis Nation of Ontario: Healthy Babies Healthy Children**

- Prenatal screening available to assess risk of mothers and child. Risk assessments does not assess for mental health conditions.

### **Ontario Early Years Centre of Simcoe County**

- Offers the Early Referral Identification Kit (ERIK) screens.

## Early Intervention Services

***Agencies that provide intensive services for children and families are listed below. For example, programs and services that therapeutically enhance parent-child dyads, that include specialized assessments by trained professionals, and crisis intervention programs.***

***There is a very significant gap in Indigenous services/programs to address infant mental health concerns. The community is working with limited resources to address the lack of service however culturally grounded services are not available in most instances.***

### **Barrie Native Friendship Centre**

- **The Aboriginal Healing and Wellness Coordinator** is responsible for providing services to families and children most at risk in the urban community of Barrie. These services include, but are not limited to: crisis intervention, peer counseling, mediation, advocacy, transportation (limited), referrals to woman and children’s shelters, drug and alcohol treatment centers, therapeutic counseling services, trauma recovery programs, food banks as well as internal referrals to other program staff at BNFC. Also offers Ojibway language teachings and weekly hand drum circles.

## Enaahdig Healing Lodge

- Mental health services and programs for parents and caregivers of the children in the community are available at Enaahdig Healing Lodge
- The Enaahdig Community Mental Health Program provides mental health treatment, care and support to community members as close to home as possible in partnership with other Aboriginal and non-aboriginal service providers (Shared Care).
- An Aboriginal culture based approach is utilized and built upon Aboriginal best practices.
- Some of the types of services offered are:
  - ✓ Family Consultation
  - ✓ Counseling and Psychotherapy
  - ✓ Community Clinical Consultation
  - ✓ Frontline Worker Peer Support
  - ✓ Intensive and non-intensive Case Management
  - ✓ Community capacity building, training, service system liaison and networking
  - ✓ Screening and Assessment, Comprehensive Assessments, Care Planning and Referral.
- Specialized services available for:
  - ✓ Families affected by mental health challenges
  - ✓ Persons affected by Concurrent Disorders (a number of different mental health challenges at the same time; i.e. someone affected by a mental illness and a substance abuse problem)
  - ✓ Children, youth and adults needing aftercare.

## 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

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- 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.

### Community Living Huronia Preschool Resource Services

- **Resource Teacher Program:** provides an active offer to First Nations, Metis and Inuit families living in the geographical service area, with the option of receiving support from a First Nations, Metis and Inuit Resource Teacher. The Resource Teacher Program also offers developmental services to Urban FNMI families with children ages 2 to school entry the choice of receiving support from an FNMI Resource Teacher. This is funded by the Ministry of Education through the County of Simcoe. This will allow the family to receive culturally sensitive consultative services along with keeping connected with the community. Consultation services are also offered in Community Programs and licensed childcare programs like Biinoojinsauk Childcare Centre for children 0-school entry.
- Through a unique contracted partnership with Beausoleil First Nations, CLH provides Resource Teacher support that is funded by BFN that allows for support for families of children 0- 7 years of age who may have concerns regarding developmental delays or special needs. This Resource Teacher Program also provides direct consultative support to Beausoleil Daycare, Christian Island Elementary School and the Mna Bmaadzijig Before and After School Program.

### Individual Family Service Plan (IFSP) &Single Plan of Care (SPOC)

- The IFSP or SPOC is an action plan focused on visions, goals and priorities for your child and family. Through this plan, professionals work together to help a child progress through their preschool years and make a smooth and successful transition to school. The IFSP or SPOC is reviewed as the child develops and is adjusted when new goals or strategies are needed or when circumstances change. There is a commitment to provide all the information needed to make decisions about a child's care and be an active member of the team.
- The plan outlines goals and describes how the various service providers will work with the family and child to achieve them. It notes where services will be delivered – at home, in preschool or in an early learning setting. Some services may be 'hands-on', while others will be more consultative, aimed at training and supporting families and others who see the child regularly to work on specific tasks and activities.

## Treatment

***This section includes formal diagnostic assessments and interventions provided by a highly trained professional in their respective field. This would entail treatment such as interaction guidance or modified guidance interaction, infant-led psychotherapy, and play therapy.***

Many treatments services in the community are intended for parents not the child directly. There are limited options for children’s mental health treatment until they are older (school-age).

### **Simcoe Muskoka Family Connexions: First Nations, Métis, Inuit Unit Protection/Resource Team**

Child and Family Therapy (only provided out of the Muskoka branches) is available to children, youth and their families who are experiencing mental health difficulties and want/need either a short term or longer term treatment. Therapists use a variety of strength-focused and goal /outcome-based therapies to assist children and youth. They also provide some case coordination with other services/service providers (school, other agency services, ACL, medical). Participation in services is voluntary and consent is required.

### **Orillia Soldiers' Memorial Hospital (OSMH)**

#### **Maternal Child and Youth Program**

- The Maternal, Child & Youth program at OSMH provides obstetric and paediatric core services to North Simcoe Muskoka. The program works to partner and collaborate with many other OSMH services and community partners to ensure seamless access to quality care from pre-conception, to prenatal, postnatal and paediatric care.
- OSMH provides regional level paediatric services to a large area consisting of five Level 1 community hospitals. The program includes a 12-bed Paediatric unit and a network of comprehensive outpatient services to support children and their families. Services are provided to infants, children and youth from 0 – 18 years who live in Simcoe, Muskoka, Parry Sound and Haliburton.
- The Maternal, Newborn and Regional Neonatal Intensive Care Unit (NICU) supports the management and care of pregnant women with strong links to our Regional Neonatal Intensive Care Unit. As a result, the program is well equipped to support women experiencing complications associated with pregnancy and labour whereby the services of an advanced Level 2 are required. The NICU is recognized Level 2 Regional facility, ensure the added care and supports are available to ill neonates from our surrounding and immediate area.
- Our Maternal, Child and Youth acute inpatient programs include:
  - ✓ Obstetrics
  - ✓ Paediatrics
  - ✓ Paediatric Outpatient Services
  - ✓ Regional Level 2 Neonatal Intensive Care Unit
  - ✓ Sexual Assault and Domestic Violence Treatment Centre
- The OSMH multi-disciplinary team works diligently to ensure that the safest and best care is provided.
- The Perinatal Mood Disorder Coordinator is funded by the North Simcoe Muskoka LHIN to create an understanding of existing and needed services to support women and their families affected by perinatal mood disorders. The Indigenous steering committee is working to put recommendations forward to the LHIN for culturally safe Indigenous perinatal mood disorder services.

## Regional Sexual and Domestic Assault Treatment Centre

- The Treatment Centre provides emergency medical care and treatment options to victims of sexual and domestic assault. Police involvement is not required to access the service. In a quiet, safe place at OSMH, nurses and physicians provide care and treatment options for victims of sexual assault, domestic violence, and suspected child abuse and neglect.

## Canadian Mental Health Association (CMHA) Simcoe County Branch: Umbrellas Outpatient Counselling

- Through the Umbrellas Outpatient Counselling program, services are provided to women who are pregnant and/or parenting a child 0-6 years of age and who are concerned about their use of drugs (excluding tobacco in isolation) or alcohol.
- Services include assessments (fast-tracked), treatment planning, outpatient groups. Treatment options available include information/education, individual and group counselling, residential treatment, and links with prenatal and other community services.
- Services provided are holistic, woman-centered, based in best practices research, and grounded in harm reduction principles.
- Women may also receive further support with ancillary resources such as nutritional supplements and financial assistance for transportation and childcare. Involvement is voluntary.

## Center de santé communautaire (CSC) Chigamik Community Health Centre (CHC)

- **Mental Health Walk-In Clinic:** The North Simcoe Mental Health Walk-In Clinic is located at CSC Chigamik CHC. This service is a collaborative partnership with Canadian Mental Health Association Simcoe County, Catholic Family Services of Simcoe County, CSC Chigamik CHC, Waypoint Centre for Mental Health Care and Wendat.
- This service may be helpful if you are experiencing issues such as: family conflict, stress, depression, anxiety, relationship issues, addictions, or abuse.
- **Mental Health and Addictions:** Individual, couple and family counselling is available to registered clients of CSC Chigamik CHC who are 12 years or older. The purpose of counselling is to provide individuals with a confidential opportunity to explore personal, psychological, relational, and/or addiction-related issues. Clients are provided up to 10 sessions at a time. These sessions may occur weekly or bi-weekly and are on-hour in length.
- **Traditional Healing:** CSC Chigamik CHC's Aboriginal Traditional Healing services understand that sickness begins in spirit, then impacts one's mind, emotions, and body. Healers use traditional Aboriginal approaches to bring about wellness. They provide non-judgmental and compassionate support, working with both First Nation, Metis, and Inuit or Non-Aboriginal individuals on a broad range of issues. Some of these problems include: stress, depression, abuse, effects of the residential school system, identity, substance abuse, self-esteem, and relationship issues. Through culture and traditional healing methods, healers strive to help individuals achieve balance, harmony, and good health.

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Traditional Healing is open to anyone in the north Simcoe community. Sessions are provided one-on-one, and are one-hour in length. This service is free, however, a gift of tobacco for the healer is required at each visit.

- **Methadone Clinic:** Chigamik CHC provides a Mental Health and Addictions Counsellor on site at the Georgian Bay Clinic in Midland, ON 1.5 days per week to support mothers who are utilizing the Methadone Maintenance Treatment Program at the clinic.
- **Opiate addiction (or any substance use issue) support for mothers** provides counselling support, health, safety and risk reduction teachings, free harm reduction supplies (clean needles and crack kits) and referrals to other community services if required.

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

*This section outlines existing collaborations, committees, task groups, and coalitions that support infant mental health practices within the community.*

#### Barrie Area Native Advisory Circle (BANAC)

- BANAC collectively serves a regional social planning organization based upon the concepts of life-long learning, self-determination, and community participation. They are dedicated to promoting a holistic approach to address common concerns of all member communities. They instill the importance of the Anishnabe language, wisdom and knowledge in all their endeavors.

Since its inception in 1989, BANAC has actively developed and delivered a number of initiatives throughout Simcoe County, Muskoka, and northern York Region. Their primary objective is to serve as a regional social health and planning organization functioning as an incubator of ideas in areas where a strong regional voice is needed. Their current initiatives include Aboriginal community development in the areas of child care, health planning, social development, and support to seniors and families.

- **The Biinoojinsag Circle:** The Circle is mandated by way of BANAC Board to provide guidance with respect to the development of coordinated regional response to the needs of First Nations, Métis and Inuit children/youth and their families in keeping with the authority of the BANAC Board of Directors. The Biinoojinsag Circle will meet 9 times per year on the 2<sup>nd</sup> Thursday of each month excluding July, August and December with rotating locations. Committee membership represents participating organizations which include, but are not limited to:

- ✓ Barrie Area Native Advisory Circle-BANAC
- ✓ Barrie Native Friendship Centre-BNFC
- ✓ Beausoleil First Nation-BFN
- ✓ Biiminaawzogin Regional Aboriginal Women's Circle-BRAWC
- ✓ Catulpa
- ✓ Children's Aide Society of Simcoe County-CAS
- ✓ Child Welfare Advisory Circle for First Nations, Métis and Inuit-CWAC

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- ✓ Enaahdig Healing Lodge and Learning Centre-EHLLC
- ✓ Chippewa of Rama First Nation-
- ✓ Georgian Bay Native Women's Association-GBNWA
- ✓ Georgian Bay Native Friendship Centre-GBNFC
- ✓ Georgian Bay Métis Council
- ✓ Georgina Island
- ✓ Orillia Native Women's Group-ONWG
- ✓ OEYC/Aboriginal Early Years
- ✓ Simcoe Muskoka District Health Unit
- ✓ Elders
- ✓ Executive Director of BANAC

### The Best Start Network of Simcoe County

- Best Start is the primary planning table for all 0-6 programs and services in the county.
- **Best Start Child and Family Center hub locations:** Early Years service providers and multi-sector working together to support families with children 0-6 years old.

### The centre de santé communautaire Chigamik Community Health Centre

- Shares an important partnership with Midwives Nottawasaga who collaborate closely with primary care practitioners during the perinatal process and see clients at the community centre.
- CSC Chigamic CHC is part of the growing and vibrant network of Ontario's CHCs. With more than seventy (70) across the province, gaining momentum over the past thirty (30) years, the CHC Model of Care is proven to build healthy communities. Each CHC is as unique as the communities it serves.

### Simcoe County MotherCare Network

- 10 locations offering weekly programs across the county.

# Short Term Opportunities to Enhance Core Prevention and Intervention

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

- Gather information on the Umbrellas Program from CMHA to share with the group.
- Write a letter for a LHIN there is not enough support and service for babies born addicted to methadone - it should go to the LHIN both the Aboriginal Health and Child and Youth tables.
- Indigenous Community agencies will explore the peer to peer mentoring support training model call from Best Start and discuss with Simcoe Muskoka District Health Unit opportunities to build capacity for perinatal/breastfeeding support for Indigenous mothers.
- PHAC Consultants will explore and discuss how an Aboriginal Head Start program could be brought by to the community.
- Open up a discussion with Simcoe Muskoka Family Connexions – look at the services/programs and capacity available to support grandparents. The Indigenous community needs to be a part of this dialogue in a nonjudgmental and safe manner.
- Outreach to physicians to address early mental health and Indigenous culturally specific services.

### Early Screening and Assessment Activities

- Explore assessment tools that are created for FNIM that are available.
- IMHP will send research on the use of the ASQ tools with Indigenous population.
- Continue to advocate for incorporating social emotional screening in the ERIK.

### Collaboration

- There are families in this communities who are experiencing difficulties navigating many systems (health, social services, etc.). Discuss with the LHIN how these families can be better supported.
- Invite the education sector to the Early Years tables to discuss sexual and reproductive health including the Indigenous cultural component to ensure all agencies are aware of the various teachings available.
- To enhance awareness of prenatal and breastfeeding programs in Simcoe County, the Simcoe Muskoka District Health Unit has a list which can be found at [www.simcoemuskokahealth.org](http://www.simcoemuskokahealth.org).

## The Indigenous Community of Simcoe County

- Hospital, Public Health, LHIN – lactation and post-partum services (such as home visiting) for women have been cut but there is a need for it to support mothers when they return after giving birth.
- As a community, determine what is the best strategy to build capacity and support mothers post-partum (breastfeeding).
- Anojiisak Table – discuss what data can be collected to educate funders/decision makers on the needs of the children and families in the community. IMHP can support, keep, and analyze whatever data the community decides they would like to collect.
- IMHP will connect the CPNP programs with Claire Zlobin from Life with Baby website to build an online network for support, and will also connect the CPNP programs to Brian Russell.
- Connect back to the Muskoka Infant Mental Health Community Table and HANDS program to explore the capacity for infant psychiatrist.

## Long Term Opportunities for Core Prevention

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

- Creating a one page or package for mothers with resources on pre & postnatal services that are culturally specific to be given to Hospital and Family Health teams. Included in this could be the perinatal service map from the Orillia Soldiers' Memorial Hospital but adapted for parents/families to understand and other resources already created by community partners.

### Early Screening and Assessment

- Explore how we can create a culturally appropriate screening tool for PPMD.

### Early Intervention

- The community has a strong interest in bringing back the Aboriginal Head Start program that was previously piloted one summer.
- Need a plan to bring an infant-child psychiatrist for the community – there is some capacity through OTN.

# Competencies for Practice in the Field of Infant Mental Health

## Highlights from the Discussion

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- There has been support within the Simcoe County in building capacity in infant mental health knowledge and practices by participating in the Infant Mental Health Community Training Institute. Funded by the Local Health Integrated Network and The County of Simcoe, agencies across the community were given access to the online training.
- Culturally, there are teachings and traditions that are used to support child development and parenting knowledge within the Indigenous community such as the Seven Grandfather Teachings and the Medicine Wheel. These teachings help children to develop the nurturing relationships with their parents, grandparents, Elders, family members, caregivers, environment, and surroundings.
- There was a great deal of discussion at the community table around the need for Indigenous Cultural Competencies and Sensitivity Training. When families decide to access a service or program, staff should be aware and sensitive to the diverse cultural teachings and traditions of the Indigenous communities. This would help to build and support the relationship between Indigenous families and service providers. Many agencies are opting to have a designated Indigenous worker however this has only added to limitations of accessing services due to availability.
- Many of the areas of competencies in the Best Practice Guideline (2011) are similar to Indigenous cultural teachings, values, and concepts but are not labelled in the same way. Practitioners may be demonstrating the essential skills and knowledge for infant mental health practices from a different perspective. As a community, it will be important to determine a way to capture this as it supports infant mental health and the growth of Indigenous children and families.
- Through our discussions, the importance of sharing information on infant mental health with families was an area that needed support across agencies. Having different ways to share this information with families in ways they will understand and be able to incorporate it in their everyday lives. One way this could be done is through storytelling which is a valuable way families and practitioners share their experiences with each other. Additionally, the Indigenous Hand in Hand Document, *Nurturing the Seed*, from Infant Mental Health Promotion helps to explain the importance of the first three years of a child's life from an Indigenous cultural perspective.
- Services/treatment to help heal from residential schools and intergenerational trauma are still needed within the community. Although staff are trained in trauma informed practice, the context of intergenerational trauma in trauma informed care needs to be strengthened. People are at different stages of healing and agencies need to understand the different levels/needs of supports/services. Local capacity within the community needs to be built and supported.

### **Georgian College: Early Childhood Education**

- Students are prepared to educate and care for children from birth to twelve years old. Our program philosophy ensures that students learn the skills necessary to plan and implement play-based learning that supports children in all areas of their development. Students learn how to be responsive caregivers to facilitate a child's feelings of self-worth and social-emotional resiliency. Partnerships with parents, families, other professionals, and community programs are encouraged. These connections form the foundation of working in the field of early learning and care. Field placements offer students the opportunity to practice the skills and techniques that are learned in the classroom. The program offers students a unique balance between theoretical knowledge and practical experience.
- Mandatory Courses (related to 0-3):
  - ✓ ECED1012 Child Development: Conception to 4 years
  - ✓ ECED1014 Nurturing Infants and Toddlers
  - ✓ ECED2011 Social/Emotional Health and Behaviour

### **Public Health Agency of Canada – Canada Prenatal Nutrition Program:**

- All CPNP programs have access to the Infant Mental Health Community Training offered by the Public Health Agency of Canada.
- The staff has also completed breastfeeding training to support mothers in their programs more effectively.

### **Public Health Agency of Canada – Community Action Program for Children**

#### **Georgian Bay Women Centre: Children's Cultural Program**

- The Children's Cultural program has a strong background in recognizing when a child is at-risk or demonstrating red flags however interventions from an infant mental health lens needs further training.
- The Children's Cultural program incorporates activities which promote young children to experience Indigenous culture through sharing Ojibway language, Native arts and crafts, Native culture, values, independence, self-esteem, decision making skills, respect for others and environment, physical activity and communication skills.

## Short Term Opportunities for Competencies

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### Knowledge Building for Professionals

- The 3-day training on infant mental health, using the ASQ tools, and creating developmental support plans will be offered to the community however it is missing a significant cultural sensitivity piece. IMHP is finalizing their Hand in Hand Document for Indigenous Families which will support this training. The training is to be offered to both Indigenous specific and mainstream agencies working with children under six and their families
- IMHP will share access to the 15-part Community Training Institute to agencies who attended the community table event.

### Skill Building for Professionals

No opportunities were discussed however new opportunities may be identified.

## Long Term Opportunities for Competencies

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No opportunities were discussed however opportunities may change from short term to long term or new opportunities may be identified.

# Organizational Policies & Practices

## Long Term Opportunities for Organizational Policies & Practices

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### Data Collection

- Review and implement IMHP's staff survey on organizational policies and practices for agencies working with infants and toddlers for each community. 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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