



## **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**

**EAST YORK,  
GREATER TORONTO AREA,  
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 East York**

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

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**IMHP would like to thank the following agencies from the Cochrane and Timmins  
Communities who participated in the Community Table process.**

Children's Aid Society of Toronto  
Child Development Institute: Child Care Consultation Services  
East York East Toronto Family Resources  
Eastview Neighbourhood Community Centre: Family Resource Program  
Massey Centre  
Native Child and Family Services: Aboriginal Head Start  
Parent Resource: Drop In Centre  
S.E.A.S Centre (Support Enhance Access Service Centre)  
South Riverdale Child-Parent Centre  
South Riverdale Community Health Centre  
Toronto District School Board: Parenting and Family Literacy Centres  
Toronto Public Health  
Toronto South East Coalition of Perinatal Nutrition and Support Programs (CPNP)  
WoodGreen Community Services: Child Care  
WoodGreen Community Services: Homeward Bound Program

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



## Executive Summary

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

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

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

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

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

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

## Key Findings/ Recommendations

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

➤ Each sector would benefit from clearly defined roles (i.e. prevention, intervention, treatment) and a common language across sectors.

➤ Adopt the Zero to Three Infant Mental Health Task Force (2014) definition of infant mental health and an understanding of core concepts:

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

- *promotion of healthy social and emotional development;*
- *prevention of mental health problems; and*
- *treatment of the mental health problems of very young children in the context of their families.*

➤ Create and implement the dissemination of a universal brief/ pamphlet for physicians and practitioners to use with families that informs of key messages about developmental milestones, the importance of early mental health and responsive caregiving relationships for babies. Encourage all agencies in the region to use these documents to support a common language and understanding.

➤ Explore how to strengthen coordinated, targeted messaging around parenting, child development and infant-early mental health to reach families more effectively in the public. The location of these messages is essential in reaching the families who may not otherwise access services or be aware of services available. Leverage existing parent and professional education initiatives.

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

➤ Build capacity and enhance the skills of frontline practitioners and clinicians to make observations of infant and toddler development, recognize the risk for early mental health and respond to concerns with appropriate services.

➤ Explore and identify both strengths and limitations in infant mental health expertise in your region's services. Look to engage children's mental health services in a collaborative discussion on building capacity for infant mental health treatment.

➤ Promote existing and/ or implement more multi-sector opportunities for staff to be coached on communicating and sharing information with parents about normal development and developmental concerns.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

#### References

Clinton J, Kays-Burden A, Carter C, Bhasin K, Cairney J, Carrey N, Janus M, Kulkarni C & Williams R. (2014). Supporting Ontario's youngest minds: Investing in the mental health of children under 6. Ontario Centre of Excellence for Child and Youth Mental Health. Retrieved from [http://www.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 and Métis 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 candour was impressive. Speaking about strengths was easy and enriching to hear, often with moments of clarity among partners as they gained insight into what others were doing. Identifying where services could be better, or policies needed to be refined because of the science, was more challenging. Within each community table there were members who helped to create a safe environment in which these conversations could take place. These more difficult conversations were honest and positive and were not riddled with blame or judgments from one sector to another, but were guided by what the science is telling us - how that science is shaping local infant mental health efforts, and ultimately how infant and early childhood mental health can be better supported and vulnerability responded to more effectively.

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

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

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

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

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

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

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



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

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# Supporting Infant Mental Health in East York

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## About East York

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The Town of East York is located within the City of Toronto, spanning from west of the Don River to the beginning of Scarborough and north of Danforth Road to Eglinton Avenue. The East York community is largely a residential neighbourhood comprised of Leaside, Thorncliffe Park, and Bennington Heights (City of Toronto, 2003). Thorncliffe Park is densely populated and has been identified by the City of Toronto as a Neighbourhood Improvement Area which indicates the community falls below the Neighbourhood Equity Score (City of Toronto, 2014).

In 2011, the area defined as *Toronto & East York* had a population of 701,145 with 32,835 children under the age of five (City of Toronto, 2013). This was an increase from 2006 by 1975 children. (City of Toronto, 2013). An increase in the population requires a growth in services and programs, however due to funding freezes and other limitations, agencies have not been able to expand services to meet this need.

According to EDI Results from 2010/2011 for the Beaches-East York riding, using the Social Risk index (SRI), four out of the eleven neighbourhoods in East York were considered high risk (Canadian Mothercraft Society, 2011). This indicates multiple risk characteristics within the neighbourhood that correlate with poor child development such as low income and education (Canadian Mothercraft Society, 2011). Only one of the eleven neighbourhoods in the Beaches-East York riding was considered low risk with two or less risk characteristics (Canadian Mothercraft Society, 2011). Supports and services for families who are experiencing risk factors are essential to improving outcomes for infants and young children.

It was identified through the discussion at the community table, there is limited capacity for early intervention services located within the boundaries of East York. This results in many families being referred to services outside of the East York community to areas such as in Scarborough or Central Downtown. Accessing these services can be challenging for families who have limited ability to travel for many reasons including living in isolation, fear of engaging in social services, language barriers, and many other reasons practitioners need to consider when working with vulnerable families. Building capacity within East York for early intervention services was an opportunity identified by the community.

Throughout the community table discussions around infant mental health knowledge in the East York community, it was determined the level of knowledge varied by practitioners and by professional disciplines. Developmental screening is an area of strength within targeted programs but will look to be expanded and offered to all families within the East York. This form of infant mental health practice will begin to ensure infants and toddlers within the East York community are screened for any concerns with services put in place promptly to make the most of the critical first three years of development. There is a strong willingness and commitment among all agencies at the East York Community Table to strengthen infant mental health practices and knowledge.

**The East York Community Table included the following agencies:**

- Children's Aid Society of Toronto
- Child Development Institute: Child Care Consultation Services
- East York East Toronto Family Resources
- Eastview Neighbourhood Community Centre: Family Resource Program
- Massey Centre
- Native Child and Family Services: Aboriginal Head Start
- Parent Resource: Drop In Centre
- S.E.A.S Centre (Support Enhance Access Service Centre)
- South Riverdale Child-Parent Centre
- South Riverdale Community Health Centre
- Toronto District School Board: Parenting and Family Literacy Centres
- Toronto Public Health
- Toronto South East Coalition of Perinatal Nutrition and Support Programs (CPNP)
- WoodGreen Community Services: Child Care
- WoodGreen Community Services: Homeward Bound Program

# Core Prevention & Intervention for the Early Years

## What is Happening in East York 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 East York 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.*

#### Michael Garron Hospital

##### Baby Friendly Initiative at MGH

- MGH is a Baby Friendly™ hospital and one of only three hospitals in Ontario to have achieved this designation; a globally recognized quality standard acknowledging facilities for offering an optimal level of care and support for breastfeeding mothers and babies.
- In 2007, MGH became the first hospital in Toronto to achieve the Baby Friendly™ designation, which was renewed in 2012. The designation is a great honour and acknowledges the work staff do every day to provide excellent care for newborns and their families.
- MGH continues to strengthen its culture of breastfeeding support. The 2012 Baby Friendly Hospital Initiative assessors praised MGH for its continued progress, citing examples of excellence including: commitment to skin-to-skin, hand expression, mother-baby led latching and the confidence expressed by all staff in their knowledge and skills to help mothers breastfeed.

#### Parent Resource: Drop In Centre

- **School Readiness Program:** Children attend the program without a parent or caregiver present to explore activities and structure similar to a school setting.
- **Parent Relief Program:** Parents and caregivers can drop off their child for care while they tend to others matter where the child does not need to be present (e.g. doctor's visit, grocery shopping, etc.)

### South Riverdale Child-Parent Centre (SRCPC)

- SRCPC is a great place to meet other parents and caregivers with young children (0-6 years), play, create, and access information and resources about childhood development and parenting.
- They offer a daily drop-in, weekly parenting workshops, toy and book lending libraries and a clothing exchange.
- They are a non-profit organization, that holds annual fundraisers and all of programs are free of charge to the community.
- To accommodate families' schedules, some of the programs offers have been shifted to evenings and weekends.
- Child care is available during workshops for parents.

### Massey Centre

- Massey Centre is the Lead Agency for the **Ontario Early Years Centre (OEYC)** in the Toronto/Danforth riding. The OEYC is a place where children age six and under and parents/caregivers can participate in structured programs, receive answers to questions, access information about other community programs, talk to early childhood professionals and network with parents and caregivers in the community.
- Free services available through the OEYC:
  - ✓ Early learning and literacy programs for parents/caregivers and their children
  - ✓ Parenting programs covering all aspects of pregnancy and early childhood development
  - ✓ Informal counselling
  - ✓ Referrals to specialized community agencies where required
- Five satellite partners provide services in partnership with Massey Centre, to maximize outcomes for children and families in the community:
- **Early Learning Centre:** on-site Early Learning Centre (ELC) is an essential element of the integrated services we provide. An inclusive childcare centre, it is staffed by a dedicated group of Early Childhood Educators and trained Assistants. Careful daily monitoring of the children helps to assist in early identification of developmental concerns, quick referral and intervention by a resource consultant provided by the City of Toronto, Children Services Department.
- Although priority for space is given to the young mothers living in or attending school at Massey Centre, spaces not used by children of clients are open to families in the local community. The ELC accepts both subsidized and full-fee-paying parents.
- The ELC follows a modified version of the High/Scope curriculum, which has been proven to improve life outcomes for high-risk children. The ELC's programming concentrates on building intellectual, social, physical, creative and emotional skills of children.

### **Toronto Birthing Centre (TBC)**

- The TBC is a not-for-profit corporation and will be licensed under the Independent Health Facilities Act. TBC promises to be a ground breaking new centre using an Indigenous framework, aiming to create a welcoming and culturally safe space for families of all nations to give birth.
- The Birth Centre provides a comfortable, home-like setting, led by a midwife.
- Although the centre is located in the Regent Park community many East York residents are accessing the midwifery services within their homes.

### **S.E.A.S Centre (Support Enhance Access Service Centre)**

- S.E.A.S. Centre is a not-for-profit social service agency promoting individual well-being, enhancing family harmony, and encouraging community involvement in all walks of life through diverse program, volunteer opportunities and community activities.
- Family Programs available to all children and families include:
  - ✓ Women/ Single Parent Support Group
  - ✓ Parenting Skills Training
  - ✓ Early Year Program & Sunday Drop-in Centre

### **Toronto Public Health: Child Health and Development**

#### **Breastfeeding and Infant Feeding Support**

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

## Peer Nutrition Program

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

## Parenting Programs

- Living and Learning with Baby (LLB) focuses on enhancing parenting capacity, strengthening the parent and child relationship, supporting the transition to parenthood and building support systems. Parents are able to share knowledge and experiences of being a parent. Topics include: infant nutrition, adjustment to parenthood, growth and development, caring for a sick child, and keeping your child safe. Living and Learning with Baby is a free program facilitated by a PHN and offered to parents with children 6 weeks to 6 months old in a series of 2 hour sessions held over a 6 week period.
- The Nobody's Perfect (NP) Parenting Program is an evidenced based program developed by Health Canada in 1980s. NP helps parents to recognize their strengths and to find positive ways to raise healthy, happy children. NP is based on the concept of "experiential learning" which incorporates adult learning principles. Parents take an active role in the learning process by utilizing their own experiences and building on their current knowledge. The program incorporates adult learning principles and theories, experiential learning cycle, and principles of Nobody's Perfect (Empowerment, Safety and Participation) into each session. NP also helps parents build networks among themselves and encourages them to see one another as sources of advice and support. It is a flexible program and can be tailored to meet the needs of parents. Topics discussed are determined by the group which can include child growth and development, child safety, understanding your child's feelings, understanding and managing child behaviour, managing parent stress and parent self-care. The Nobody's Perfect Program is offered to parents and caregivers with children up to 6 years of age and under. It is a series of 2 hour group sessions held over a period of 8 weeks and is delivered in multiple languages. NP can be facilitated by 2 PHNs or a PHN and a trained community partner.

## Online Support

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

range of topics including: breastfeeding, mental health promotion, pre-conceptual health, prenatal and postpartum depression, and anxiety and parenting.

## Toronto Public Library: Ready for Reading

- Ready for Reading Principles:
  - ✓ Parents and caregivers are a child's first and best teachers.
  - ✓ Communication begins at birth.
  - ✓ The parent-child relationship is the basis of the child's success.
  - ✓ Parents and caregivers should know their child's stages of development in language and literacy.
  - ✓ Children learn through play.
  - ✓ The library supports and compliments what families can do at home.
  - ✓ Regularly engaging in the five activities SING, READ, TALK, WRITE, PLAY will help a child significantly in developing her early literacy skills.
  
- **Programs and Services:** The following Ready for Reading Programs are available system wide at the district level. This means not every branch has them but that every district does. A district is a larger branch plus a few neighbourhood branches
  - ✓ Baby Time (0-18 mo)
  - ✓ Toddler Time (18-36 mo)
  - ✓ Preschool Storytime (3-5)
  - ✓ Family Time or Pyjama Time (all preschool ages, older siblings welcome)
  
- **Outreach Activities:** In partnership with Toronto Public Health TPL supports Living and Learning with Baby series by conducting a Ready for Reading Babytime in one of the sessions. They also partner with TPH in the Healthiest Babies Possible initiative by providing expectant mothers with a welcome package from the library, and by having library staff go through the contents of the package with the mother. Along with information from TPH, this package includes, a Let's Get Ready for Reading Guide as well as information on services to parents and children such as Dial a Story, our First and Best Booklist, local branch information (there are 15 locations) and a free board book. They are also piloting a Peer Nutrition Program with TPH which is for mothers of newborn babies.
  
- TPL also conducts storytime outreach visits to local daycares as well as to Parent Family Literacy Centres from both the TDSB and TCDSB. There is also an extensive Kindergarten Outreach program that targets every kindergarten student in the city.
  
- **Ready for Reading Spaces:** All branches (Except Toronto Reference Library) have a welcoming children's area, appropriate collections, and a space for story times. There are KidsStops at 9 branches. These are fun learning environments with lots of interactive learning stations where parents and children can explore and learn together. Each KidsStop has its own theme such as water, shapes, enchanted forests etc. All KidsStops are literacy rich and include a phone that connects to Dial a Story, cozy spots for parents and children to read together and "big books" which are mounted books with pages that swing open easily. <http://www.torontopubliclibrary.ca/ready-for-reading/kidsstop-early-literacy-centres.jsp>

- **Partnerships: Reach Out and Read / Prescription to Read:** St Michael's Hospital and Mount Dennis Weston Health Centre both participate in the Reach Out And Read (ROAR) program. St Michael's staff have been given 3000 bags containing the Lets Get Ready for Reading Guide along with library materials, a local map with library branches within St Michael's catchment area and age appropriate books for newborns and toddlers. These bags are given to parents during regularly scheduled visits and hospital staff make time to discuss the importance of reading together and as part of establishing a healthy relationship. Waiting room materials and copies of the Let's Get Ready for Reading guide have also been given to Mt. Dennis Weston Health Centre. Additionally we are assisting St Joseph's Hospital in implementing their Prescription to Read program and have given guides to other interested clinics such as Liberty Village, and more clinics are developing partnerships with TPL.
- **Postsecondary ECE School Visits:** TPL children's librarians have begun visiting schools that teach Early Childhood Education Seneca, Humber and George Brown Ryerson and given talks to classes on the Ready for Reading program. Classes from these and other schools have moreover frequently visited branches with large children's collections such as Lillian H. Smith and North York Central and been given time with library staff to discuss these collections and other resources.
- **Ready for Reading Online:** Ready for Reading can be found here: [www.torontopubliclibrary.ca/ready-for-reading/](http://www.torontopubliclibrary.ca/ready-for-reading/). There are short videos on each of the 5 early literacy promoting activities TALK SING READ WRITE and PLAY as well as other videos that share songs rhymes and stories. There are also links to new books, information about our KidsStops, our annual First and Best booklist, our Let's Get Ready for Reading guide and a link to our Growing a Reader blog. TPL will be rolling all of this content and more into a new children's web site that is currently under development.

### Toronto District School Board: Parent Family Literacy Centre (PFLC)

- Parenting and Family Literacy Centres are free, school-based programs for parents and caregivers with children from birth to age six. These play-based programs are designed to support children's early learning and development and are aligned with the Kindergarten program to help ease transition to school. They offer a safe, nurturing and stimulating program where parents are recognized as the first and most important teacher in their child's life.
- There are 78 centres located in elementary schools across Toronto. These centres provide opportunities for overall development of the child. Together families participate in a family literacy program that helps children develop and build essential literacy and numeracy skills. Books from multi-lingual libraries are available to borrow. Location in the school environment provides opportunities for building positive connections with the local school environment and staff, creating a supportive community for all. Parents and caregivers are supported and connected with appropriate interventions, services and community agencies when possible.
- The following PFLC's are located in the East York boundaries. These programs have no pre-registration and families are welcome at any time during the program hours. Families do not have to stay the whole period of time.
  - ✓ Crescent town: Monday, Tuesday, Wednesday, Thursday, and Friday from 8:30am to 12:30pm
  - ✓ Grenoble: Monday, Tuesday, Wednesday, and Thursday from 8:45am to 1:45pm



- ✓ Fraser Mustard Early Learning Centre: Monday, Tuesday, Wednesday, and Thursday from 8:45am to 1:45pm
- ✓ O'Connor: Monday, Tuesday, Wednesday, and Thursday from 8:45am to 1:45pm

### WoodGreen Community Services: Child Care Services

- Over 700 children are enrolled throughout WoodGreen's 7 child care centres.
- WoodGreen provides a safe, stimulating and enriching early learning environment where children are cared for by professionally trained staff giving parents peace of mind. Their curriculum is based on the most up-to-date practices and is designed to respond to each child's individual needs and interests. Parental involvement is an integral part of the program.
- There are 7 child care locations in the east end of Toronto, along with nursery school spaces, a summer camp program and parenting programs. Committed to continual learning and excellence, they work with a variety of partners to deliver many child care services.
- The Bruce/WoodGreen Early Learning Centre is noted as a model for the future by Dr. Charles Pascal in his ground-breaking report on full-day early learning.
- List of Child Care Locations:
  - ✓ Enderby Child Care: We have 5 classrooms: Infant (10 children), 2 Toddler classes (10 children in each class) and 2 preschool classrooms (16 Children in each class)
  - ✓ Riverdale Child Care
  - ✓ Bruce/WoodGreen
  - ✓ Leslieville
  - ✓ Woodfield
  - ✓ Debbie Yeung
  - ✓ Morse Street

### East York East Toronto Family Resources (EYET)

- **Child Care:** EYET operates three early learning centres for pre-school and kindergarten age children. Their child care centres provide a caring, stimulating and creative environment where children can experience growth - physically, emotionally, socially and intellectually.
- Annie's Place, Tom's Place and Crescent Town School provide a happy, relaxed environment that foster self-confidence, self-respect and a feeling of security. At EYET, they accept every child for who they are - their strengths and challenges - and respect their individuality.
- EYET complements the family's home experience by working in partnership with parents and caregivers to ensure the best possible outcomes for their children. They value and respect parents' primary role as experts - their knowledge, skills and insights. They model caring and respect for others and promote an inclusive and diverse environment. EYET utilizes an emergent curriculum approach to program planning.

## Eastview Neighbourhood Community Centre: Family Resource Programs

- ENCC'S Family Resource Program offers a variety of activities and program that focus on promoting and supporting the wellbeing of the family unit.
- Programs are offered, in an informal, supportive, non-threatening environment.
- Opportunities exist for parents/caregivers to make social contacts, discuss child rearing, learn about healthy child development, share ideas and develop more effective parenting skills.
- Children can enhance their social, emotional and cognitive skills, through activities that foster positive interaction.
- **Head Start Program:** A free School Readiness Program that through play, social interaction, arts & crafts, music, develops skills in children that will enrich and enhance their ability to learn and prepare them for school.
- **Healthy Beginnings:** A perinatal program for pregnant women. The focus is on having the healthiest baby possible. This is a co-operative program with the Toronto Public Health Department.
- **Family Drop In Program:** Active and creative play for children ages 0 - 5 focusing on Early Childhood Education and Adult Programming. This program includes arts and crafts, free play and movement activities, story time, music circles, and daily snacks. Within this program they also offer information & referral, resources for parents & caregivers, special events, workshops & seminars, special programming for children, trips and outings.

## Native Child and Family Services of Toronto - Aboriginal Head Start

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

## 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.

- **East Healthy Beginnings (CPNP):** The East York Healthy Beginnings for Healthy Babies program (EYHBHB) provides information, education and support to pregnant women to have healthy pregnancies and healthy babies.
- The program runs once a week in each location. Childminding services are available for families with other children, nutritious snacks, information about pregnancy and access to health care professionals. Each week, program workshops focus on a different topic, including:
  - ✓ Workshops and discussions about how to have a healthy baby
  - ✓ Prenatal information
  - ✓ Nutritional information and resources
  - ✓ One-on-one appointments with a Public Health Nurse and Dietician
  - ✓ Food Supplements
  - ✓ Breastfeeding support
  - ✓ The opportunity to connect to other women in the community
- **Toronto South East Coalition of Perinatal Nutrition and Support Programs** are sponsored by Eastview Neighbourhood Community Centre. These include CPNP sites at the following agencies: St. James Town, Applegrove's Helping Our Babies Grow, Eastview's Beginnings, Jessies Centre, Thorncliffe's Tuesday Morning, and the Regent Park Community Centre.
- **The Donlands Family Resource Program (FRP)** offers a welcoming and safe place for parents and caregivers with children under six years of age.
- They offer something for everyone, including a lending library, clothing exchange, the opportunity to connect with other families in your neighborhood and more.
- There is a lot to do and learn at the Donlands FRP.
  - ✓ Playgroup – an opportunity to interact with other children
  - ✓ Child development activities and support
  - ✓ Early Learning activities and information
  - ✓ Food and nutrition support
  - ✓ Parent and caregiver support and education
  - ✓ Workshops and discussion groups
  - ✓ Friendships and peer support
  - ✓ Family Health and Safety Information and resources
  - ✓ Information, supports and referrals to other agencies

## Toronto Public Health: Child Health and Development

### Canada Prenatal Nutrition Program: Individual Service

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

### Healthiest Babies Possible Program

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

### Healthy Babies Healthy Children (HBHC)

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

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

- CAST is committed to preventing situations that lead to child abuse and neglect by embracing, strengthening and supporting families, and communities, protecting children and youth from abuse, and neglect, providing safe and nurturing care for children and youth and advocate meeting the needs of children, youth, families, and communities.
- Offer a **Pregnancy and Aftercare (PAC) Program** for mothers which provide concrete support to families.

- **Infant Nurse Specialists** visit families in conjunction with the family support workers, occurring biweekly or weekly.

### Red Door Family Shelter

- Red Door Family Shelter is a non-profit registered charity serving the GTA with 156 beds in two locations. The City of Toronto and the Province of Ontario provide the basic operations funding. Donations and private fundraising allow for programs for residents that go beyond food and shelter; programs that make life a little easier while at the Red Door and that offer tools to achieve long-term objectives.
- Families come to the Shelter through a referral from agencies such as Children's Aid Societies, Public Health Department, Police Services, other shelters, through word of mouth upon the advice of friends. Within approximately three months most families are re-established back to independent living. Individual circumstances and needs determine the length of stay; some families stay overnight while others live at the Shelter for as long as six months.
- The agency offers shelter and basic necessities, 24-hour emergency housing, on-site medical assistance and referrals, child care, healing and strengthening services, counselling, case management, safety planning, education, legal, immigration assistance, parenting and life skills training, extensive programming for children and youth, transitional support and outreach, assistance to find housing, moving program (provides donated furniture and moving assistance), weekly food bank, and ongoing caseworker support and accompaniment.

### Native Child and Family Services of Toronto

- **Child Protection:** As the children's aid society for the Native community in Toronto, Native Child and Family Services Toronto (NCFS) investigates allegations of child abuse and neglect, protects children who have suffered abuse or neglect (or are at risk of harm) by assisting and supporting their families to reduce harmful circumstances. NCFS offers guidance, counselling and referral services to families whose children are at risk of abuse and neglect, refers families to other service providers where we do not offer a service, arranges for treatment services for children in our care, places children with family members or extended family, in foster homes or adoptive homes, depending on the legal status of the child and his or her needs, and recruits, develops, educates and supports foster and adoptive parents. NCFS has partnerships with Healthy Babies Healthy Children/ Homeless at Risk Prenatal (HARP) program nurses, and Anishnawbe Health Toronto to assist with expectant mothers.
- Prenatal cases are included in the full caseloads of staff as relationships are developed prenatally to avoid potential confrontations when the child is born.
- Visits with families occur as frequently as once a week.
- **Kognaasowin (Parenting in a Good Way)** – Aboriginal Early Childhood Development Program provides parenting education and support for families with children up to 6 years old. Aboriginal teachings play an important part in these services. There are a variety of programs to prevent problems from developing or to help stop existing problems from getting worse. Parenting groups, workshops, in-home support and family drop-in are offered through the following services: Aboriginal Ontario Early Years Centre, CAPC, CPNP, and Ninoshe – Aboriginal Healthy Babies Healthy Children

- **Ninoshe - Aboriginal Healthy Babies Healthy Children:** program offers support and parenting skills to new mothers and provides links to community services. NCFST Ninoshe workers provide support to families in the same way that "aunties" play a supporting role in traditional Native societies. Services include family in-home visiting, pre/postnatal groups, and parenting classes.

### Massey Centre

- The Massey Centre for Women is fully accredited Children's Mental Health Centre which supports pregnant and parenting adolescents, aged 13-21. Support is provided to more than 2,800 moms and babies each year, including families within the surrounding community through our Ontario Early Years Centre.
- **Prenatal Residential Programs and Services:** The prenatal residence is where most moms begin at Massey Centre. A group living setting with a capacity of 22 mothers and babies, it is staffed by residential counsellors 24 hours/7 days per week. Young women arrive at any time during pregnancy, and may stay with their babies for up to two months after delivery.
- The goals of the Prenatal Residential program include:
  - ✓ Birth of healthy babies
  - ✓ Early bonding
  - ✓ Effective newborn care
  - ✓ Teaching life skills for parenting and independent living.
- Expectant moms actively participate in the design of their care plan, individualized for each new mom-to-be and designed to focus on their strengths. As part of this plan, expectant and new moms must participate in structured program activities such as:
  - ✓ School
  - ✓ Work or pre-employment preparation
  - ✓ Group activities
  - ✓ Medical appointments
  - ✓ Counselling (individual and or family/relationship)
  - ✓ Health & wellness sessions
  - ✓ Pre-natal classes
  - ✓ Physician-supervised exercise
  - ✓ Outings (e.g., visit local attractions, movies, sporting events)
- **Postnatal Residential Housing Program:** Mothers graduating from the prenatal residence (normally about two months after baby arrives) move on to the Postnatal Transitional Housing Program, where mom and baby live for up to 6 months in one of ten partially furnished, self-contained apartment units. They pay modest rents, geared to their income.
- Residential counsellors ensure:
  - ✓ Mom is coping

- ✓ The attachment process is going well
- ✓ Baby is thriving
- ✓ Placement of the baby in the Early Learning program at the Centre
- As with the prenatal program, young moms continue to:
  - ✓ Attend school, work or focus on pre-employment activities
  - ✓ Learn positive and effective parenting skills
  - ✓ Learn how to budget and shop for a household
  - ✓ Increase knowledge about how to access community resources
- **Postnatal Transitional Supportive Townhouse Program:** Upon successful completion of Phase I, moms may apply to participate in Phase II of Postnatal Transitional Housing Program. Based on availability, for up to an additional six months mom and baby enjoy living in one of 17 two-bedroom town homes giving them even greater independence but with support as they begin their transition back into the larger community.
- **Maternal Infant Mental Health (MIMH):** MIMI services at Massey Centre strive to support optimal child outcomes: a sense of security and self-esteem, the ability to form satisfying relationships, to engage with the world, to learn, cope and problem solve, and to continue positive development throughout life. They support families at the Massey Centre as well as in the larger community, through:
  - ✓ Infant Massage Class – for young parents and their babies up to 6 months old and as well as for families from the community with babies up to 6 months old
  - ✓ Rhyme Time – songs, rhymes and lullabies for young parents and their young children
  - ✓ Cooking Club – for young parents who reside at Massey Centre; goal of the program is meal planning and cooking, provide information on nutrition, portion control, budgeting, provide opportunities for positive peer interaction and leadership
  - ✓ Mother's In Motion – a walking program for young parents and their children that aims to improve overall health and wellness while exposing young parents to resources in their local community.
- **New Lives Start Here** is a transitional housing and education program for young moms who are between 18 and 25 years old, registered in or committed to completing postsecondary education or training, sole support and parenting one or two children who are under six years old, and homeless or under-housed.
- **Primary Health Care:** Expectant and new moms living at Massey Centre have access to an on-site staff registered nurse for:
  - ✓ Pre and post-natal personal health counselling
  - ✓ Well-baby check-ups
  - ✓ Breastfeeding support and assistance
  - ✓ Support dealing with postpartum emotions such as depression, frustration and loneliness
  - ✓ Medical care referrals
  - ✓ Information on family planning & protection against sexually transmitted diseases

- Clients quickly receive medical care and counsel on issues concerning their pregnancy, nutrition, fetal development, infant health and maternal infant mental health, and may also take part in prenatal classes, labour coaching and classes on infant care and development. Their infants are monitored closely to ensure any lags in development are quickly identified and referred to appropriate health or community agencies.
- **Massey Centre Secondary School Treatment program:** At the Massey Centre, there is a high school for young mothers who wish to continue their education. The school is operated in partnership with the Toronto District School Board, offers a broad range of Grade 9 to Grade 12 courses. It was designed to meet the educational, social and emotional needs of individual students, providing a positive, welcoming and supportive atmosphere for young moms.
- **Community Referral Services program** supports clients to find safe, affordable and stable housing, understand their rights and responsibilities as tenants, know about and access community resources and government benefits, and advocate for themselves and their child.

### **WoodGreen Community Services: Homeward Bound**

- Homeward Bound assists single, female-led families who are living in unstable conditions make a successful transition to sustainable employment, permanent housing and independent living for themselves and their children.
- Homeward Bound is a 4 year program which provides the following supports for all its participants
  - ✓ Free 2 year college education
  - ✓ 14 week unpaid internships
  - ✓ Access to sustainable employment opportunities through our Industry partners
  - ✓ Affordable furnished housing
  - ✓ Free child care



## 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.*

### Massey Centre

- Children of residents of Massey Centre can receive ASQ Screens and subsequent developmental support plans. The agency is expanding the developmental screening for all families who attend the Ontario Early Years Centre located within their agency.
- Plan of Care forms have been modified to reflect the indicators of development from the ASQ tools.

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

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

### Toronto Public Health

#### Early Identification Screening Clinics

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

#### Early Abilities: Infant Hearing Program

- Universal newborn hearing screening is free and available in all birthing Hospitals in Toronto including the Michael Garron Hospital of the Toronto East Health Network. Infants discharged early or who missed their screening in hospital will be screened in the community at one of 14 locations. In East York, the Community Clinic is located at the Flemingdon Health Centre, 10 Gateway Blvd. Neither OHIP nor Canadian citizenship is required to participate.

- These services are coordinated by Toronto Public Health's Early Abilities (formerly Toronto Preschool Speech and Language Services).

### Healthy Babies Healthy Children (HBHC)

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

### Postpartum Adjustment Programs and Services

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

### WoodGreen Community Services: Child Care

- Within the Child Care locations, staff are using the Nippissing District Development Screening (NDDS) tool with parents.
- The agency has developed a Progress Report for each child in their centres from the early learning framework to document how they are doing developmentally.

## 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.***

### Child Development Institute

- **Child Care Support Team:** CDI delivers consultation services and other support services to licensed childcare centres in Toronto under the “Every Child Belongs”(ECB) service model. The goal of the ECB model is to support inclusion within childcare centres so that every child has access to childcare in their community that offers inclusive, developmentally appropriate early childhood experiences. CDI has a team of child care consultants (also known as special needs resource consultants) and Intensive Resource Support staff delivering services under this model.
- CDI’s Child Care Consultation services provide support for staff caring for children under the age of 12 who have extra support needs and are attending a licensed childcare program. In

supporting these children, child care consultants collaborate with child care staff and parents to identify the child's strengths and needs and develop individualized plans and strategies to support the child's optimal development and participation within the centre.

- Consultants visit their designated centres on a regular basis to review goals and strategies, monitor progress and coordinate additional support and services, when needed, while maintaining regular contact with parents. Services such as program consultations, workshops and training for childcare staff or parents are also available.
- CDI consultants also work within the CITYKIDS network to provide screening and referrals to families seeking childcare and who may require other services.
- Children are referred to this program through individual child care centres.

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

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

### **South Riverdale Child-Parent Centre**

- Referrals for early intervention services are typically made to doctor's office where there is a concern. Referrals to Speech and Language services are also available through the agency.
- At SRCPC, they encourage parent- peer supports informally during programs to address any developmental concerns that may arise.

### **Massey Centre**

- At Massey, there is an Infant Mental Health Specialist is available to support mother/child when there are infant mental health concerns. This is an area of expertise that can be accessed by all in the community.
- Staff at Massey Centre are trained to administer receive the ASQ-3 and ASQ:SE 2 screening to identify any developmental delays. Together with the screening scores, worker observation, and caregiver interviews, a developmental support plan is created to support the child in reaching their developmental milestones. The process is done in collaboration with the families and/or caregivers.
- Additionally the agency receives from Native Child and Family Services as the agency supports Aboriginal clients engaging in cultural appropriate services. There is experience and expertise to leverage at the agency through Baby Love consultations with Dr.Wittenberg.

### **Baby Love**

- Baby Love is an attachment-based program offered at Massey Centre to help caregivers give their babies a better start in life; one that supports better health, better relationships and better

learning. It helps parents recognize that babies have minds, that babies “talk” to us and that they need us to respond. Babies who start off well are likely to do better for the rest of their lives.

- Baby Love works to prevent problems before they develop so the program works with both caregivers and young babies. Massey Centre trains leaders in the community to teach parents about attachment theory, infant development, how to manage stress, etc. It includes training and practice in infant observation, mindfulness meditation and problem solving.
- Baby Love has been evaluated in the Infant Psychiatry Program at the Hospital for Sick Children in Toronto and has been shown to make a significant difference in the way mothers respond to their babies.
- Trained facilitators for Baby Love are available at Massey. Dr. Wittenberg provides weekly support onsite. There is no fee to attend. Fathers are welcomed to join in the program.

### **Toronto Public Health: Child Health and Development**

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

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

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

- HARP is delivered within the HBHC program by 6 HBHC PHNs with the support and collaboration of two HBP RDs to homeless pregnant women. These women face many challenges with addictions, mental health, physical health issues and have histories of severe trauma. The goal of the program is the healthiest birth outcome possible, by providing intense, frequent home visiting services in the prenatal period. If the parent maintains custody of the child, the family will continue to receive support through the HBHC program and in collaboration with other service providers such as addiction services, child protection services and housing support.

### Parenting Programs

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

### Postpartum Adjustment Program

- Postpartum Adjustment Programs aim to improve maternal mental health, prevent negative impacts on child development and improve family dynamics. This is achieved by assessment, referral, individual and group counselling. There is a focus on maternal mental health and coping strategies and improved communication. Particular attention is paid to the maternal infant relationship, the parent's ability to soothe the infant and attachment. The group is co-facilitated by an infant mental health therapist and a public health nurse. Expedited access to

individual infant mental health services is available. The program is available to families with a child under one year who are experiencing postpartum adjustment difficulties including postpartum depression and anxiety. Interpretation services, childcare, TTC tokens and a healthy snack are offered to reduce barriers to access.

- Many supports and resources are available online on the Postpartum Anxiety and Depression web page which includes topics such as emotional health, steps to feeling better, partners and caregivers, along with the Toronto Services for Women with Postpartum Depression and Anxiety guide.
- East Toronto Postpartum Adjustment Program in partnership with Toronto East Health Network and South Riverdale Community Health centre have a group program that offers information and support to new mothers who are feeling sad, overwhelmed, anxious or alone.

### **SickKids Team Obesity Management Program**

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

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

- Early Abilities (formerly Toronto Preschool Speech and Language Services) is funded by the Ministry of Children and Youth Services, and is comprised of community partnerships to deliver three programs: Infant Hearing (IHP), Blind Low Vision Early Intervention Program (BLV), and Preschool Speech and Language Program (PSL). These services are free and are coordinated by Toronto Public Health's Early Abilities (formerly Toronto Preschool Speech and Language Services). Neither OHIP nor Canadian citizenship is required to participate. Referral and Intake is completed through an online application and/or the Toronto Public Health–Early Abilities intake number:

### **Blind Low Vision Early Intervention Program**

- The Blind Low Vision (BLV) Early Intervention Program is designed provide vision services to children (0-6) who have been identified as blind or with low vision. There are two components to the program: early intervention and family support.
- BLV is available to with a variety of hearing losses including:
  - ✓ Visual acuity no better than 20/70 in the better eye after correction,
  - ✓ A visual field restriction to 20 degrees,
  - ✓ A physical condition which cannot be medically corrected and as such affects functional vision (e.g., Cortical Visual Impairment [CVI])

- ✓ Delayed maturation or progressive visual loss.
- BLV is delivered by a team of Family Support Workers and Early Childhood Vision Consultants from Toronto Public Health, Surrey Place Centre and CNIB. Services are in-home and include:
  - ✓ Family support services
  - ✓ Targeted early intervention services
  - ✓ Childcare consultation
  - ✓ Parent education
  - ✓ Professional development

## **Infant Hearing Program (IHP)**

- The Infant Hearing Program is designed to identify infants born deaf or hard of hearing, and children (0-6) who may be at risk for permanent hearing loss and intervene early. There are four components to the program: screening, identification, communication development programming and family support.
- IHP services are available to:
  - ✓ Infants identified through the infant hearing screening
  - ✓ Infants under 2 months who missed their hearing screening
  - ✓ Children 2 to 24 months of age where family history, head trauma, a syndrome or an acquired risk factor may have affected their hearing levels
  - ✓ Children 24 months to 6 years who have an identified permanent hearing loss (PHL) outside of the IHP program
- Identification/ Audiology (hearing) testing is conducted at one of five IHP audiology centres in Toronto. Two centres are in downtown Toronto: Hospital for Sick Children and Mount Sinai Hospital.
- Communication Development Programming is based on the degree of hearing loss, the nature of the hearing loss, and the child's overall development:
- Learning Language Through Listening services, alone or in conjunction with American Sign Language (ASL) Consultation and/or Alternative/Augmentative Communication (AAC) services, are available in East York through our O'Connor site (1500 O'Connor Drive). Services are also provided in nearby locations including SickKids Hospital, The Canadian Hearing Society and Bob Rumball Centre for the Deaf (BRCD). Early Abilities provides Speech and Language Pathology services to those children with significant hearing loss. The Hanen Centre, in downtown Toronto, and Adventure Place, with satellite service facilities in 3 East York locations, are primary providers of services.
- ASL Consultation is a service offered at BRCD or in-home delivered by Silent Voice, a partner agency.

- Family Support consists of the following services:
  - ✓ Counselling
  - ✓ Service navigation to community services and supports
  - ✓ Referrals to targeted services to support child development
  - ✓ Support for financial applications related to the PHL and
  - ✓ Parent education

## Preschool Speech and Language Program

- The Preschool Speech and Language Program is designed to identify and intervene early with children (5 months-school entry) who may be experiencing delays and/or disorders in their speech, language, play, social communication and literacy development. Program's goals are to maximize positive outcomes for children by building families' capacity in strategies to support child development. There are three components to the program: screening, identification, and communication development programming.
- There are over thirty locations across Toronto, three of which are accessible for East York residents: Adventure Place (Leslie/401) and 2 satellite locations: O'Connor site (Victoria Park/Eglinton) and Forresters Site (Don Mills/Eglinton). Services include:
  - ✓ Initial assessment and counselling
  - ✓ Parent training/parent-implemented intervention
  - ✓ Monitoring/parent consultation
  - ✓ Caregiver and educator consultation
  - ✓ Case/service coordination and referral
  - ✓ Individual and group treatment
  - ✓ Home programming and reassessment
  - ✓ School transition planning with the local school's speech-language pathologist

## 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.***

### Michael Garron Hospital

- The Child Development Centre at Michael Garron Hospital (MGH) offers four distinct services to children living in the MGH catchment area: EAST Developmental Clinic, Neonatal Follow-Up Clinic, Healthy Lifestyle Clinic and Holland Bloorview Kids Rehab Satellite.



### **EAST Developmental Clinic - Early Assessment, Support and Treatment**

- This clinic provides interdisciplinary assessments, support and longer-term treatment for children with cognitive, communication and/or sensorimotor delays. These services are provided by a psychologist, occupational therapists, speech-language pathologists, dietitian and family support worker. Paediatric consultation is available.
- Referrals for the developmental assessments through this clinic can be made directly by physicians.
- To be eligible for a developmental assessment with the EAST clinic:
  - ✓ child must be under six years of age at the time of the referral
  - ✓ child must have significant delays in two or more areas (cognitive development, language, social skills/play, motor)
  - ✓ family must live in the Michael Garron Hospital catchment area.
- \*\*Please note we do not provide psycho-educational assessments.

### **Neonatal Follow-Up Clinic**

- This clinic sees infants born with medical complications or born prematurely, and follows them from the age of four to 24 months. They must meet one of the Child Health Network criteria for regional neonatal follow-up programs. A physician referral is required. Should these children require a more comprehensive developmental assessment or support from speech-language, occupational therapy or psychological services, they are transitioned to our EAST Developmental Clinic.

### **Holland Bloorview Kids Rehab MGH Satellite - Community-Based Developmental Team**

- Holland Bloorview Kids Rehab runs a satellite clinic at MGH. This diagnostic team includes a developmental paediatrician, psychologist, occupational therapist and social worker.

### **Massey Centre**

- At Massey, there is an Infant Mental Health Specialist available to support mother/child when there are infant mental health concerns. This is an area of expertise that can be accessed by all in the community.

### **Child Development Institute**

#### **Family and Community Counselling**

- The Family and Community Counselling team provides counselling services for families with children from birth to six years old. Counselling is available for parents concerned about their relationship with their child and/or have children who are exhibiting social, emotional and behavioural or adjustment difficulties.
- Child and Family Clinicians provide counselling services tailored to each family's needs. Services may include: family therapy, parent counselling, parent-child interventions, parental

guidance and support, specialized group programs, in-home counselling support, liaison with schools and service coordination.

- Clinicians support families not only by identifying and building on their strengths and addressing their needs and concerns but also through exploring issues such as family context, early life experiences, temperament, stressors, family relationships and parenting styles.
- Children are referred to this program through CDI's Early Intervention Intake Services; priority is given to children under the age of three.

### **Anxiety Programs**

- CDI, in collaboration with the Department of Child and Adolescent Psychiatry at Toronto East General Hospital (TEGH), provides evidence-based programs for families with children under the age of 12 experiencing anxiety issues that interfere with their functioning.

### **Parenting Group for Anxious Pre-Schoolers**

- Supported by United Way Toronto "Success by 6" funding, the Parenting Group for Anxious Pre-Schoolers (P-GAP) is a group for parents of younger children, typically kindergarteners, who are experiencing anxiety, are having difficulty overcoming fears or are socially inhibited. The 10-week parent group is co-led by a TEGH psychiatric expert in childhood anxiety and a trained CDI social worker. Children are referred to this program through TEGH intake services; a physician's referral is necessary.

### **Native Child & Family Services**

- **Mooka'am (New Dawn) Children's Mental Health Services** was developed under the guidance of traditional teachers and elders. Mooka'am is comprised of preventative and healing services for children, women and men using a combination of traditional cultural approaches to health and healing and contemporary counselling techniques.

Using a strength-based approach, this service strives to help families and individuals in the community to restore holistic health by building self-esteem and strong identities, dealing with the effects of trauma, including emotional, spiritual, psychological and sexual abuse, developing healthy relationships with partner, family and community. Services are provided in individual, family and group settings, and include: children's mental health assessments and treatment (0 to 6 and 6+), transitional support for women in domestic violence situations, family work, men's healing, women's healing and group programs.

## **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.***

- Toronto Public Health fosters the collaboration of the East Toronto Postpartum Adjustment Program in partnership with Toronto East Health Network and South Riverdale Community Health Centre.

- As the OEYC Lead Agency, Massey Centre in collaboration with agencies serving children from birth to six years, in the Toronto-Danforth riding, established the Toronto-Danforth Riding Advisory to improve the health and well-being of families and caregivers with children 0-6 years old by influencing policy development; participating in systems planning and implementations and supports the coordination and integration of a range of services in the community that engage children up to 6 years old and their families. The OEYC Toronto-Danforth Riding Advisory seeks to protect the health, well-being and rights of children and their families within their communities.
- Massey Centre, through its Maternal Infant Mental Health (MIMH) program, provides infant and early childhood mental health promotion and intervention activities to its main Ontario Early Years Centre (OEYC) site and its 5 OEYC Satellites in the Toronto-Danforth area. Massey Centre's Manager, MIMH visits the satellite sites to promote the importance and benefits of infant and early childhood mental health for both the OEYC staff and participants (mother- child dyads). Manager, MIMH, a registered psychotherapist, regularly receives referrals from all the OEYC Satellites and provides infant mental health dyadic interventions, offers parenting workshops that promote secure attachment in infants, child developmental screening (Ages and Stages Questionnaire) for infants/toddlers, and consults with OEYC staff regularly regarding the support needed for their work with parents.
- Massey Centre through its partnership with Dr. Jean Wittenberg, Head of Infant Psychiatry, at The Hospital for Sick Children provides training to its staff in Baby Love: Supporting Infant Security, (group and individual) a preventive intervention developed by Dr. Jean Wittenberg. Also through this partnership staff and managers at Massey Centre are provided with weekly clinical supervision.
- In partnership with the Executive Director, IMHP, Massey Centre provided ASQ training to its employees working in the OEYC, Child Care, Residential and Transitional Housing Programs. Massey Centre has replaced the Nipissing Developmental Screening Tool with the ASQ-SE and ASQ-3 in its Child Care Centre. The MIMH program works in collaboration with Child Care Centre staff at Massey Centre and in Residential Program to provide an ongoing screening for the children enrolled in Child Care Centre and living at Massey Centre.
- Child Development Institute (CDI) delivers consultation services and other support services to licensed childcare centres in the Toronto-Danforth riding under the "Every Child Belongs" (ECB) service model. The goal of the ECB model is to support inclusion within childcare centres so that every child has access to childcare in their community that offers inclusive, developmentally appropriate early childhood experiences. CDI has a team of child care consultants (also known as special needs resource consultants) and Intensive Resource Support staff delivering services under this model.

## Short Term Opportunities to Enhance Core Prevention and Intervention

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

- Draft a letter to document the concern that foster parents are not able to participate in the Healthy Babies Healthy Children programs offered by Toronto Public Health. IMHP will take the lead on this with feedback on the letter from the community.
- Create a list of parent and child resources to support the Indigenous population in East York. This list will be disseminated to local Hospitals, Birthing Centres, and Midwives (Riverdale).
- Create an inventory of services and programs that are accessible in East York for children and families (separate resources that are not in the catchment area but within Toronto). The Toronto-Danforth Riding OEYC Advisory committee could take the lead on this project with support from IMHP.
- Compile a list of resources specific for fathers (Dad Cribside Assistant) for the group to assist in engaging fathers in the community. IMHP will draft a list.

### Early Screening and Assessment Activities

- Explore opportunity to expand screening clinics in East York to the younger age (0-3) before children enter kindergarten. Massey Centre with collaboration with South Riverdale Community Health Centre, South-Riverdale Parent-Child Centre will take the lead on this.
- IMHP will update the group on any follow-up from the Developmental Screening Guidelines recently released. A letter from the community to the Task Force is an advocacy opportunity – IMHP will draft a letter for the community to review.
- IMHP will send the article link to the Developmental Screening Guidelines to the East York community partners.

### Collaboration

- The CAPC/CPNP sites in East York will consult with their Central Zone to explore the opportunity to share the resources they use with a strong infant mental health component within prenatal and parenting resources for community agencies to use. There is the potential of developing or implementing this through a ‘train the trainer’ presentation model. Michelle, from EYET Family Resources, will organize a session for the community about the Mother’s Mental Health Toolkit.
- IMHP will connect with Angelique Jenney to discuss and explore the possibility of having a Mothers in Mind program in the East York Community.

- IMHP will connect with S.E.A.S Centre to explore completing the Simple Gift Videos that were being translated into Mandarin. This resource could be shared within the East York Community. Massey Centre will connect IMHP with Sabrina Luong.
- The community table will connect with Michael Garron Hospital to see what further services are offered in the Maternal Ward. Ekua (Massey Centre) will make the connection between Linda Short or Irene Andres and IMHP.
- IMHP will set up a Google Group for sharing resources among the East York community partners. Anyone permitted in the group will be able to upload and edit the resources included in the Google group.
- IMHP will give access to the East York community table for the IMH Community Training.
- IMHP will give access to the Attachment Workshop by Dr. Rebecca Pillai Riddell and Mary Rella.
- IMHP will connect with Dr. Cindy-Lee Dennis to explore how to support parents with PPD in East York. Toronto Public Health will check to see if this has been done already.
- Review the General Principles of Prevention and Early Intervention after a year as a community table and within respective agencies.
- Once the community report is finalized, identify key partners/sectors who it should be shared with.

## Long Term Opportunities for Core Prevention

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

- IMHP will write a letter to the Local Health Integrated Network expressing the needs for physicians to attend to infant mental health concerns. The letter will highlight the concerns from the East York Community Table. Write the letter to TCLHIN from the context of 'Patients First'.

#### On Hold:

- The East York community table will discuss how to increase parent engagement, more specifically with more marginalized populations. A specific strategy to explore is a Mobile EYC which could set-up within community housing or high-rise apartments. A proposal could be written to receive some funding to support this. East York East Toronto Family Resources previously had a mobile OEYC which could be reviewed how it was previously operated (Connect with Michelle from EYET). A vehicle would be needed for this – the Toronto-Danforth Riding OEYC Advisory will explore applying for funding for this.

### Early Screening and Assessment

- IMHP and Massey Centre will explore how to make developmental screening available to all children and families in East York. This has started through Massey Centre who are looking to establish a clinic.
- Have a discussion with all sectors on referral follow-up in the East York Community. To be discussed at the Early Years Table. Explore extending the discussion with Scarborough partners as some families access services in both communities.

### Early Intervention

- Have a discussion with all sectors on referral follow-up in the East York Community. To be discussed at the Toronto-Danforth Riding OEYC Advisory Table. Explore extending the discussion with Scarborough partners as some families access services in both communities such as Aisling Discoveries Child and Family Centre

# Competencies for Practice in the Field of Infant Mental Health

## What is Happening in East York Today

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- Overall within the community agencies in there is a general shared and strong knowledge of infant and toddler wellbeing however a stronger focus on the social-emotional developmental is needed and should look to be the focus of more programs offered in the community.
- Although most staff have a strong knowledge base rooted in their professional disciplines (Early Childhood Educators, Social Workers, Nurses), knowledge of infant mental health varied among practitioners.
- Practitioners have noticed a number of caregivers/nannies attending their programs/services with the child they care for instead of parents, this is a population unique population to the East York community. Including caregivers/nannies in any parent education opportunities would be important to be aware of.

## Knowledge

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### Massey Centre

- There continues to be a strong commitment to increasing infant mental health knowledge and practices at Massey Centre. This is demonstrated through their Maternal and Infant Mental Health Program. The agency also offers the Baby Love program which promotes strong and secure mother-infant attachment.
- Staff are also training on administering the Ages and Stages Questionnaires with children who access their services. With the results, a developmental support plan is created which supports health development and infant mental health principles.

### Toronto Children's Aid Society

- Most staff have a social work or psychology background.
- Training opportunities and general knowledge of child development vary between workers and branches of the agency
- The standardized worker training by the Ontario Children's Aid Society has included more information on early child development and infant mental health principles.

### **Public Health Agency of Canada (PHAC): Canada Prenatal Nutrition Program (CPNP) and Community Action Program for Children (CAPC)**

- Since 2013, PHAC has funded and implemented the Infant Mental Health Community Training to CAPC and CPNP staff. It began with a pilot, then expanded provincially, and now nationally.
- As an agency, there has been a shift from focusing on physical wellbeing of infants/toddlers to mental wellbeing.
- Participation in the Infant Mental Health Community Training is voluntary which means there are varying levels of knowledge of infant mental health among CAPC/CPNP sites.
- To support embedding infant mental health practices, PHAC has funded five community tables in 2015 and six in community tables across Canada.
- Additionally, there is a commitment to support the First Nations, Inuit, and Metis populations of Canada, One example of this is through the adaptation of the Hand in Hand Resource Kit for FNMI communities.

### **Toronto Public Health: Healthy Babies Healthy Children (HBHC)**

- HBHC PHNs receive extensive education and training in the use of all the assessment and screening tools mandated to be implemented by MCYS. PHNs receive education and training in the three components of the NCAST Programs. NCAST has a formalized training and certification process for the use of the Parent Child Interaction Scales. PHNs must be initially trained and reach reliability in the use of these tools prior to implementation with their families. Also nurses have to go through yearly recertification and reach a reliability in the scales in order to continue to use the scales.
- Motivational Interviewing training has been piloted with HBHC PHNs in Toronto and the plan is for all PHNs to receive the training.
- HBHC Family Home visitors are trained in the PIPE curriculum and use the activities with their families at each home visit. The selection of the activities is based on PHN assessment and Family Home Visitor observations of the parent child interaction.

### **Toronto Public Health: Child Health and Development**

- Infant mental health and attachment principles are embedded into the curriculum of all the parenting programs: Living and Learning with Baby, Nobody's Perfect, Incredible Years program and Make the Connection. Evaluation of the Nobody's Perfect and Make the Connection programs is currently underway.
- Infant mental health and attachment principles are embedded in work with OEYCs and through Developmental Screening Clinics offered in the community.



## Skills

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- Staff within Parenting and Family Literacy Programs at Toronto District School Board have strong observational skills as they see families together. Additionally, staff will complete an exercise which requires them identify five things they know what the family- this is important to the relationships they build with families and engaging families.
- Toronto Public Health HBHC PHNs and FHVs participate in reflective supervision to support their delivery of the HBHC program.

## Short Term Opportunities for Competencies

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### Knowledge Building for Professionals

- IMHP will offer three days of training on infant mental health, administering the ASQ tools, and creating developmental support plans. In order for frontline practitioners to attend, afternoons work best (include a Saturday option). IMHP will set up the registration site once details are organized. Dates for 2017 will be sent, dependent on the space availability (capacity 100).
- WoodGreen Community Services will explore the option of having IMH training as part of their annual conference.
- The Infant Mental Health Basics Webcast 2016 will be made available to the group. IMH will send the date once confirmed.
- IMHP will explore PRO grants from the Ministry of Education to support infant mental health initiatives within the education sector.
- A letter to be written to express the need for IMH Knowledge within Aboriginal Head Start programs. IMHP will connect with the TCFN Aboriginal Advisory, Toronto Aboriginal Health Strategy Team, Native Child and Family Services, Anishnawbe CHC.
- IMHP will look to create a tip sheet to support infant-early mental health for recent refugees and understanding the trauma experiences of the families and the impact. OCASI and CMAS could be approached to discuss this further.

### Skill Building for Professionals

- Explore expanding Baby Love training to other agencies – discuss with Carmen and Dr. Wittenberg to determine capacity.

### Collaboration

- Continue to invite Shelter programs of East York to the Toronto-Danforth Riding OEYC Advisory Table with the support of community partners (Nellies, Red Door).
- IMHP will share the Bulletin Boards with parenting programs (Toronto Public Library, Massey, WoodGreen, Eastview) in East York to review (assess if they are parent friendly).
- Contact Michelle from EYET to include information on the Mother Mental Health Toolkit for IMPrint, Rounds, and IMHP
- Promote Toronto Public Health as the experts for sleep concerns of babies and toddlers. Determine a strategy to equip frontline staff to refer families to appropriate resources for sleeping.
- Share the Best Start Sleep Resource for parents – a practitioner guide to help support families – connect with Wendy McAllister from Best Start – share in the Google group

- Revisit conversations with Child Welfare agencies and HBHC to support foster parents who would benefit from HBHC Home Visiting program.
- Draft a letter to the LHIN to address the following concerns from the East York community:
  - ✓ • Support for children and families after they are discharged from the Hospital.
  - ✓ • Collaboration between Public Health and Child Welfare as children transition between in care and permanency
  - ✓ • Collaboration among agencies who work with adults and agencies who work with both children and families
- Discuss with the premature follow-up clinic at Michael Garron Hospital the community based supports that are available for children and families after medical care.
- Explore hosting a conversation with Toronto Public Health and Toronto CAS to promote programs/services for children and families they both serve.
- IMHP will connect with Nancy Roscoe from Toronto: Children Services on supplementing the ASQ tools for the NDDS in the child care criteria requirements.

### **On Hold:**

- IMHP will revisit the translation partnership with South Riverdale CHC – set-up a meeting to look at opportunities, include S.E.A.S, Access, TNO.

## Long Term Opportunities for Competencies

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### Knowledge Building for Professionals

- Explore different strategies to reach and engage families who may not access programs and services through traditional methods. Discuss a potential Mobile OEYC which sets up in a high rise apartment lobby or at a park.
- Explore creating a Supervision Model that looks at how frontline staff are embedding IMH into practice.
- Begin conversation to explore the need for more IMH training within the Aboriginal Head Start Programs.
- Explore training opportunities between Toronto Public Health and IMHP to embed IMH. Partners at the table will help make these connections.
- Engage in conversations with CMHA Toronto to discuss unresolved parental mental health/trauma that is impacting their parenting abilities.

#### On Hold:

- IMHP will review the Best Practice Guidelines to determine if they can be adapted in another format that is better suited for practice, specifically for supervision.

### Skills for Professionals

- Explore strategies and capacity within the community to create resources for families where English isn't their first language who may have a low literacy level. How can we as a community get this information to families to support them?

### Collaboration

- Explore the creation of a central training calendar for East York – embed in a calendar for the Google Group – ensure there are two different roles (viewing and editing).
- Engage in conversations with the postsecondary sector locally inviting them to community table meetings. Include in this discussion adapting the language of infant mental health for ECE (e.g. Social Determinants of Health).
- Develop a strategy to educate and better equip caregivers with the tools they require. Possible strategies include engaging caregivers in a course on the topic of “How to Talk to your Parent” and running parenting courses for home daycare providers and nannies.
- Include the East York Community Table Partners in conversations/meetings with the Office of the Provincial Advocate for Children.

- Explore how IMHP can support the Early Years staff from TDSB. How can IMHP better support TDSB to address the needs of the 0-3 population who are involved in TDSB programs? Determine who the contact is for this as the TDSB undergoes structural changes.

# Organizational Policies & Practices

## Short Term Opportunities for Organizational Policies & Practices

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- IMHP will send the Frontline Practitioner Feedback Survey for the community table to review and tailor to their needs. Include FASD as an area of knowledge in the survey.

## Long Term Opportunities for Organizational Policies & Practices

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### On Hold:

- IMHP will be updating the Best Practice Guidelines and will look to assemble a working group to assist in this process. Feedback from the community on the documents is welcomed (contents, layouts, etc.).

## References

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