



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

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## COMMUNITY REPORT

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

**THE INDIGENOUS COMMUNITY OF  
TIMISKAMING DISTRICT,  
ONTARIO**

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

**Embedding the Science of Infant Mental Health in Practice and Policy COMMUNITY  
REPORT: A Collaborative Approach to Embedding the Science of Infant Mental Health and  
Enhancing Infant Mental Health Services in the Indigenous Community of Timiskaming  
District, Ontario**

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

**Project Contributors/ Authors**

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

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Beaverhouse First Nation  
Best Start Indigenous Committee  
Centre pour enfants Timiskaming Child Care  
Community Living Timiskaming South  
Kunuwanimano Child & Family Services  
North Eastern Ontario Family and Children's Services (NEOFACS)  
Northern College  
Timiskaming Métis Council  
Timiskaming Native Women's Support Group: Keepers of the Circle  
The District of Timiskaming Elders Council  
Timiskaming Best Start Network  
Timmins Native Friendship Centre  
Town of Kirkland Lake Daycare

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

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## Executive Summary

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

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

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

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

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

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

## Key Findings/ Recommendations

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

- Each sector would benefit from clearly defined roles (i.e. prevention, intervention, treatment) and a common language across sectors.
- Adopt the Zero to Three Infant Mental Health Task Force (2014) definition of infant mental health and an understanding of core concepts:  
*"Infant mental health" is defined as the healthy social and emotional development of a child from birth to 3 years; and a growing field of research and practice devoted to the:*
  - *promotion of healthy social and emotional development;*
  - *prevention of mental health problems; and*
  - *treatment of the mental health problems of very young children in the context of their families.*
- Create and implement the dissemination of a universal brief/ pamphlet for physicians and practitioners to use with families that informs of key messages about developmental milestones, the importance of early mental health and responsive caregiving relationships for babies. Encourage all agencies in the region to use these documents to support a common language and understanding.
- Explore how to strengthen coordinated, targeted messaging around parenting, child development and infant-early mental health to reach families more effectively in the public. The location of these messages is essential in reaching the families who may not otherwise access services or be aware of services available. Leverage existing parent and professional education initiatives.

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

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

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

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

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

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

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

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

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

- Services/tools that can be accessed by front-line practitioners.
- A clear protocol for referral and transitions between services.

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

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

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

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

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

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

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

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

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

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

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

### References

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

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

# Project Overview

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

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

As the availability and understanding of scientific research supporting early mental health and development 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 necessary to embed this science into daily practice? Are policies that support the design and implementation of programs and services 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 of Ontario, a system of infant mental health services is in development leading to a variety of access points, tools, and interventions available for 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 the 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 and remote communities that span a great geographic distance. As a pilot, the goal was to select five communities that represent the diversity of Ontario. The following criteria was 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
- The Indigenous Community of 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.

It should be noted that the Timiskaming Native Women's Support Group and the District of Timiskaming Elders Council resisted this qualifier for participation. The impetus for this resistance comes from the need for Indigenous Peoples to fully engage in a decolonization and cultural reclamation process so the insights that are being proffered are rooted in Indigenous Traditional Knowledge and cultural practices rather than a colonial influenced framework.

## **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) was the framework that guided these discussions. The information gathered was organized into the categories below.

- **Current programs and/or services** 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 infant mental health.
- **Current early intervention programs** with a focus on those that address infant mental health.

- **The current state of knowledge and skill of practitioners** in the community working with infants 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 (IMHP) 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 conducted through email and at least one teleconference call with each community. IMHP took a differentiated approach with the District of Timiskaming Elders Council. In recognition of Ownership Control Access and Possession (OCAP) principles and the District of Timiskaming Indigenous Cultural-Linguistic Competency Framework that outline how non-Indigenous entities engage in work with Indigenous communities, IMHP asked the Elders Council to fulfill a formal leadership role in guiding the project. The Indigenous table hosted by the District of Timiskaming Elders Council revealed demonstrably marked results with participants’ comfort level in sharing their perspectives on infant mental health in their families and communities.

It is important to note that within each community, the level of honesty and candor was apparent. Speaking about strengths was enriching, often bringing moments of clarity to partners as they gained insight into what others were doing in their communities or regions. Identifying how services could be better, or policies needing to be refined because of the science related to infant mental health was more challenging. At each community table, there were members who helped create a safe environment in which these conversations could take place. These more difficult conversations were honest and positive and not riddled with blame or judgments from one sector to another. More so, they 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 in responding to infant and child vulnerability 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 practitioners or clinicians 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, a child's brain is most plastic creating an exciting opportunity to support their 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 including school achievement.

For Indigenous Peoples, the physical, mental, emotional and spiritual aspects of the human being are all interrelated; weakness in any of these areas causes a person to become unbalanced. For example, physical manifestations of illness may continue to appear until the individual accepts the teaching of how their illness ties into the laws of the universe or natural law. Healers may use certain traditional medicines and/or ceremonies in their work to keep away illnesses and/or improve physical, mental or spiritual health (Robbins & Dewar, 2011, p.3).



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

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# **Supporting Infant Mental Health In the Indigenous Community of Timiskaming District**

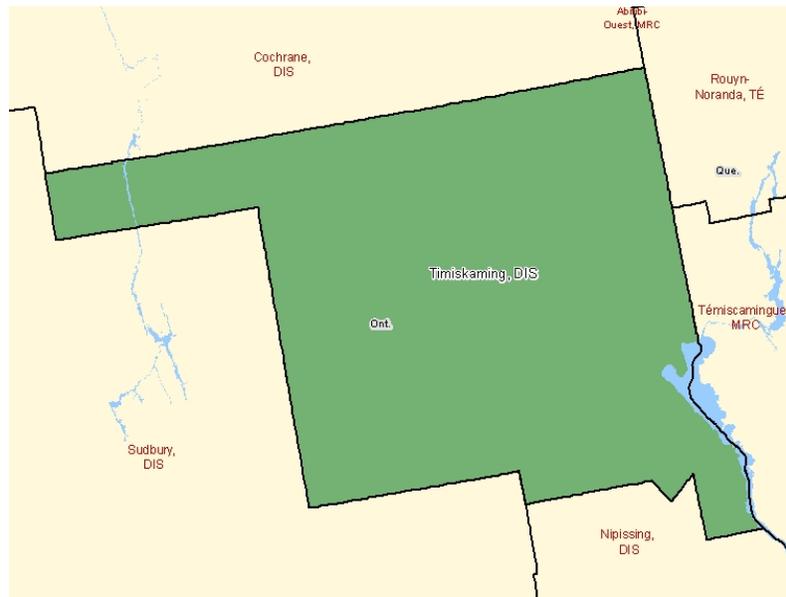
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# Indigenous Community of Timiskaming District

# Indigenous Community of Timiskaming District

## About Timiskaming District

Timiskaming is a district and census division in Northeastern Ontario. The division has a population of 32,635 where 1,555 are between the age of 0-4 years old. The land area is 13,399 square kilometers, equating to a population density of 2.5 people per square kilometer (Statistics Canada, 2011).



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

### **A Unique History**

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

### **Impacts on Children and Families Today**

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

## Indigenous Community of Timiskaming District

The District of Timiskaming Elders Council has a unique position in the community as it fulfills a leadership role traditional to First Nations and Métis communities. The Elders Council provides support to both Indigenous and non-Indigenous organizations that serve First Nations and Métis children and families. They advocate for the needs of First Nations and Métis children and families and are available to agencies who want to apply a cultural worldview specific to the local area.

Overall, funding is lacking for infant mental health services and supports in the Timiskaming District. Because of the lack of services available within the District, individuals often need to travel to neighboring communities such as Cochrane or Timmins, which proves to be demanding because of their geographical distance and the resources required to access services outside the community. For example, there is no pediatric or birthing healthcare service or hospital in the town of Kirkland Lake. Instead, these services are accessed through either the hospital in Timiskaming Shore or Timmins.

### **The Timiskaming District Community Table included the following agencies:**

- Beaverhouse First Nation
- Best Start Indigenous Committee
- Centre pour enfants Timiskaming Child Care
- Community Living Timiskaming South
- Kunuwanimano Child & Family Services
- North Eastern Ontario Family and Children's Services (NEOFACS)
- Northern College
- Timiskaming Métis Council
- Timiskaming Native Women's Support Group: Keepers of the Circle
- The District of Timiskaming Elders Council
- Timiskaming Best Start Network
- Timmins Native Friendship Centre
- Town of Kirkland Lake Daycare

Note: Individuals from agencies in Cochrane and Timmins attended the two-day meeting as observers. In addition, individuals from other Indigenous community agencies also attended the meeting as observers from Simcoe and Algoma. The Elders from the community had planned on staying for the beginning of the first day only, but ended up taking part in the full two-day meeting. This reinforces the importance of the process. It is imperative to engage the Elders Council in all short- and long-term opportunities listed in this report. It is an integral part to engage the Elders in this community engagement process.

# Core Prevention & Intervention for the Early Years

## What is Happening in Timiskaming District Today

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

### Highlights from Community Table Discussions

- North Eastern Ontario Family and Children's Services (NEOFACS) delivers a universal Community Action Program for Children (CAPC) across the District called Brighter Futures. The Timiskaming Native Women's Support Group delivers an Indigenous-specific Canadian Prenatal Nutrition Program (CPNP) through Keepers of the Circle in Kirkland Lake and Timiskaming Shores.
- There are no Indigenous children's mental health organization services in this area.
- As a consequence of the residential school era, the Sixties Scoop, and the continued over-representation of Indigenous children in state care, Indigenous families are hesitant to access mainstream services because of a fear their children would be apprehended. Therefore a trusting relationship is not easily established.
- Indigenous Traditional Knowledge (ITK) and cultural practices are a key consideration in supporting the wellbeing of Indigenous children and families. As Keepers of Knowledge, local Elders guide traditional ceremonies, e.g., Naming Ceremonies and Cedar Baths. Non-Indigenous practitioners and clinicians should connect with Indigenous agencies and become familiar with where and how these practices can be accessed by families.
- There is no pediatric or birthing healthcare service or hospital in the town of Kirkland Lake. Instead, these services are accessed through either the hospital in Timiskaming Shores or Timmins. Developing capacity within the community and establishing rapport with the hospitals is important in supporting Indigenous families as they transition between hospital and community services.
- There is a lack of accessible screening and formal assessments for children 0-5 years of age. Often screenings are not performed in a culturally sensitive manner, adding to the reluctance of Indigenous families to access them when they are available.

# Indigenous Community of Timiskaming District

## 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.

Note: Although universal programs are delivered to the population base in a catchment area, access can be impacted by cultural barriers.

### Centre pour enfants Timiskaming Child Care

- **Early Learning Programs:** The Early Learning Program is designed to help pre-school aged children develop the skills that will help to prepare them for kindergarten. Each day the children learn through play and they are also guided by the instruction of an Early Childhood Educator. They learn to follow routines, practice the skills they are learning, and even enjoy some exercise and a healthy snack together. The focus of the program is on healthy child development. The program will help young children learn and practice language and numeracy, self-help skills, gross and fine motor skills, as well as social and emotional development. The half-day program runs from 9:00 am until 11:30 am, Monday to Friday and follows the school year. It is for children aged 2.5 to 4 years old.
- **Resource Centre/Toy Lending Library:** The Professionals/Parents Resource Centre and Toy Lending Library provide a large variety of resources to lend out to families, caregivers, professionals and facilitators. It offers entertaining, educational and instructional child care aids such as CDs, DVDs, books, games, puzzles, toys and equipment. The Professional Resource room is full of information and aids for teachers, caregivers, group facilitators and parents.
- **Early Literacy Specialist:** The Early Literacy Specialist (ELS) serves Child Care Educators from child care centres, early learning programs as well as early years practitioners who work with individuals, families and groups of children, prenatally to 6 years of age.
- **Ontario Early Years Centres:** Centre pour enfants Timiskaming Child Care's Ontario Early Years Centres are welcoming, supportive and accessible places where parents, grandparents, caregivers and young children can play and learn together. The centre offers programs and resources for children from infancy to 6 years to help them develop social, communication and early literacy skills that will give them a great start in school and in life.

### North Eastern Ontario Family and Children's Services (NEOFACS)

- **Brighter Futures:** Brighter Futures is a CAPC initiative which provides programming for families with children 0-6 years of age. This program is offered in communities throughout the NEOFACS service area. The programs operate in partnership with other services and organizations in their respective communities. The population served includes families who are at risk due to isolation, social or economic status, health or age. Programs include teen prenatal, transition to teen parenting and teen parenting groups, playgroups, lending libraries and collective kitchens.

### Town of Kirkland Lake Daycare

- The Kirkland Lake Daycare offers programs for all ages up to 12 years old. Each program will provide learning experiences, materials, and activities that are age appropriate. The staff encourage and support children's development in an environment that is warm, loving, challenging and fun.

# Indigenous Community of Timiskaming District

## Timiskaming Health Unit

- **Prenatal Classes:** The Timiskaming Health Unit offers free prenatal education for couples, singles and teens in two ways:
  - 1) Prenatal Classes (in person)
    - ✓ The Timiskaming Health Unit offers Prenatal Classes for expectant women and their partners. Each series consists of 5 chapters on a variety of topics.
    - ✓ Public health nurses facilitate interactive sessions about nutrition and healthy weight gain during pregnancy, fitness, breathing techniques, postpartum issues, things to avoid, breastfeeding, preparation for childbirth, infant care, and much more.
  - 2) Online Childbirth Education
    - ✓ Participants learn about pregnancy and birth with this interactive tutorial. It is a very easy to understand and user-friendly program which has received three eHealthcare Leadership awards. Parents learn at their own pace to be prepared for baby's birth. Login access is available for 90 days.

## Centre de santé communautaire du Témiskaming: Activités en famille

- **Programmes/activités communautaires:** Free programming and activities targeting children 0-12 years old and their families with the goal of offering activities responding to the community's needs. Each event is posted on the centre's Facebook page and includes activities such as swimming, gym time, yoga for children, and acroyoga. Children must be accompanied by an adult.

## Indigenous-Specific Programs and Services for Children and Families

Note: Although universal programs are delivered to the population base in a catchment area, access can be impacted by cultural barriers.

### The District of Timiskaming Elders Council

- The District of Timiskaming Elders council fulfills a leadership role traditional to First Nations and Métis communities. The purpose of the Elders council is to provide support to both Indigenous and non-Indigenous organizations that serve First Nations and Métis children and families.

### Timiskaming Native Women's Support Group: Keepers of the Circle Aboriginal Family Learning Centres

- **Early Learning Childcare:** Keepers of the Circle Family Learning Centre offers children and families of all cultures an immersion experience in First Nations and Métis communities. This inter-cultural environment explores our shared human values and celebrates our uniqueness building toward a strong, inclusive community. Our fully licensed, family-oriented daycares have small classroom sizes allow that the Early Childhood Educators to give more one-on-one attention to each child, creating a warm and welcoming environment. The South

# Indigenous Community of Timiskaming District

Timiskaming centre hosts a program called “Seeds of Empathy”, where a volunteer mother and child visit the center.

## **Kunuwanimano Child & Family Services**

- The mission of Kunuwanimano Child & Family Services is to work collaboratively with First Nations members to ensure the safety and well-being of children is secured by strengthening, supporting and encouraging the healthy development of families. They are committed to providing services in a manner that is holistically and bi-culturally appropriate for First Nations. Programs take into consideration the best interests and well-being of the child, specifically the programs that recognize the uniqueness of First Nation’s culture, heritage and traditions of preserving a child’s cultural identity.
- Services include:
  - ✓ Family support and prevention services
  - ✓ Advocacy
  - ✓ Band representative function
  - ✓ Counselling and referral
  - ✓ Customary care/foster care

## **Misiway Milopemahtesewin Community Health Centre**

- Based in Timmins, but offers the support of a Traditional Healer to the North end of the District of Timiskaming. Misiway was established to provide quality programs and services that honour, respect and support Aboriginal culture, values and healing practices, complimented by western approaches to primary health care. Through education, promotion and service delivery, the Misiway Milopemahtesewin Community Health Centre encourages individuals, families, and communities to:
  - ✓ Integrate and balance their physical, mental, emotional, and spiritual needs.
  - ✓ Become aware of lifestyle choices that impede and/or enhance one’s state of health and wellness.
  - ✓ Increase awareness and participation in determining one’s own health and wellness choices, decisions and healing strategies.
  - ✓ Establish respectful and collaborative relationships with health care providers and other external resources.
  - ✓ Encourage the involvement of family members and significant others as part of the health team.
  - ✓ Adopt a pro-active approach and self-empowerment/self-help model.

# Indigenous Community of Timiskaming District

## Support for All 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.

### Métis Family Wellbeing Program (MFWB) – Métis Nation of Ontario Community Council

- The MFWB aims to disrupt and prevent the cycle of violence against Indigenous women by developing policies and resources to support children and youth affected by violence. The strengths-based and prevention-oriented programs developed at the local level by Indigenous partners will reduce the need to bring children into care by supporting families through the least disruptive means possible.
- With the program's focus on the connection between violence in Indigenous families and communities and improved child and youth outcomes over a lifetime, the longer-term objectives of the program reflecting this includes:
  - ✓ The reduction of the number of Indigenous children and youth in the child welfare and justice systems by reducing the need to bring children in to care;
  - ✓ The reduction of the occurrence of violence in families; and
  - ✓ The improvement of the overall health and well-being of communities.

### Northern Eastern Ontario Family and Children's Services (NEOFACS)

- **Child Protection:** Child Protection Services are mandated by the Child and Family Services Act to protect children between the ages of 0-16 from various forms of abuse and neglect.
- Services include accepting referrals, conducting investigations and providing short-term and long-term intervention for children, youth and families.
- Child Protection services promote family strengths through the development of service plans with parents to alleviate risk factors for children to ensure their safety. Services also extend to include advocating for and coordinating essential supports with community partners.
- **Emergency After Hours Services:** Emergency After Hours Services are provided to the communities throughout the Districts of Cochrane and Timiskaming to ensure child protection services are available twenty-four (24) hours each day.
- Intervention for children and youth experiencing a mental health crisis can also be accessed through Emergency After-Hours Services by initiating the Mobile Crisis Response Team.
- **Children's Services:** Services to children while in care include, support, referral services, preparation for independence, access to natural family, permanency planning, appropriate medical, dental and optical care, and much more. Individualized Service Plans are developed for each child/youth as part of the Ontario's Looking After Children (OnLAC) documentation identifying goals and objectives in the areas of health, education, self-care, family/social relationships, identity and emotional/behavioral development.
- **Supervised Access Program:** When parents separate or divorce, difficulties sometimes arise between the parents at the time the children are exchanged for a visit and/or there may be concerns about the visits themselves. The Supervised Access Program offers separated or divorced families a way to deal with some of these difficulties.

## Indigenous Community of Timiskaming District

- Children and their parents involved in custody and access disputes can utilize a safe, neutral, and child-focused settings where visits and exchanges can take place under the supervision of trained staff and volunteers. Children, their parents and/or family members can preserve or reconstruct caring relationships through the use of our service.
- Access to services is through a self-referral or through the court process. Voluntary referrals may be appropriate when both parties consent to the service being used.
- Each adult participant must complete an intake interview and agree to follow the policies and procedures before the service commences.
- Supervised Access Services is a program offered by NEOFACS and funded by the Ministry of the Attorney General.

### The Pavilion Women's Centre

- **Emergency Shelter:** The Pavilion Women's Centre has a short-term emergency shelter to accommodate women and children in need, whether they are fleeing an abusive relationship or find themselves in a housing emergency or another crisis situation.
- **Crisis/Support Line:** If women or children are in need of support or are experiencing a crisis, there is a toll free number (1-888-871-9090) that they can call 24 hours a day. The staff are supportive and can provide an array of resource information and or referrals.
- **Outreach Programs:** This provides out client service for women in the community dealing with issues or as a follow up for women who have left the shelter. The outreach workers provide support counselling to women (16+) struggling with a variety of issues including assistance in accessing information on employment, housing, education, self-esteem and domestic violence. In addition, they are available to provide in service training or presentation on a variety of topics. Workers can also provide accompaniment to appointments such as court appearances, lawyer, police, etc.
- **Historical Abuse / Sexual Assault Program:** The aims of this program are to provide individual and group counselling to survivors of sexual assault who are over 16 years of age and to develop individualized treatment plans. Through counselling, women are able to explore their past to determine whether or not abuse actually took place as some clients may be in the process of discovery. In addition, workers are able to meet issues dealing with recent sexual assault in terms of support counselling. Within this program, workers also provide education to the community about sexual assault and available support services as well as providing necessary referrals.
- **Childcare Program:** In addition to providing child care for residential clients, staff also offer support for children and mothers who enter the shelter, on-going outreach support for children and youth, and the Changing Patterns Child Witness Group for children who have been exposed to domestic violence.

### Timiskaming Health Unit: Healthy Babies Healthy Children

- A child's early years, from before birth to age six, are very important. Healthy babies are more likely to develop into healthy children, and healthy children are more likely to grow up to be healthy teenagers and healthy adults.

## Indigenous Community of Timiskaming District

- The purpose of Ontario's Healthy Babies Healthy Children Program is to help children get a healthy start in life. The program does this by helping infants and children up to age six and their families through:
  - ✓ Screening and assessments to see if there are any risks that could affect a child's healthy development and referrals to community programs and services.
  - ✓ Help in finding community programs and resources on all kinds of subjects such as: breastfeeding, nutrition and health services, parenting programs and family literacy programs.
- **Well Baby Clinics:** Well Baby appointments are free, and provided at the Health Unit in New Liskeard, Englehart and Kirkland Lake. A Public Health Nurse offers the following:
  - ✓ Weighing and measuring of babies and toddlers
  - ✓ Provide breastfeeding support and information
  - ✓ Provide nutrition information
  - ✓ Provide child development information
  - ✓ Provide immunization
  - ✓ Screen for postpartum mood changes
  - ✓ Provide referrals as required
- Part of the Timiskaming Health Unit's Healthy Babies Healthy Children Program is to ensure the best possible outcomes for parents and their children. Within this program, staff offer a service for families that might be suffering from post-partum mood disorder. HBHC would like to extend this supportive counselling service to those families that may be experiencing any of the symptoms.

### Timiskaming Native Women's Support Group: Keepers of the Circle Aboriginal Family Learning Centres

- **Canada Prenatal Nutrition Program (CPNP):** CPNP supports pregnancy planning, women who are pregnant and new moms and dads. The Program offers cooking sessions as well as information about nutrition, breastfeeding, labour and delivery. It also includes home visits and explores birthing and parenting from an Indigenous perspective.
- The Canada Prenatal Nutrition Program (CPNP) programs are federally funded initiatives through Public Health Agency of Canada (PHAC) and are often embedded in community based programs and services.
- The capacity of this program is somewhat limited with only two staff (one fulltime, one part-time).
- Breastfeeding and postpartum support are available through this program.
- **Best Start Indigenous Service Connectors:** The Best Start Indigenous Service Connectors support children up to 12 years of age and their parents so they are able to access support services offered to families in the District of Timiskaming . The Service Connectors help Indigenous families 'navigate' the system and work with both Indigenous and non-Indigenous organizations to address barriers that may prevent families from accessing services.

# Indigenous Community of Timiskaming District

- The Service Connectors function as a bridge between the Indigenous community and non-Indigenous service providers including educational institutions to ensure services are culturally appropriate. The Service Connectors strive to raise the profile of the Indigenous community within the District in positive ways with the aim of reducing stereotypes and promoting integration.
- The work of the Service Connectors is guided by both the Indigenous Best Start Committee and the District of Timiskaming Elders Council. The Indigenous Cultural-Linguistic Framework also guides the work of the Service Connectors and assists in developing inter-agency partnerships and cross-cultural training initiatives.

## 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.

### Community Living Timiskaming South

- The Diagnostic Inventory for Screening Children (DISC) is used in the agency with referrals made after assessment is complete.

### Timiskaming Native Women's Support Group: Keepers of the Circle Family Learning Centres - Canada Prenatal Nutrition Program (CPNP)

- The Nipissing District Developmental Screen (NDDS) is offered to parents.

### North Eastern Ontario Family and Children's Services (NEOFACS)

- 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. The Ages and Stages Questionnaires (3 and Social Emotional) are both included in the AAR.
- Mental health staff implement The Ages and Stages Questionnaire (Social Emotional) throughout practice.
- Mental health staff are trained in Watch, Wait and Wonder, Marschak Interaction Method, and Playtherapy.

### Timiskaming Health Unit – FAIR START Program

- The Timiskaming Health Unit supports FAIR START, a program adapted from Thunder Bay, which promotes healthy child development by offering free developmental screening and resources for families. The program is for families with children 18 months to school age throughout our District. FAIR START screening helps parents and caregivers have a quick look at their child's development and can link families up with local services.
- FAIR START is sponsored by the Timiskaming Health Unit and funded by the Ontario Ministry of Health through the Healthy Babies/Healthy Children initiative.

## Indigenous Community of Timiskaming District

- **Early Years Screening:** Timiskaming Health Unit offers developmental screening services for children aged 18 months to school age. Staff help to identify any concerns in development prior to children entering school.
- Screening services can help answer any questions parents may have regarding their child's development and to identify any potential concerns.
- The earlier a developmental concern is identified, the better the chances are for a successful outcome. Timiskaming Health Unit provides the opportunity for parents to have their child's development screened and to assess their development.
- The screening process is easy to use and takes approximately 30 minutes. The developmental screeners are all professionals with a background in child development and know how to make screening fun for kids.
- First, staff ask parents a few questions about their child's development including; speech and language, motor skills, nutrition and socialization. The child is then presented with a variety of tasks depending on their age. Tasks are based on the DPS (DISC Preschool Screen) section of the DISC (Diagnostic Inventory for Screening Children), a screening tool developed in Ontario.
- Parents may be present for the screening process or receive/ discuss the results at their earliest convenience.
- **Screening for Junior Kindergarten:** Getting ready for Kindergarten is an important step for families. An important step that cannot be forgotten is ensuring that a child's developmental skills are ready to be successful in school. Booking an appointment for developmental screening will look at their speech, literacy, language, fine and gross motor, social interaction skills and nutrition.
- Screening is not a test. It does not label a child or provide an in-depth assessment of a child's abilities in any area. It is intended to help both the parent and the school to identify any concerns which may interfere with learning. The earlier a problem is identified, the more likely it is that it can be remedied.
- The screener will have some activities for children and questions for parents in many areas of a child's development. Results will be shared with parents/guardians on the same day. If a child requires follow up in any area, parents will be given the information so that they can connect with the appropriate agency.
- This program screens for:
  - ✓ Vision
  - ✓ Hearing
  - ✓ Fine Motor
  - ✓ Gross Motor
  - ✓ Speech & Language
  - ✓ Social Development
  - ✓ Nutrition

# Indigenous Community of Timiskaming District

## Early Intervention Services

Agencies who 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.

### Cochrane Timiskaming Resource Centre: Infant Development Program

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

### Cochrane Timiskaming Children's Treatment Centre

- The Cochrane Timiskaming Children's Treatment Centre is committed to providing quality rehabilitation and supportive services to children, youth, and their families in the Districts of Cochrane and Timiskaming who have a variety of physical, development, and communication challenges. Their catchment area is from Hearst to Latchford, including the City of Timmins, as well as the communities of Moosonee and Moose Factory in the James Bay area.
- Therapists travel to communities in the catchment area and there are therapy assistants who reside in six communities. They provide their services in the Centre's offices and in homes, schools, daycares and community settings.
- The centre offers services to children from birth to 19 years of age (or 21 if they are still in school). They offer many types of individual and group services, programs and clinics that fall under the following categories:
  - ✓ **Infant-Preschool Clinic:** A multidisciplinary and multi-agency approach for kids 0-6 when there is a concern around development, mental health, and overall development.
  - ✓ **Occupational Therapy and Physiotherapy:** Facilitate the development of physical skills, independence and productive lifestyle by the use of mobility equipment, promoting balance and coordination, improve written and communication and motor skills with use of adaptive equipment and facilitating daily living such as dressing and eating.

# Indigenous Community of Timiskaming District

- ✓ **Speech and Language Therapy:** Provides a variety of services aimed at helping individuals develop effective communication skills.
- ✓ **Social Work:** Provides intervention services for individuals, family and groups to help them cope and adjust to new diagnosis or acquired trauma, and facilitate transition planning.
- ✓ **Recreational Therapy:** Provides children and youth with physical challenges to develop and maintain skills, knowledge and behaviors in the area of recreation and leisure during all seasons.
- ✓ **Tumble and Swing Group:** Provides program to preschoolers to play together while targeting gross motor skills with the supervision of a caregiver and therapist.

## Community Living Timiskaming South

- **Resource Teacher Program:** The Resource Teacher Program supports children up to the age of twelve who have delays in one or more developmental domains or who may be at risk of a developmental delay. Services are designed to be responsive to child and family needs and priorities. Services are also flexible and portable in the manner of delivery and delivery location.

## Northern Eastern Ontario Family and Children's Services (NEOFACS)

- **Child and Family Intervention Programs:** Children, youth and their families who are experiencing mental health difficulties may benefit from the broad range of services offered through these programs. Professionals assist families in identifying and addressing their child/youth's behavioral, social and/or emotional issues. Psychological assessments may be requested and performed as an appropriate form of intervention. Children and/or youth referred to these programs must be under the age of eighteen (18) and reside within the Districts of Cochrane or Timiskaming. Referral can be made by telephone, mail or in person. Participation in services is voluntary and consent is required.
- **Intensive Service Coordination:** Intensive Service Coordination is used to address and develop a plan of service for children and youth with complex special needs. This service applies system case management practices which involve inter-agency and cross-sector networking. It is an effective process used when multiple service providers collaborate to develop, synchronize and manage the implementation of an integrated service plan to meet the identified needs of the child/youth and family and support goal achievement.
- Intensive Service Coordination is available at the community level and provides support to children/youth and their families through a family centered approach. Qualified staff will assist children/youth and families to identify strengths, goals, informal supports and potential service providers to be engaged in service planning.
- **Mobile Crisis Response:** The Mobile Crisis Response Service addresses the needs of children, youth and families who require an integrated and coordinated, community-based crisis management intervention. This service is responsive to children and youth up to eighteen (18) years of age and who reside in the Districts of Cochrane and Timiskaming. The service includes 24-hour telephone response, risk assessment, access to appropriate professional and clinical services and supports including hospitalization, where required, and linkage to follow-up services and plans of care.

# Indigenous Community of Timiskaming District

## 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.

### Northern Eastern Ontario Family and Children's Services (NEOFACS)

- **Applied Behaviour Analysis Program:** Applied Behaviour Analysis Program (ABA) is designed to support a broad range of children and youth with Autism Spectrum Disorder (ASD). Specifically the program aims to develop skills in key areas and to address behaviours that interfere with functional life skills and decrease interfering behaviours. The services and supports of the program promote the generalization and maintenance of skills across settings and conditions and help children and youth with ASD build skills and manage behaviours so that they can participate in their communities.
- **Telepsychiatry Services:** The Telepsychiatry Services include Psychiatric and Psychological Services. These services are available within the community via teleconferencing and are provided by professional Psychiatrists and/or Psychologists from the Hospital for Sick Children.
- The Telepsychiatry Services include consultations, interviews with parent/legal guardian of a child/youth, interactive discussions regarding a client, and program consultations.

## Collaborative Frameworks and Partnerships

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

### The District of Timiskaming Elders Council

- The District of Timiskaming Elders Council fulfills a leadership role traditional to First Nations and Métis communities. The purpose of the Elders Council is to provide support to both Indigenous and non-Indigenous organizations that serve First Nations and Métis children and families.
- The Elders Council will play a key role in guiding the implementation plan of the Indigenous Cultural-Linguistic Framework established by the District of Timiskaming Best Start Network.
- The Elders will advocate for the needs of First Nations and Métis children and families and will be available to agencies who want to apply a cultural worldview specific to the local area. The Elders are currently working on protocols for the organization, as well as an Elders Manual including an in-depth explanation of who they are and what they signify.

# Indigenous Community of Timiskaming District

## Short Term Opportunities to Enhance Core Prevention and Intervention

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NOTE: It is imperative to engage the Elders Council in all short- and long-term opportunities listed in this report. It is an integral part of the community engagement process.

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

- Identify a way to share training and resources among the Timiskaming District community partners: Is there an online portal that exists that we can leverage for this?
- Share the Me, My Baby, My World documents from the Timmins Native Friendship Centre with the group.
- Write a letter to the Local Health Integrated Network documenting the need for funding to support prenatal support positions in various community agencies and the creation of a list of Aboriginal resources and services in hospital after birth.
- TNWSG with support from IMHP will discuss with the Timiskaming Health Unit and other service providers what resources are available for the 0-3 years of age Indigenous population and whether they are culturally appropriate.
- Explore how Elders can be incorporated in the programming available for children and families to share the various traditions and teachings.

### Early Screening and Assessment Activities

- Identify a method to capture screening and assessments that are available in the District and by whom.

### Collaboration

- IMHP will connect with the Maternal-Child Health Unit to discuss breastfeeding support and resources for the community
- Facilitate a meeting with CMHA and Misiway to discuss support for parents with mental health or addiction concerns. Explore training for community partners on the Health Unit's recovery model. However, the model is not from an Indigenous cultural lens. TNWSG with support from IMHP will connect with Clark McFarlene (CEO), Omer Durcharme (Director).
- IMHP will reconnect with Arlene Hache to explore an approach to funding opportunities for the community.
- Identify and meet with stakeholders to share the 2016 Community Reports with the emphasis of discussing the strengths and opportunities of the Indigenous communities.

# Indigenous Community of Timiskaming District

## Long Term Opportunities for Core Prevention

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NOTE: It is imperative to engage the Elders Council in all short- and long-term opportunities listed in this report. It is an integral part of the community engagement process.

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

- IMHP will create a resource that can be shared with prenatal programs explaining the importance of infant mental health and early development to parents and caregivers.
- The PHAC consultants will explore how to enhance the CPNP program by increasing the number of hours to reflect the need. Additionally, they will bring attention to the underfunding of CAPC programs among the Indigenous communities in Timiskaming District.
- Work with the District of Timiskaming Elders Council and Indigenous Circle of Services to identify priorities and locally developed solutions for children and their families.
- Begin to identify ways to engage parents/caregivers/families in the parenting and family support programs available in the community.

### Early Screening and Assessment

- Begin to discuss and understand accessibility for screening and formal assessment as it is scarce, costly for families, and not delivered in a culturally sensitive fashion.

### Collaboration

- Begin the conversation to discuss what the community would like to focus on when addressing stakeholders and decision makers in meetings.

# Competencies for Practice in the Field of Infant Mental Health

## Highlights from the Community Discussion

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- There is knowledge within the Keeper's Circle CPNP to support mothers prenatally and postpartum however there is still sometimes a hesitancy to engage in services which is a challenge staff understand and recognize. Families tend to rely to their informal support systems rather than formal community services. Creating awareness and education for the entire community on how to support these families is important.
- Given the limited staff capacity and funding, there are few training opportunities in the community. Building capacity in infant mental health is important across the community – IMHP will share the 15-part Community Training Institute with the group.
- Culturally appropriate trainings and programs are available, but are largely underfunded compared to mainstream counterparts.

## Knowledge and Skills

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- There is a considerable amount of traditional and ancestral knowledge within the Timiskaming community that is used informally. Support from Elders and other community members is a resource many families rely upon.

### Keeper's of the Circle CPNP

- This program has access to the 15-part community training institute.

### North Eastern Ontario Family and Children's Services (NEOFACS)

- Some employees at NEOFACS in the Timiskaming area have completed the Infant Mental Health Certificate Program and the 15-part Infant Mental Health Community Training Institute.

### Northern College

- Northern College offers programs across North Eastern Ontario including Timiskaming District.
- The college offers the following programs in the area of Community Services:
  - ✓ Addictions Counsellor
  - ✓ Child and Youth Worker
  - ✓ Developmental Services Worker
  - ✓ Early Childhood Education
  - ✓ Educational Support
  - ✓ Social Service Worker

# Indigenous Community of Timiskaming District

## Short Term Opportunities for Competencies

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NOTE: It is imperative to engage the Elders Council in all short- and long-term opportunities listed in this report. It is an integral part of the community engagement process.

### Knowledge Building for Professionals

- Access to training is an identified need among community agencies which includes the cultural lens that is needed for working with FNIM families. Explore leveraging training opportunities from other community agencies.
- IMHP will share the 15-week Community Training Institute with the community partners to build capacity and begin conversations around infant mental health.
- Include the community in the many training and knowledge exchange events to ensure that everyone is able to support children and families.
- IMHP will share the parent friendly version of the IMH presentation with the group.
- Discuss how NEOFACS can share the training opportunities within their agency with other community partners. Hosting the training in community friendly location is important vs. a main stream agency location.
- IMHP is committed to three days of training on IMH, ASQ tools, and Hand in Hand. The IMH Presentation will be modified to include and compliment Indigenous teachings.
- Convene an Indigenous Table of Expertise that will guide IMHP as we create Infant Mental Health presentations which include Indigenous teachings.
- Share Child Discipline Campaign with the community members.
- Explore capacity to share Baby Love videos/ posters with hospitals, child care, and other areas in the community

## Long Term Opportunities for Competencies

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### Knowledge

- IMHP will explore how to present their knowledge/training in a way that compliments Indigenous teachings and traditions for staff to understand how it can be implemented into practice.

# Indigenous Community of Timiskaming District

## Organizational Policies & Practices

### Highlights from the Community Discussion

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#### The Indigenous Cultural-Linguistic Framework

- The Indigenous Cultural-Linguistic Framework was created as a resource document to facilitate Indigenous cultural competency among service providers, educators, policy makers, planners and community leaders in the District of Timiskaming.
- Its purpose is to:
  - ✓ Provide an overview of relevant history and context related to cultural competency from an Indigenous perspective;
  - ✓ Promote a shared understanding and vision for Indigenous cultural-linguistic competency in the District of Timiskaming based on local priorities identified by stakeholders;
  - ✓ Provide a structure for activities aligned with the four key areas of focus identified by the Timiskaming Best Start Network;
  - ✓ Promote and encourage a culture of collaboration among service providers and educators in the District that is mutually respectful, compassionate, self-reflective and models their shared vision for cultural competency;
  - ✓ Provide some options for tools that service providers, educators and planning groups may adapt to enhance cultural competency;
  - ✓ Help maintain a focus on outcomes that matter most to First Nations and Métis children and families in the District Timiskaming aligned with the Best Start mandate.
- When discussing more culturally component practices that reflect the Indigenous communities of Timiskaming District, this document should be utilized by all practitioners working with Indigenous children and families.

### Long Term Opportunities for Organizational Policies & Practices

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NOTE: It is imperative to engage the Elders Council in all short- and long-term opportunities listed in this report. It is an integral part of the community engagement process.

#### Data Collection

- Review and implement IMHP's staff survey on organizational policies and practices for agencies working with infants and toddlers for each community. The outcome of the survey would be used to support and emphasize the need for the development of agency policies and procedures that support practitioners and clients.

## References

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