



Embedding the Science of Infant Mental Health in Practice and Policy



COMMUNITY REPORTS

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

COCHRANE & TIMMINS, ONTARIO

Infant Mental Health Promotion (IMHP)
The Hospital for Sick Children, Toronto
October, 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 Cochrane and Timmins**

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

Project Contributors/ Authors

Chaya Kulkarni, Director, Infant Mental Health Promotion, Facilitator
Karine Collette, Project Coordinator
Adeena Persaud, Project Coordinator
Laura Banfield, Project Support
Donna Hill, Editing and Formatting

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In Cochrane:

Aboriginal Peoples Alliance of Northern Ontario
Beaverhouse First Nation
Cochrane Child Care Centre
Cochrane Timiskaming Resource Centre, Infant Development Program
District School Board, Ontario North East
Ininew Friendship Centre
Minto Counselling Centre
Porcupine Health Unit – Cochrane Office (Public Health)
Taykwa Tagamou Nation

In Timmins:

Ininew Friendship Centre
NEOFACS, Counseling and Therapy Services
NEOFACS, Ontario Early Years Centre
Ontario Aboriginal HIV/AIDS Strategy
Oppekehawaso Wekamik
Porcupine Health Unit
Timiskaming Native Women's Support Group
Timmins Native Friendship Centre
Wabun Tribal Council Mattagami First Nation

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Embedding the Science of Infant Mental Health in Practice and Policy



Executive Summary

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

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

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

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

Through this project, IMHP consulted with five communities in Ontario (Niagara, Simcoe, Muskoka and Parry Sound, Ottawa, and Regent Park Toronto) to gain a better understanding among all

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

Key Findings/ Recommendations

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.

1) 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.

2) **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.

3) **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.

4) **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.

5) 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.

6) 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.

7) 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.

8) 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.

9) 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

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

Project Overview

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

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

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

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

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

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

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

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

Methodology

Selection of Communities

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

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

Establishing Community Tables

Once the five communities were selected a local champion of infant mental health was identified as the lead for organizational purposes. Each community champion was asked to assist with scheduling to organize 2.5 days of face to face meetings. The following is a list of the communities that were selected in 2015 for the pilot:

- Niagara, Ontario
- Ottawa, Ontario

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

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 and Métis Community of Simcoe County, Ontario
- Timiskaming District, Ontario
- Algoma, Ontario
- Etobicoke, Ontario
- East York, Ontario
- Durham Region, Ontario

In 2017, two Indigenous community tables were held in northern Ontario. The communities who hosted a table include:

- Cochrane, Ontario
- Timmins, Ontario

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



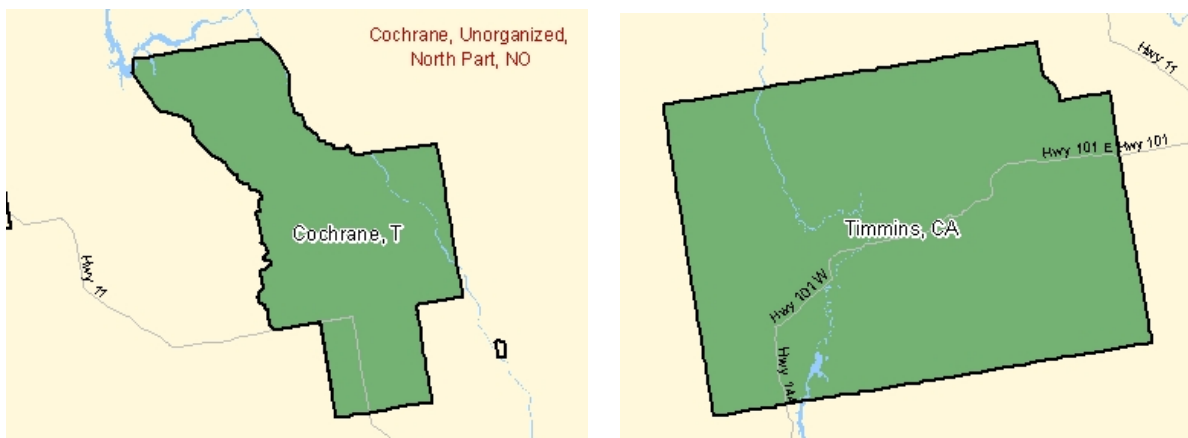
Supporting Infant Mental Health in Cochrane & Timmins

About Cochrane and Timmins

COCHRANE

Cochrane is a town in northeastern Ontario, with a population of 5,340 (Statistics Canada, 2011b). Located 375km northwest of North Bay and about a one-hour drive from Timmins, the land area is 539 square kilometres with a population density of 9.9 persons per square kilometer (Statistics Canada, 2011b). The Town has become an important tourist centre, serving as the departure point for the Polar Bear Express, Ontario Northland's train excursion to Moosonee on James Bay. Cochrane's single, largest year-round employers are a plywood and planning mill and a beverage plant. Cochrane was the hometown of NHL hockey player and doughnut franchise businessman, Tim Horton (Bray, 2015a). Cochrane is also home to The Polar Bear Habitat, which provides polar bears who are orphaned, rescued or moved from other facilities sanctuary and a habitat as close to their natural environment as possible (Cochrane Polar Bear Habitat, 2016).

In 2011, it was recorded by Statistics Canada that Cochrane held 275 children aged 0-4. It was also reported that 55.4% of the population stated English only as their mother tongue, 39.3% stated French only, and 4.0% stated a non-official language only (Statistics Canada, 2011b). In the Cochrane District, 23.1% of children had a vulnerable score on two or more domains of the Early Development Instrument (Froud, 2013).



TIMMINS

Timmins is a city in northeastern Ontario on the Mattagami River. The city has a population of 43,165 with 2,390 children aged 0-4 (Statistics Canada, 2011a). The land area is 2,979 square kilometres with a population density of 14.5 persons per square kilometre (Statistics Canada, 2011a). Located 290km northwest of Greater Sudbury, the city's economy is based on natural resource extraction and is supported by industries related to lumbering and to the mining of gold, zinc, copper, nickel, and silver. During the first half of the century, the town's prosperity fluctuated with the fortunes of the various gold mines, but its economic base has been diversified since the 1960s with the addition of copper mining and waferboard production (Bray, 2015b).

The mining industry in Timmins is prospering, especially the magnesium mine who promised 1000 jobs last year (Kelly, 2016). In Timmins, public health nurses visit new mothers in the hospital to create an early relationship. This proves to be a great strength in connecting new mothers with

services at an early stage. In the Timmins, 27% of children had a vulnerable score on two or more domains of the Early Development Instrument (Froud, 2013).

Transportation in Timmins

The community expressed significant concern when it comes to the bylaw passed by the city in 2011, limiting the size of the stroller allowed on public transportation. The bylaw number 2011-7067 states that oversized strollers are not allowed on the buses. The maximum size for a stroller is 122 centimeters long by 60 centimeters wide (City of Timmins, 2011). For caregivers with strollers that were too big, they were given a two month grace period to purchase another stroller. Double strollers are not allowed on the bus. This being said, there appears to be a discord between what the bylaw states, and what the community is reporting.

During community table discussion, members expressed that buses will not accept more than two strollers on board. A mother at the table reported that buses won't stop if they see you with a stroller and already have two on board. This can be especially isolating for mothers who have no alternate form of transportation. Additionally, if public transit is the single parent caregiver's only mode of transportation, we would evidently not only see repercussions on parental and child mental health, lack of access to services, and lack of meeting basic necessities such as grocery shopping.

One mom went to the media to express how she, her 2 year old, and her 5 month old were denied getting on the bus to return home after a shopping trip, even though her double stroller was folded. This mom expressed that they had taken the bus to get to the mall but they were left to walk home in the snow as a taxi would be too expensive (Lux, 2011). Others have created Facebook groups for social support, but the groups quickly lost traction after 2011.

Food Security

Food security is a main concern for many families in Northern Ontario. With food costs being high, several programs aim at teaching families how to stretch their dollar while grocery shopping, and how to cook in a healthy and sustainable way (e.g., canning and preserves). For families on reserve, getting to the grocery store takes one hour by car. If you don't have access to a vehicle, a taxi will cost \$100, which gives them \$100 less to buy food for their family while already working on a limited budget. In the early years of life, insufficient nutrition can impact an individual's ability to learn, grow, and remain healthy.

The Cochrane Community Table included the following agencies:

- Aboriginal Peoples Alliance of Northern Ontario
- Beaverhouse First Nation
- Cochrane Child Care Centre
- Cochrane Timiskaming Resource Centre, Infant Development Program
- District School Board, Ontario North East
- Elder
- Ininew Friendship Centre
- Minto Counselling Centre
- Porcupine Health Unit – Cochrane Office (Public Health)
- Taykwa Tagamou Nation

The Timmins Community Table included the following agencies:

- Ininew Friendship Centre
- NEOFACS, Counseling and Therapy Services
- NEOFACS, Ontario Early Years Centre
- Ontario Aboriginal HIV/AIDS Strategy
- Oppekehawaso Wekamik
- Porcupine Health Unit
- Timiskaming Native Women's Support Group
- Timmins Native Friendship Centre
- Wabun Tribal Council Mattagami First Nation

Core Prevention & Intervention for the Early Years

What is Happening in Cochrane and Timmins Today

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

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.

COCHRANE

Aboriginal People's Alliance of Northern Ontario (APANO)

- **Community Action Program for Children (CAPC)** is funded by the Public Health Agency of Canada. The program deals with Aboriginal children from ages 0-6 who may be considered to be "high risk". The aim of this initiative is to enhance and facilitate the growth and development of the children and their parents by helping with developing strong parenting skills using traditional teachings. Included in this program are Health Education and the promotion of Spiritual Beliefs.
 - ✓ This program is available in Kapuskasing, Chapleau, Renfrew, and Foleyet.
 - ✓ Because APANO covers a large geographic region, support is often offered over the phone because travel can be difficult.

Cochrane Child Care Centre – Ontario Early Years Centre/ Parent Resource Centre

- Provides a variety of activities to families and their children or the children they care for such as:
 - ✓ **Playgroups/Drop-Ins:** These groups include both the child and adult in activities together and offers early learning activities, access to resources, opportunity to interact with other families, and a chance to receive informal support in their role as parents.
 - ✓ **Parent Education Workshops:** Offered throughout the year, topics include sibling rivalry, child development, child management and other issues related to parenting * childcare is available on site during the daytime workshops.
 - ✓ **Teen Parenting and Pre-Natal Groups:** Designed to meet the needs of the teen population in their role as parents.
 - ✓ **Toy, Book and Video Libraries:** Resources available for borrowing regarding parenting and family issues.

- In addition the description above, a multitude of programs, services and initiatives are available including:
 - ✓ The Cochrane Child Care Centre is a Baby Box Distributor for Baby Box University. Baby Box University is a platform established by the Baby Box Co. to provide expecting and new parents access to educational resources and a support system. Baby Boxes are safe-certified and sustainable infant sleep spaces that includes free universal access to education materials. Based on the 75+ year Baby Box initiative in Finland.
 - ✓ Sleep Safe
 - ✓ Breastfeeding support group where a nurse comes in monthly to help with breastfeeding.
 - ✓ Weekly **Rock and Talk** including lunch and community support featuring a guest speaker.
 - ✓ Conversation café where various topics are discussed in one room and child care is provided in a separate room
 - ✓ Physical fitness such as mommy and me yoga.
 - ✓ **Connect with Your Baby** (4 week program): This program is designed to provide practical tips for parents and simple messages on the topic of parent-child attachment and is designed for parents of children aged 0 to 1.
 - ✓ **Right from the Start:** This program uses attachment theory as a framework and active adult learning principles. This course is appropriate for parents of all infants and especially those at risk for social, emotional, behavioural and/or developmental difficulties. This program runs twice a year if there is interest in the community.
 - ✓ Making baby food.
- Attendance is hit or miss with Mondays being a popular day as lunch is provided.

District School Board Ontario North East

- **Tucker Turtle** is a targeted social emotional program delivered in all junior and senior kindergarten classes. The goals of Tucker Turtle are to help young children handle their anger and impulse in conflict situations. The program consists of stories, crafts and physical activities that introduce self-regulation and help children understand and work through the emotion of anger.

Ininew Friendship Centre

- The **Aboriginal Prenatal Nutrition Program** provides services that meet the identified needs of pre and postnatal moms and provides support to improve the health of Aboriginal mothers and their babies up to six months of age that live off-reserve.
- What they do:
 - ✓ Provide prenatal nutrition programs and information sessions.
 - ✓ Inform participants about economical choices: food budget, diapers in lieu of disposable.
 - ✓ Assist participants in preparing nutritional lunches on weekly basis.
 - ✓ Lease/lend items relating to prenatal and postnatal care, resource material.

- ✓ Accept, organize and distribute clothing for babies.
- ✓ Provide on-going support to prenatal and postnatal moms through home visits, liaison, and referrals to other Ininev Programs when necessary.
- Programs:
 - ✓ Weekly Prenatal Circle with a nutritional meal provided
 - ✓ Craft Circle where moms come together and make moss bags, slippers, teach crochet
 - ✓ Play group
 - ✓ Mom and tot swing
 - ✓ ABC program for ages 2 to 4
 - ✓ Tots drop off
 - ✓ Budgeting for the kitchen
 - ✓ Food preparation for babies
- The **Family Support Program's** goal is to promote the health and well-being of all Aboriginal families with children between the ages of 0-6, with a holistic approach, and by using traditional values & beliefs in all programming.
 - ✓ Positive parenting with an Aboriginal lens.
 - ✓ Program staff ask families if they have the skills to make baby food and will teach if needed.
- The UAHLP-Healthy Kids Expansion Program will focus on providing education on healthy eating and increase physical fitness levels for children and families. The program implements culture based activities to enhance the well-being and traditional knowledge of urban Aboriginal children and their families.
- The **Aboriginal Outreach Program's** promotes a traditional holistic approach to health. Good health is based on, not only physical health, but also encompasses the spiritual, emotional, and mental health of the individual, family, and community (throughout all stages of life). Select goals from the program include:
 - ✓ To assist Aboriginal individuals and families to access traditional healers/ midwives and mainstream health providers, services and institutions.
 - ✓ To obtain, if necessary, Native culture and/ or language interpreters so Aboriginal individuals and families are provided with appropriate health services.
 - ✓ To promote healthy lifestyles by conducting home visits, circles, workshops, seminars, and public education forums, etc.
 - ✓ To make referrals to appropriate health programs, services and institutions.
- Other programs and services offered at the Ininev Friendship Centre include:
 - ✓ Community kitchen
 - ✓ Positive parenting with an Aboriginal lens
 - ✓ Employment access with young moms and employment readiness

- ✓ Skills for success
 - ✓ Life skills
 - ✓ Self-esteem and self-care building
 - ✓ Other support in traditional ceremonies such as naming ceremonies.
- Programs and services are offered individually or in a group setting depending on the number of individuals interested in receiving these programs and services.
- **Accessibility:** The Friendship Center offers taxis for clients as needed. The Centre also has two vans to pick up clients for programs and services. Funding comes from Public Health CAPC/CPNP programs.

Nishnawbe Aski Nation (NAN) - On Reserve

- NAN is a political territorial organization representing 49 First Nation communities within northern Ontario with the total population of membership (on and off reserve) estimated around 45,000 people. These communities are grouped by Tribal Council (Windigo First Nations Council, Wabun Tribal Council, Shibogama First Nations Council, Mushkegowuk Council, Matawa First Nations, Keewaytinook Okimakanak, and Independent First Nations Alliance) according to region. Six of the 49 communities are not affiliated with a specific Tribal Council.
- The objective of the **Aboriginal Healthy Babies Healthy Children (AHBHC)** program is to improve the long-term health prospects of children aged 0 - 6 years. The program includes pre-and post-natal screening and assessment, home visiting, service coordination and support for service integration. The program services all of the 49 NAN communities.
- AHBHC program is voluntary and open to any Aboriginal family that requests the service. Aboriginal families may also access the provincial program via the local health unit.
- Funding is provided by the Aboriginal Healing and Wellness Strategy. (AHWS).
- The community has a visiting nurse 4 days a week. If anything becomes complex, the patient is referred out right away off reserve. They will then access a doctor or OBGYN as appropriate. Alternatively, the community accesses services through telemedicine.

COCHRANE & TIMMINS

Cochrane Timiskaming Resource Centre (CTRC) – Infant Development Program

- The Infant Development Program is an early intervention program that serves families of children from birth to five years of age who may have delays or are at risk for delays in development. The risks may include complications during pregnancy, labour or delivery, prematurity, Down syndrome, cerebral palsy, sensory impairments or a disadvantaged home environment. A referral can be made by contacting any of the Developmental Consultants at the Head or Satellite Office locations. Services include:
- ✓ Case coordination
 - ✓ Early intervention

- ✓ Developmental assessments and screens
- ✓ Play based therapeutic programs
- ✓ Transition to school
- ✓ Home visits
- ✓ Assistance with applications for funding
- ✓ Linking to other services

Porcupine Health Unit

- **Prenatal Classes** are taught by registered nurses that can help parents prepare for the exciting road ahead. Parents will gain knowledge and confidence while exploring the up to date world of pregnancy, labour and delivery, and what to expect after baby is born. Families can expect to learn about a variety of topics listed below:
 - ✓ Fetal development
 - ✓ Labour and delivery
 - ✓ Breastfeeding
 - ✓ Breathing, relaxation and comfort techniques
 - ✓ Medical interventions
 - ✓ Breastfeeding
 - ✓ Care of mom and baby after birth
 - ✓ Community support
- A minimum registration of three moms will allow the program to run. This spring, the Porcupine Health Unit will be launching a free online prenatal program to tap into communities that are hard to reach geographically. The online program is called the Gift of Motherhood and is used by many health units throughout the province.
- **Infant Feeding and Prenatal Nutrition Workshop** is a two hour workshop lead by dietitians all about feeding baby and fueling the body with baby-building nutrients. Participants learn about:
 - ✓ Eating well with Canada's Food Guide when pregnant/breastfeeding
 - ✓ Foods to avoid when pregnant/breastfeeding
 - ✓ Maternal weight
 - ✓ Baby building nutrients
 - ✓ Starting solids
 - ✓ A demonstration: how to make your own baby food
 - ✓ Feeding your child: the role of parenting and the food environment
 - ✓ Picky eating
 - ✓ Food allergies

- **Postpartum Support:** New moms receive a package with information on: HBHC program, tips for new parents, Nipissing District Developmental Screen, what to expect in the first three months, Let's Grow subscription and first issue.
- **Let's Grow:** Clients can sign up for the free Let's Grow newsletter by email about growth and development.
- **Breastfeeding Support:** One to one support is available to families as needed via telephone, home visit or clinic visit.
- **Positive Parenting Program (Triple P)** is a positive parenting program (group or individual) that provides practical tips for parents on:
 - ✓ Why babies cry
 - ✓ Dealing with temper tantrums
 - ✓ This program is available in Cochrane, Iroquois Falls and Kapuskasing
- **NutriStep:** NutriSTEP questionnaires for preschoolers (3-5 years) and for toddlers (18-35 months) are valid and reliable nutrition risk screening questionnaires that have been developed with multicultural and geographically diverse parents of young children across Ontario and Canada.

TIMMINS

Ontario Early Years Centre (OEYC) program / Brighter Futures (BF) program with North Eastern Ontario Family and Children's Services (NEOFACS)

- The **Ontario Early Years Centre** provides support to parents and programs for children (0-6 years) to ensure they have the very best possible start in life. A variety of programs and services which promote children's optimal development and readiness to learn in a healthy, safe and supportive environment are provided. Early Years professionals and volunteers staff the centre and provide programs and services to meet identified needs. Services are offered in partnership with many community-based organizations.
- Programs and services through the OEYC are offered in French and English and are available to families and their children throughout the week, weekends and evenings.
- Programs and services to parents and caregivers include:
 - ✓ Playgroups
 - ✓ Parenting workshops
 - ✓ Parent/child interactive workshops
 - ✓ Lending libraries, i.e. toys, books, magazines, videos
 - ✓ Early literacy programs
 - ✓ School readiness programs
 - ✓ Special events
 - ✓ Community information

- **Me, My Baby, Our World:** During the course of twelve weeks, this program teaches parents to respond when a child needs them most. This is a free workshop – parents and baby are welcome to participate in group meals and fun activities like music circle and scrapbooking. This workshop is a great opportunity for parents to meet other parents, to share stories and to learn about babies and being a parent. This is a Brighter Futures program offered by the Porcupine Health Unit – CAPC program.
- **Rock and Talk** is available to first time parents with babies 0-12 month. This is an open group running weekly with no registration where a free lunch is served. Topics covered include but are not limited to:
 - ✓ Infant CPR
 - ✓ Motherhood mood limits
 - ✓ Nutrition
 - ✓ Breast feeding
 - ✓ Baby safety
 - ✓ Fire prevention
 - ✓ Mental Health
- **Family Wellness:** The objectives of this program are to educate and promote family wellness through Positive Parenting Program as a preventive measure for children to have the best possible start in life.
- **Father Involvement:** The **Breakfast for dads program**, gives fathers an opportunity to come and connect with each other and to play and interact with their children. This is also a way for mothers to rest at home.
 - ✓ **My daddy and me activities:** the OEYC is facilitating a program entitled “**My Daddy & Me**”. Once a month, we are providing interactive workshops on Saturday mornings. The ultimate purpose of this activity is to engage fathers in their children’s lives. We encourage fathers from our community to spend some one on one quality time with their children teaching them about attachment and bonding. This program allows fathers to get involved, to learn parenting techniques without embarrassment or guilt. Another of our goals is to promote all the great activities the City of Timmins has to offer families, to encourage not only fathers but whole families to experience all that the City can offer them.
- **Early Literacy Specialist:** The Early Literacy Specialist (ELS) provides early literacy interactive experiences for children 0 to 6 years of age and their parents and caregivers. Workshops and consultations for parents are also offered to families. The program also provides training and development for professionals who work with or provide services for children 0 to 6 years of age.
- **Brighter Futures Program:** Brighter Futures is a Community Action Program for children (CAPC) which provide programming for families with children 0-6 years. This program is offered in communities throughout the NEOFACS service area. The programs operate in partnership with other services and organizations in their respective communities. The population served includes families who are at risk due to isolation, social or economic

status, health or age. Program and services to Future parents/parents and caregivers include:

- ✓ Prenatal, transition to teen parenting and teen parenting groups (Young Parent Hub)
 - ✓ Parent and Child interactive workshops
 - ✓ Healthy Meals
 - ✓ Childcare
 - ✓ Collective kitchens
- **Young Parent Hub:** The goal of the Brighter Futures parenting group is to promote healthy pregnancies, explore parenting skills, encourage further education and provide information about nutrition, child health and development. Through partnerships with community agencies we also work together to offer parenting groups, cooking sessions, budgeting and other topics as needed to further our goals.

Timmins Native Friendship Centre (TNFC)

- The programs at TNFC are not only for Indigenous families, they are available to everyone. Everything is free and there is no wait list.
- The **Aboriginal Family Support and Wellness Program** is designed to promote the healthy development of children age 0-6 years and their families by offering community-based holistic and cultural based activities. The goal of the program is to provide a safe, caring, non-judgmental atmosphere for children and families to grow mentally, physically, spiritually, and emotionally. The aim of the program is to strengthen parenting, child development, and cultural retention. Information on various topics such as nutrition, budgeting, parenting, violence, child development, and stress are presented to families.
- **Aboriginal Healthy Babies, Healthy Children Program (AHBHC)** is designed to ensure that all Aboriginal families and their children (prenatal to age six) who need assistance with physical, emotional, mental and social issues have access to effective, consistent early intervention services. To provide the best opportunities for healthy child development through home visiting, services coordination, parenting groups, cultural teachings and traditions and referrals. As well as to address the children at risk, to ensure that they have access to series and support that will address their needs. AHBHC program is voluntary and open to any Aboriginal family that requests the services. Aboriginal families may also access the provincial program via the local public health unit.
- The **Aboriginal Prenatal Nutrition Program (APNP)** is open to off-reserve Aboriginal women of childbearing years, pregnant women, and mothers with children under the age of six months. Individuals are not screened and everyone is welcome. The program is traditionally based and culturally specific. The program provides nutrition, labour and birth preparation information, breastfeeding information and support, parenting skills workshop, and information on pregnancy and baby development. Services offered include:
- ✓ Prenatal & Postnatal Education
 - ✓ Nutrition Programs
 - ✓ Infant Development

- ✓ Recreation Programs
 - ✓ Parenting Programs
 - ✓ Breastfeeding Support
 - ✓ Hospital Visits
 - ✓ One-on-one counselling
 - ✓ Group Sessions
 - ✓ Advocacy & Support
- **The Timmins Good Food Box** is a service that TNFC often link families to, where individuals can buy a family size food box of fresh fruits and vegetables for \$20. The fee is subsidized by TNFC and all the individual needs to do is pick up the box. Unfortunately, TNFC reported that transportation is an issue and often families don't follow through on picking up their food box.
 - TNFC consequently offers a cooking program where they show individuals how to cook the vegetables they received in their box with freebies such as a peeler or a cutting board.
 - **Oppekehawaso Wekamik (Daycare):** This program encourages and creates a safe learning environment that promotes growth and holistic development for all children through play based activities. "Oppekehawaso" is a Cree word that means "Raising the Children".
 - The program's primary goal is to enhance the overall development of young children to promote the retention of Aboriginal Culture and Language. The daycare has well defined play areas and structured routines. This is accomplished based on the vision and mission statement which includes the Seven Grandfather teachings and the teachings of the Medicine Wheel.
 - The funds provided for the development of the Oppekehawaso Wekamik program were provided through the province's Best Start Initiative. Best Start is Ontario's strategy to expand quality and affordable child care and invest in children's healthy early development.
 - The daycare offers full day child care services to children 0 to 12 years of age. They also provide before and after school care for the children attending school full days. Programming is available to School Age Children (SAC) during the summer months.

Support for All Families with a Focus on Those at Risk

COCHRANE

Aboriginal People's Alliance of Northern Ontario (APANO)

- **Community Action Program for Children (CAPC)** is funded by the Public Health Agency of Canada. The program deals with Aboriginal children from ages 0-6 who may be considered to be "high risk". The aim of this initiative is to enhance and facilitate the growth and development of the children and their parents by helping with developing strong parenting skills using traditional teachings. Included in this program are Health Education and the promotion of Spiritual Beliefs.

- This program is available in Kapuskasing, Chapleau, Renfrew, and Foleyet
- **Aboriginal Healthy Babies Healthy Children (AHBHC)** 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.
- This program is available in Sturgeon Falls, Sudbury, and Moosonee.
- This program is targeted to people who are experience a high number of risk factors. Using the HBHC screen, families can meet the criteria for services. 75-80% of families meet the “at risk” criteria of the screen.
- HBHC offers a professional visiting program until the 3rd trimester, and home visiting services after the baby’s birth.

COCHRANE & TIMMINS

Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) Cochrane & Timmins

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.

- 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.

Porcupine Health Unit

- **Canada Prenatal Nutrition Program** provides pregnant women in need with nutrition counseling, support and follow-up throughout their pregnancy. You can participate if you’re facing challenges such as:
 - ✓ Teen pregnancy
 - ✓ Financial struggles
 - ✓ Social or geographical isolation
 - ✓ Substance use (including smoking and alcohol)
 - ✓ Family violence
- Participants will see the dietitian for at least four sessions throughout their pregnancy. It’s an opportunity to learn about eating well for mom and baby (during pregnancy, breastfeeding and early infant feeding), ask questions, start preparing for baby now and just talk. Vouchers for milk, grocery store gift cards for food and prenatal vitamin supplements are also provided

to those in need. The dietitian can also link clients to other services such as Brighter Futures programming, Quit Smoking Clinic and HBHC.

- **Healthy Babies Healthy Children (HBHC)** provides a voluntary home visiting program. This free program offers home visits by Public Health Nurses and Family Home Visitors to pregnant women and to families with children who have not transition to school.
 - ✓ Only families rated as high risk are eligible to participate in home visits, and afterwards, it is voluntary based.
- **Postpartum Support:** Calls are provided to those who may have challenges. This includes all first time mothers, first time breast feeding, those experiencing challenges with breastfeeding, those identified as “with risk” on the HBHC screen.
 - ✓ Families residing on reserve are not called by public health, however, if a new mom is being discharged from the hospital and staying in the health unit catchment area prior to returning to her home on the reserve, she may be contacted. **Note:** Front line staff are not allowed to enter the reserve unless they are invited. Alternatively, they invite the potential client to attend services in town.
- **Me, My Baby, Our World:** During the course of twelve weeks, this program teaches parents to respond when a child needs them most. This is a free workshop – parent and baby are welcome to participate in group meals and fun activities like music circle and scrapbooking. This workshop is a great opportunity for parents to meet other parents, to share stories and to learn about babies and being a parent. Offered in partnership with both the Ontario Early Years Centre and the Timmins Native Friendship Centre.

TIMMINS

On Reserve – Wabun Tribal Council, Mattagami First Nation

- There is one community health nurse on reserve who works directly with local health staff in delivering health care programs to the community. These programs deal with areas related to the 0-3 population such as immunization, home visits, prenatal and postnatal teaching, and well-baby clinics.
- Access to community services is difficult as Timmins is 110 kilometers away.
- Through funding from First Nations family well-being, HBHC, and Aboriginal Diabetes Initiative help for children (ADI), Mattagami First Nation offers vouchers from Pick of the Crop, vouchers for fruit and vegetables stamps, and Walmart gift card to help new moms buy what they need for their baby.
- The Health Director coordinates services for children 0-5 that looks at the health of children in the community. The director provides assistance in health care programs including immunization, as well as home and community care.
- Health related workshops/events/gatherings include:
 - ✓ Car seat clinics
 - ✓ Baby food making

- ✓ One on one well-baby clinics
- ✓ Budgeting
- ✓ Breast feeding
 - Encourage mothers to keep breastfeeding as long as they can.
 - One on one consultation with a lactation nurse is available as needed.
 - Local health staff may also link new mothers to experienced mothers in the community to empower them during this transition to motherhood on the topic of (but not limited to) breastfeeding.
- ✓ Healthy cooking classes, educating families on how to “get a better bang for their buck”.
 - Food is very costly in northern Ontario. If someone doesn’t have access to a vehicle, transportation (by taxi) to get to the grocery store is \$100. This gives them \$100 less to buy groceries for their families. Food security is a main concern on reserve.
 - Workshop on food prep (e.g., canning and preserving)
 - In 2018, there will be a designated spot for a community garden, where there is collective responsibility.
- ✓ **The Eibinojeesh Centre** offers special occasion meals such as Christmas, Thanksgiving, and Easter. There are plenty of opportunities to go to the Eibinojeesh Centre and have a meal.
 - The Centre has food baskets for families in need around Christmas time. The First Nation has always done this initiative for its members. During Christmas time, some people cannot afford a holiday meal.
 - Limited funds can leave families feeling depressed, especially during the holidays. These meal offerings are meant to lift their spirits
 - The Centre hosts a community Christmas social where individuals can feel a sense of community. Snacks are provided and often music is organized for the event.
- ✓ Hygiene workshops encompassing the whole body (e.g., the importance of keeping baby clean), hand washing (prevention of influenza season).
- ✓ Conception health courses start before parents conceive. Talk to couples about staying healthy prior to conceiving.
- ✓ Encourage importance of abstaining from cigarettes and alcohol before and during pregnancy.
- ✓ Drop-in Little Tots and Toddler sessions are held weekly in the Centre, with tons of resources for families.
- ✓ Nature walks, stroller size, get as many that want to come out, promote physical activity. Just because parents have a baby, doesn’t mean they should be confined to the house. Walks encourage participants to enjoy nature, be outside and with friends.
- ✓ Efforts are made to combine big events in the community with specific age groups, such as a community polka walk. Great participation has been seen from community members participating in this 5km hike event, promoting physical activity and promoting diabetes awareness. Healthy lifestyle is encouraged by offering a healthy lunch. Events include tests of knowledge, survey, and presentation.

- ✓ Dieticians visit the community and talk about healthy lifestyle.

Ontario Early Years Centre (OEYC) - North Eastern Ontario Family and Children's Services (NEOFACS)

- **Brighter Futures** is a Community Action Program for Children which provide programming for families with children 0-6 years. This program is offered in communities throughout the NEOFACS service area. The programs operate in partnership with other services and organizations in their respective communities. The population served includes families who are at risk due to isolation, social or economic status, health or age. Programs include teen prenatal, transition to teen parenting and teen parenting groups, playgroups, lending libraries and collective kitchens.
- The **Young Parent Hub** (for parents up to the age of 30): The goal of the Brighter Futures parenting groups is to promote healthy pregnancies, explore parenting skills, encourage further education and provide information about nutrition, child health and development. Through partnerships with community agencies the hub also works together to offer parenting groups, cooking sessions, budgeting and other topics as needed to further goals.

Early Screening and Assessment Activities

COCHRANE

Aboriginal People's Alliance of Northern Ontario (APANO)

- No screening done at this time

Cochrane Child Care Centre – Ontario Early Years Centre/ Parent Resource Centre

- The Centre has recently purchased the ASQ-3 and ASQ:SE-2 and has begun the screening process with children attending the Child Care Centre and is available for use with parents who may also have concerns about their child's development.

District School Board Ontario North East

- The Strength and Difficulties Questionnaire (SDQ)

Ininew Friendship Centre

- No screening done at this time

Nishnawbe Aski Nation (NAN) - On Reserve

- No screening done at this time

COCHRANE & TIMMINS

Cochrane Timiskaming Resource Centre (CTRC) – Infant Development Program

- The parent-completed Ages & Stages Questionnaires, Third Edition (ASQ-3)
- The Ages & Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2)
- An autism assessment team is available in Timmins (approximately 3-4 times per year). If a child's behaviour doesn't allow for travel to Timmins, home visits can be arranged on a case by case basis.
- The Mullen Scales of Early Learning
- The Bayley Scales of Infant and Toddler Development are used most frequently
 - ✓ Other tools are available and geared towards specific concerns
- Referrals may be made to Cochrane Timiskaming Children's Treatment Centre (CTC) for additional screening where families can access occupational therapy, physiotherapy, speech language pathology and social work.

Cochrane Timiskaming Children's Treatment Centre (CTC)

- CTC offers a preschool screening clinic in Cochrane every second month (with the exception of summer). Present are a Physiotherapist, Infant Development Consultant, Speech and Language Pathologist, and a Mental Health Worker. The clinics in Cochrane are held at the Cochrane Family Health Team, where a physician's input is available as needed.

Porcupine Health Unit

- The Nipissing District Developmental Screen (NDDS) is a developmental checklist, not a screen that is completed as part of the HBHC program.
- Nutri-eStep, nutrition screening for toddlers and preschoolers.
- NCAST feeding scales up to the age of 1.
- The Edinburgh Postnatal Depression Scale 1 (EPDS) is used when moms are identified to be at risk or are symptomatic.

TIMMINS

Ontario Early Years Centre (OEYC) - North Eastern Ontario Family and Children's Services (NEOFACS)

- The Nipissing District Developmental Screen (NDDS) is used (a developmental checklist, not a screen).

Timmins Native Friendship Centre (TNFC)

- The Nipissing District Developmental Screen (NDDS) is used (a developmental checklist, not a screen).
- TNFC have purchased the ASQ but haven't implemented using the screening tool as of yet. Training is required.

Early Intervention Services

COCHRANE & TIMMINS

Porcupine Health Unit

- According to social risk factors, gestation time (premature babies), parental age and development, babies get referred by public health to some programs proactively. These referrals can include Speech and Language Services, Infant Development and the Children's Treatment Centre.
- Speech and Language Services: Infants who are born with certain risk factors (premature babies, parental age and development), get referred to Cochrane Preschool speech and language for an 18 month check in regarding speech and language.
- HBHC home visiting program offers the following early intervention services: PIPE Curriculum, Keys to Caregiving, Triple P.

Children's Treatment Centre (CTC)

- The Children's Treatment Centre (CTC) offers early intervention services. At this time, there is approximately a two year waitlist to access services.
 - ✓ PT, OT, SLP

Cochrane Timiskaming Resource Centre (CTRC) – Infant Development

- The Infant Development Program is an early intervention program that serves families of children from birth to five years of age who may have delays or are at risk for delays in development. The risks may include complications during pregnancy, labour or delivery, prematurity, Down syndrome, cerebral palsy, sensory impairments or a disadvantaged home environment. A referral can be made by contacting any of the Developmental Consultants at our Head or Satellite Office locations.
- Services include:
 - ✓ Case coordination
 - ✓ Early intervention

- ✓ Developmental assessments and screens
 - ✓ Play based therapeutic programs
 - ✓ Transition to school
 - ✓ Home visits
 - ✓ Assistance with applications for funding
 - ✓ Linking to other services
- Referrals for this type of service come from the family doctor and go to the developmental paediatrician in Timmins
 - The average length of the waitlist to see a developmental paediatrician is from one to two years.

TIMMINS

Ontario Early Years Centre (OEYC) - North Eastern Ontario Family and Children's Services (NEOFACS)

- One on one parenting intervention
- Trained through Best Start regarding attachment process

Timmins Native Friendship Centre (TNFC)

- TNFC offers traditional ceremony including:
 - ✓ **Placenta ceremony** – Placenta ceremonies are different depending on the territory. When a woman is able to following giving birth the family the family goes into the bush and the father digs a hole and places the placenta in the hole. There is a blessing said offering the placenta back to the earth.
 - ✓ **Walking out ceremony (sunrise ceremony)** - A Walking out Ceremony is done before an infant's feet touch the earth. It is done at sunrise. The infant is dressed in their regalia. Usually little boys will carry a toy gun, something that represents an animal, this shows that they are hunters. Girls will carry something that will show that they are caregivers. The infant's exit the teepee in the east direction make one circle around the teepee and re-enter the teepee in the east direction. The infant gives each person a LITTLE gift for attending such as a candy.
 - ✓ **Naming ceremony** – Following receiving one's spirit name from a traditional healer it needs to be feasted. If it is not feasted within the first year one needs to go the traditional healer and receive a new spirit name. A pot luck feast is held at which time everyone who wishes to feast their spirit name gathers in a circle. Each person is given tobacco. Each person takes a turn at telling the others what their spirit name is and what it means to them. When everyone has had their turn everyone goes to the sacred fire and offers their tobacco. Time to feast.
 - ✓ **Access to a traditional healer** – Since in the Timmins area the numbers of traditional healers that are available are limited, it is difficult to have access to a Traditional Healer on a consistent manner.

- ✓ **Rites of passage (from birth to the end of life) lead by an Elder** - Once again it is difficult to get Elders who can come in and share their knowledge of the rites of passage with families.
- ✓ **Teaching from the medicine wheel including Elders** - It is difficult to find Elders who can do the teaching from the medicine wheel; the community often has to depend on the Ontario Federation of Indian Friendship Centres.

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.

COCHRANE & TIMMINS

- **Telepsychiatry Services:** The Telepsychiatry Services include Psychiatric and Psychological Services. These services are available within the community via teleconferencing and are provided by professional Psychiatrists and/or Psychologists from the Hospital for Sick Children.
- The Telepsychiatry Services include consultations, interviews with parent/legal guardian of a child/youth, interactive discussions regarding a client, and program consultations.

TIMMINS

- The community reported that there is no relational work, only parental sessions.

Existing Collaborations among Services and Sectors Positively Supporting Infant Mental Health

COCHRANE

- Collaborate on pre-school screening clinic (KIM)
- Collaboration with NEOFACS – case collaboration → room for growth
- Friendship centre – communication around training (program)
- Intensive service coordinator with NEOFACS, and CTRC Infant Development

COCHRANE & TIMMINS

- Case collaboration with CTRC Infant Development and CTC
- The Porcupine Health Unit and The Cochrane Timiskaming Resource Centre (Infant Development Program) refer to each other regularly.

TIMMINS

- The community expressed that at times, it feels like different agencies are in competition against one another. Workers are being pressured by the push to hit certain statistics to generate revenue. Several participants at the table expressed that all they desired is for families to get the best services where they feel the most comfortable.

Short Term Opportunities to Enhance Core Prevention and Intervention

Support for All Families with a Focus on Those at Risk

COCHRANE

- IMHP will share presentation on vicarious trauma.

COCHRANE & TIMMINS

- PHAC will share the CD with information regarding mother's mental health and the Edinburgh Postnatal Depression Scale.
- Enhance capacity within the community on infant mental health.
 - ✓ Options include: Watch, Wait, and Wonder, Circle of Security (more expensive), Baby Love (Jean Wittenberg), Make the Connection
 - ✓ See if Watch, Wait, and Wonder training could be delivered through OTN or webcast.
- IMHP will offer IMH Basics workshop this year at no cost, invite Early Childhood Educators, Education Assistants and teachers.
- Create a community of practice, using agencies who have access to Telehealth (such as NEOFACS) to build capacity within the community and take workshops collectively.
 - ✓ Community workers are not feeling confident in responding to the early needs of infants and early childhood mental health, on and off reserve.

TIMMINS

- All agencies will commit to offering all caregivers the opportunity to sign up for the Let's Grow Program Newsletter.
- IMHP will contact NEOFACS and child welfare agencies (at NEOFACS and Kunomanawano) to have a meeting at the end of September or beginning of October to discuss the absence of mental health services for the 0-3 population who are experiencing behavioural issues.

Early Screening and Assessment Activities

COCHRANE

- Agencies in the Cochrane area will consider implementing the Edinburgh Postnatal Depression Scale 1 (EPDS) as a screening tool and then refer to appropriate services.

COCHRANE & TIMMINS

- Expand the use of the ASQ-3 and ASQ:SE-2 across agencies to create a common language and a common screening system.

Collaboration

COCHRANE

- Staff from APANO will create a list of Indigenous services available in the 4 local areas available to families for children 0-3.
- Following the development of this list, have a conversation with delivering hospitals to give to new moms.
- Additionally, have a conversation with the Public Health Unit to include in their mail out to all new moms.
- Staff from the Porcupine Health Unit will approach the Best Start table to ask if they would be interested in completing a resource inventory to understand what resources are available in the community.
- The community will find out who has access to OTN for online learning opportunities.

COCHRANE & TIMMINS

- Engage child protection in a conversation about infant mental health with this report, highlighting the call to action document that IMHP will share.
- IMHP will create a goal tracker to accompany this report.

TIMMINS

- Staff will share resources from the YMCA with other agencies on early development. They will also connect with the YMCA and ask if they would open their doors to provide access to the training to other members of the community.
- Staff from OEYC will reach out to widen the sectors included in the infant mental health community table by including colleges that offer the Early Childhood Education program to include infant mental health science in education.
- The HBHC Program Coordinator from The Porcupine Health Unit will communicate with their leadership to express that Indigenous partners would like to be invited to mainstream training and access to resources.
- The community is not at a place where all resources exist for each different culture and community. Indigenous partners are trusted to adapt as needed from the current format.
- Staff from OEYC will take the lead to organize an Infant Mental Health table. First, they will evaluate if this can be shared with an existing committee.

Long Term Opportunities for Core Prevention

Supports for All Families with an Emphasis on Those at Risk

COCHRANE

- Nishnawbe Aski Nation (NAN) - On Reserve will look to use HBHC money flowing into the community for prenatal services.
- Write advocacy letter for Mushkegowuk to be serving Taykwa Tagamou First Nations as directed by government structure. At this time, Taykwa Tagamou First Nations are not receiving any services.
 - ✓ Mushkegowuk believes that Taykwa Tagamou First Nations are being serviced by Cochrane, while they are not, and therefore there is an absence of services.
- Someone will create a positive campaign regarding the use of technology (cell phone use while being with your baby or toddler).
 - ✓ Have a conversation with local LHIN to disperse this messaging.
 - ✓ IMHP will create a survey (3-4 questions) to share with every agency and ask new moms and few families their current cell phone use, how they connect with friends, why they choose to engage with their cellphone instead of their baby.

COCHRANE & TIMMINS

- Investigate the potential to conduct a community table in Moosonee.

TIMMINS

- Someone will plan a conversation with the Ministry of Transportation to understand why only 2 moms with strollers are allowed on the bus at one time. They will advocate on how this affects mom's mental health and access to services.

Early Screening and Assessment

COCHRANE

- Someone will investigate how to bring services that are in Timmins to Cochrane such as the Autism diagnostic clinic for families who can't afford to travel to Timmins.

Early Intervention

COCHRANE

- There are no dyadic intervention in the region. Someone will investigate how to get someone who can offer these services in the community.

- A resource will be created for families left on the preschool screening waitlist. Because the clinic only runs if there are two referrals, children might be left several months before getting into the preschool screening clinic. The community reported that it would be beneficial to give the family that is on the waitlist resources to empower them to educate themselves while they wait for an appointment.

Collaboration

COCHRANE

- Look at supporting child welfare workers at NEOFACS as they are reported to be overwhelmed and burnt out. Mental Health workers at Minto report having to provide support to the worker at NEOFACS for the first 15 minutes of the call when making a referral.

TIMMINS

- As people move away and new staff need to be retrained, someone will identify resource/ programs/ strategies that are cost effective.
- Once an IMH committee is formed, the committee will create a system pathway for clear referral when it comes to infant mental health.

Competencies for Practice in the Field of Infant Mental Health

What is Happening in Cochrane and Timmins Today

COCHRANE

- While several organizations feel comfortable with physical child development, the community expressed that there is a big gap in terms of competencies to support children with behavioural issues. This knowledge gap is creating a lot of stress on the whole community.
- Front-line workers are respectful and open-minded when it comes to socio-cultural differences in child rearing and parenting expectations. The community noted that even though the demographic landscape is starting to change, workers still hold strong competency in socio-cultural differences.
- There is disconnect between the Ministry of Education's focus on the child only, while little to no supports are available for the parents/caregivers. Knowing the impact of past experience of being parented on parents' expectations of their infant and their parent-child relationship, this disconnect is important to address.
- When it comes to the competency of intervening, community participants reported that parents are not typically being counselled to understand and cope with unresolved issues from their past that might be interfering with their ability to parent. Strengthening capacity in this competency could make a big difference for infants 0-3.
- When it comes to difficult to reach families, the OEYC perseveres by going to parks, the grocery store, Giant Tiger, and stand outside the doctor's office to give families calendars of available programming. It's still important to note that across agencies, everyone expressed that they are missing hard to reach families.

COCHRANE & TIMMINS

- There is a disconnect between the ministry and agencies at a top level which makes it difficult to discern research and interpret what is good evidence.
- Both communities have expressed difficulty reaching hard to reach or reluctant to engage families who aren't accessing services.

TIMMINS

- There has been a cultural shift where this generation of young moms don't want to parent in a traditional way, and they are not interested in a naming ceremony.

- In Timmins, there are lots of places for parents to go for typical issues, but when it comes to more complicated issues, programs and services are more limited.
 - ✓ Families who are accessing programming in the community with their second child often express how they wish they knew about these programs with their first child.
 - ✓ When complex issues arise, families are sometimes referred to NEOFACS. Most families don't follow through on the referral to NEOFACS as there is big stigma attached to going to that agency. While mental health services are separate to the child welfare services, they are under the same agency title. Families expressed being afraid of "doing something wrong" while at that agency and having their kids taken away by child welfare.
- The TNFC expressed that it is difficult to get a diagnosis of FASD and consequently offer services. In order for families to get a diagnosis, they have to go to Sudbury, which is a 3.5 hour drive.
- The Public Health Unit expressed that there is a big disconnect between mandates and current information, especially between the ministry and agencies. The community expressed some difficulty discerning key messages.

Knowledge & Skills

COCHRANE

- Practitioners understand the social determinants of health as well as risk and protective factors (e.g., socio-demographic factors, infant characteristics and health, parental health and knowledge, family functioning, community and social supports) but the community expressed that tying it back to infant mental health would be beneficial.
- Programming is developed and refined on the basis that influences of community, social and family supports on parent-child interaction and infant well-being influences child development.
- Front-line workers are respectful and open-minded when it comes to socio-cultural differences in child rearing and parenting expectations.
- The community reported that most workers are aware that the impact of past experience of being parented on parents' expectations of their infant and their parent-child relationship influences child development. However, when it comes to the competency of intervening, community participants reported that practitioners are not effectively helping parents understand and cope with unresolved issues from their past that might be interfering with their ability to parent. Strengthening capacity in this competency could make a big difference for infants 0-3.
- Agencies such as CTTC and Porcupine health feel that establishing a therapeutic relationship with families is a strength.
- Collaborating with other community agencies is a strength in Cochrane with the aim of giving families a single service plan.

- Public health has debriefing available by phone, biweekly team meetings by phone, once a month they have reflective practice through case studies, and periodic chart audits.
- Across agencies, everyone expressed that they are missing hard to reach families. Public health expressed that some families accept services but then miss appointments.

COCHRANE & TIMMINS

- Agencies, especially the Porcupine Health Unit are feeling comfortable with physical child development.

TIMMINS

- The OEYC provides high quality early years programs and services, this is delivered by engaged and knowledgeable early years staff. The OEYC expressed that they would like to strengthen their knowledge in child development by having more opportunities for professional development to highlight the importance of remaining current with new research and literature. At TNFC, they have a collective body of knowledge and get together to talk about a child, utilizing the capacity of the collectivity. Public health nurses are well versed in child development but knowledge around complex feeding issues is lacking with consequently affects relational mental health.
- Even though NEOFACS receives training on interventions, none of it is geared for the 0-3 population.
- Community members expressed that they have difficulty getting families to come to group services. Because it is such a small community, the general feeling is that everyone will know that they are facing challenges; it is very exposing and vulnerable.
- When it comes to helping caregivers resolve their past which is impacting their ability to parent, workers have trouble reaching such caregivers as many believe they are okay and don't wish to be referred to services.

Short Term Opportunities for Competencies

Knowledge Building for Professionals

COCHRANE

- IMHP will share Greg Lubimiv's temperament scale to enhance capacity around temperament.
- IMHP will draft a letter to state that the Aboriginal Head Start summer program is really missed to send to the provincial government.
- Staff will share available training by email to the IMH community table to help share and coordinate training. She will remind people to send it to their front line staff.
 - ✓ The community expressed that staying on top of research can be challenging with demanding caseloads and time constraints. Most individuals wait for information to come to them (i.e., promotion of training through email). They will seek knowledge for specific child if needed, but the community would like a better strategy to stay up to date with research.
- The community wishes to strengthen capacity around behavioural issues in children. This knowledge gap is creating a lot of stress for the community.
- Strengthen support for the family versus only the child. There is a disconnect with the Ministry of Education's focus on the child while there are little to no supports offered to parents.

COCHRANE & TIMMINS

- IMHP will create 6 good slides on infant mental health to share with all community partners.
- IMHP will give the communities access to the 15 part webcast series on Infant Mental Health.
- Strengthen cultural competency to better serve the new families in the area.
- IMHP will share Nurturing the Seed with the communities.
- IMHP will give 2 days of training to each community (total of 4 days) in the fall. Two of the four days will fall on a weekend to allow childcare workers and teachers to attend. Individuals may access the training in the community they prefer and on the days they prefer.
 - ✓ All sectors must be present
 - ✓ IMHP will present the science of infant mental health, and;
 - ✓ ASQ screening to achieve consistency and create a common language within the community.

Cochrane & Timmins

- IMHP will add names of participants at the table in the e-blast newsletters with the aim that participants at this community table can start attending IMHP Rounds through webcast.

TIMMINS

- TNFC will introduce the conversation around traditional upbringing such as rites of passage at community events that are well attended.
 - ✓ Ask Timiskaming Elder if they know someone in the area who could help with this initiative.
- TNFC will look to find spiritual belief Elders in the community, or someone who is willing to travel to the community. They have Elders that know the land, but spiritual Elders are lacking.
- Identify a person who can educate mainstream agencies on cultural competency.
- NEOFACS will share a resource to show what services are offered, as community partners are not aware of what is available.
- Survey existing committees to organize an infant mental health committee that is outcome based.
 - ✓ Ensure there is Indigenous representation
 - ✓ This committee can make a plan on how they want to move forward with this report, and who should this be presented to.

Skill Building for Professionals

COCHRANE & TIMMINS

- The community wishes to strengthen capacity for intervention within the community. Opportunities have been identified under Core Prevention and Intervention.

TIMMINS

- Determine who will take the lead to share with Indigenous partners when training is happening in mainstream agencies.

Long Term Opportunities for Competencies

Skills

COCHRANE & TIMMINS

- Once the IMH committee is formed, strategize and on how to reach hard to reach or reluctant to engage families who aren't accessing services.

TIMMINS

- The community is in need of a lactation consultant to address complex cases. The Porcupine Health Unit will explore opportunities (i.e., Skype) on how to have access to a lactation clinic or consultant.
- NEOFACS will provide education on brief solution focused therapy.
- TNFC will reach out to Timmins Counselling and CMHA to ask if they can join their training on how to support parents reconcile their past that may be impacting parenting. The community reported the following challenges:
 - ✓ There are not enough workers.
 - ✓ No one follows through, the client is responsible and clients don't get called back.
 - ✓ Unless you have an advocate it is very difficult.
 - ✓ There is a mental health crisis line but it is not effective and very difficult to navigate.
 - ✓ Although there are services available on paper, there are huge issues when individuals try to utilize them.

Organizational Policies & Practices

What is Happening in Cochrane and Timmins Today

COCHRANE & TIMMINS

- IMHP will share questionnaire on organizational policies & practices to support high quality infant mental health services to better determine existing initiatives..
 - ✓ Include a question about adaptive technology: e.g. Do you require assistive technology? If yes, do you have the access that you need?
 - ✓ Add question about cultural awareness training and cross-cultural training.

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