



**0-6 AGE RELATED  
WORKING GROUP**

**Final Report**

June 2017



**TORONTO**  
moving on mental health  
**LEAD AGENCY**





## CONTENTS

	PAGE
1. Message from the Chair .....	4
2. Introduction .....	6
3. 0 to 6 Working group Mandate .....	7
4. Methodology .....	7
5. The Importance of Infant and Early Childhood Mental Health for Birth- to- Six Population and their Parents .....	9
6. Description of the 0 – 6 Service System in Toronto .....	10
7. Strengths, Weaknesses, Opportunities and Threats Analysis .....	11
8. Recommendations from the 0 to 6 Working group .....	14
9. Working Group Members.....	21
10. References.....	22
11. Appendices .....	23

## MESSAGE FROM THE CHAIR

Adolescent and adult mental health issues constantly dominate the airwaves. Almost daily there are horrendous stories about youth suicides and adults causing disturbances with or without weapons in the community. In these stories, mental illness is a huge factor.

Have you ever wondered what it would be like if we could go back to the first three years of the lives of these youth and adults to see what we could have done to prevent their mental illness or better support their mental health?

You see, it is a little known fact that babies are born with mental health. Eyes often glaze over when you talk about infant and early childhood mental health. Many believe that young children will not remember any traumatic or stressful events in their lives. If they exhibit any behaviour that suggests that they have been impacted professionals often tell parents that their infant/child will “grow out of it”.

If only the science of brain development was well understood for children to 3 years old! We all have much to learn about the connections between relationships, stress and parental responsiveness in infant brain development.

It was against the backdrop that the Toronto Lead Agency created the Year 2, 0-6 Age Related Working Group. The group was asked to address the following objectives:

- Determine the strengths and opportunities that currently exist in our system for the 0-6 population including evidence-informed/best practices and promising initiatives
- Identify service gaps and barriers within the system facing infants, children, youth, families as well as agencies, which are impeding access to effective service delivery as well as improvement and innovation within the sector
- Identify the existing and potential pathways, access and transition points through core services, with other non-core services and with other sectors (e.g., health, education)
- Identify key trends and possible impact on our work moving forward

The working group agreed to gather the information using an environmental scan framework. We started the planning process by asking key questions. What is working well in the infant and early childhood mental health system? What are the areas for growth? What are the opportunities to further develop and enhance the system for those who need it most?

What we found was that the 0-6 mental health service system is fragmented. The few professionals providing the clinical intervention programs and services are passionate and committed to figuring out the best possible ways to go forward. They believe that the current lack of coordinated response to infant and early childhood mental health needs creates a “long emergency” that needs to be addressed urgently.

Despite the fragmented system, we must mention a few exemplary organizations which continue to shine a bright light on the value and importance of the infant and early childhood mental health: Infant Mental Health Promotion (IMPH), Mothercraft, Child Development Institute, The Sick Kids Centre for

Community Mental Health (formerly, Hincks-Dellcrest Centre), Aisling Discoveries Child and Family Centre. All long-term leaders in this emerging field that we worked closely with as the work evolved.

I would like to thank East Metro Youth Services (EMYS, the Toronto Lead Agency) for the opportunity to lead this important initiative. I could not have done this work without unwavering commitment from eight energetic and passionate working group members. (See Appendix 2). This group of experts, drawn from the Core Service Provider (CSP) agencies in infant and early childhood mental health, provided great insights on building and strengthening a system from the bottom-up.

We must acknowledge that many of our findings are concentrated on the 0 to 3 years population and that the mental health needs of the 4 to 6 years population requires research beyond what we are able to present in this report. We do know that too many of our children are moving into the school system with undiagnosed mental health issues that are often characterized as behavioural issues. Many of these very young are facing school suspensions and developing poor early school experiences. We note there is an Education Table currently examining Toronto's Section 23 programs in all age ranges that we anticipate will offer some concrete guidance.

As the infant and early childhood mental health sector develops, more work needs to be done. We will need the help of the broader community, including the educational institutions that train professionals to do this work and partners in other sectors such as primary care, public health and Ontario Early Years Centres, to name a few.

I want to thank Janice Wiggins (Project Manager, EMYS Lead Agency), for her tremendous support to the working group, and Dor Assia (Engagement Coordinator, EMYS Lead Agency) for his help with a parent engagement process. Special thanks to all the parents and stakeholders who participated in the focus groups and to the key informants who provided their invaluable input. We also appreciate Infant Mental Health Promotion's (IMHP) contributions to this report as shown on page 8.

There was so much energy generated in this experience that several members of the working group are forming a new Toronto 0-6 Network focused on infant mental health to expand beyond the important transformational work we began here.

Finally, to advance both our aspirational and pragmatic process, we have made a series of impactful **recommendations** (see pages 13-19) that we believe are achievable now and in the future.

Sincerely,



Ekua Asabea Blair  
CEO, The Massey Centre for Women

## INTRODUCTION

Moving on Mental Health (MOMH) is an important part of Ontario's Comprehensive Mental Health and Addictions Strategy. The plan ensures children, youth and families can get mental health services in their communities that are accessible, responsive and based on the experiences of the children and youth who need help.

The goal of MOMH is to ensure all children, youth and families in Ontario have easy access to:

- Mental health services in their communities, and
- Mental health services and supports that meet their needs

Strengthening the community-based system for delivering mental health services will bring people and organizations closer together locally and benefit everyone.

### East Metro, Toronto Lead Agency

As the lead agency for Toronto, EMYS is tasked with leading the implementation of the MOMH action plan in Toronto. Once fully implemented, MOMH will transform the experience of Toronto's infants, children, youth and families living with mental health challenges. Working in collaboration with the other service agencies, and through extensive, meaningful engagement of youth and families, EMYS is working to facilitate system-wide changes to improve access, experience and mental health outcomes for infants, children, youth and families who need and rely on the existing infant, child and youth mental health system in Toronto. EMYS also participates in province-wide lead agency discussions, sharing lessons and insights and informing an Ontario-wide approach to the MOMH action plan.

### Collective Impact – A Collaborative Approach

Collective Impact Framework is based on the belief that no single organization can tackle or solve the increasingly complex social problems we face as a society. The framework is based on the premise that multiple organizations must work toward a common agenda.

John Kania and Mark Kramer first wrote about collective impact in the *Stanford Social Innovation Review* in 2011 identifying five key elements for Collective Impact to succeed. EMYS has adopted these elements to guide our work in leading the transformation of Toronto's community-based infant, child and youth mental health sector:

- **A common agenda**  
Coming together to define a problem and creating a shared vision to solve it
- **Shared measurement**  
Agreeing to track progress in the same way, which allows for continuous improvement
- **Mutually re-enforcing activities**  
Co-coordinating collective efforts to maximize the result
- **Continuous communications**  
Building trust and relationships among all participants
- **Backbone support – East Metro Youth Services**  
Dedicated staff to coordinate, support and facilitate key activities and processes

### Role of Working Groups

The sheer number of organizations both inside and outside Toronto's community-based infant, child and youth mental health sector necessitates a more intentional focus on relationship building and

coordination of opportunities to engage and build a spirit of collaboration. These time intensive activities are foundational to a sustainable system change.

To help lay the foundations for Toronto's system transformation, working groups were established to leverage the expertise of the core service providers (CSPs). In addition to providing invaluable research, analysis and recommendations informing the ongoing development of the Core Services Delivery Plan and the Community Mental Health Plan, nearly all CSPs participating as working group members, contribute greatly to the spirit of collective impact and forging relationships across agencies. The research analysis and recommendations of the working groups will be incorporated into the larger analysis and planning process as we move forward.

## **0 to 6 WORKING GROUP MANDATES (see Appendix 1)**

The goal of the Year 2 Working Groups, such as the 0-6 Working Group, was to build on the foundation of work completed in Year 1 by the lead agency and its working groups to identify the current landscape for MCYS core services. Harnessing their members' expertise and experience, working groups analyzed and assessed our current situation in the sector as to what is needed to "move the needle".

Understanding the service landscape is a critical component of planning for service delivery. The specific mandate of the 0-6 working group was to expand the system profile as it relates to both the specific age focus as well as the broader Toronto context.

## **METHODOLOGY**

### **Working Group Members and Meetings (See Appendix 2 for membership list)**

The 0-6 Working group represented a selection of CSPs from Toronto's infant, child and youth mental health. Group members included agency clinical, and program directors, executive directors and CEOs.

Meeting on a regular basis from October 2016 through May 2017, members offered insight into the challenges of the pathways and transitions in and out of a range of 0-6 years population programs, and identified trends and opportunities within the field.

The Chair led the working group through discussion and analysis of key issues, challenges and opportunities brought forward from members' professional experience, as well as from the working group's investigative and research activities.

### **Overview of Methodology**

The working group began its mandate by agreeing on a framework for gathering information to address the priorities identified in the working group Terms of Reference (see Appendix 3).

#### **Approach and method**

Key informants (health and education partners and infant mental health practitioners and promoters, etc.), CSPs and parents/caregivers were involved in focus groups, interviews and an on-line survey over the course of six-months (see Appendix 4). A selection of further background documents were examined (see Appendix 5).

### Literature review

A scope for a literature review was completed. While the 0-6 Working Group did not have an opportunity to incorporate this review during the course of its mandate, this task is scheduled to be completed by the Ontario Centre for Excellence in Child and Youth Mental Health in Ottawa by the end of December 2017. Our working group’s initial scoping led to further conversations that will help to shape the work by the Ontario Centre for Excellence in Child and Youth Mental Health. The review’s outcomes will be shared with all lead agencies across Ontario.

### Environmental scan and framework

The following framework outlines the key areas of inquiry for the scan. It is informed both by leading practices such as literature reviews and questions that were identified by the working group as important to consider.

<b>1. Service Priorities</b>	<ul style="list-style-type: none"> <li>• Priority needs/issues of 0-6 population and their families/caregivers</li> <li>• Current CSPs and the broader community</li> <li>• Service gaps/duplication</li> <li>• CSP’s current role in addressing identified priorities</li> </ul>
<b>2. Current System/Service Strengths &amp; Challenges</b>	<ul style="list-style-type: none"> <li>• Profile, reputation, and awareness</li> <li>• System impact/outcomes</li> <li>• System strategies</li> <li>• Core competencies</li> </ul>
<b>3. Critical External Trends/Threats (next 3-5 years)</b>	<ul style="list-style-type: none"> <li>• Changing community needs and demographics</li> <li>• Funding environment</li> <li>• Political climate</li> <li>• Technology</li> <li>• Other factors</li> </ul>
<b>4. Future System Strategies/Opportunities</b>	<ul style="list-style-type: none"> <li>• Market position (competitors; unique role; new/targeted services that address gaps or respond to emerging needs)</li> <li>• Potential partnerships/alliances</li> <li>• Funding opportunities and priorities</li> </ul>

(The detailed results of this Environmental scan are in contained in **Appendix 6**)

### Consultation with Other Working Groups and Tables

One of the key learnings from Year 1 was the need for improved knowledge sharing among the groups established to research, analyze and develop recommendations for the Lead Agency to consider in its system planning. To address this, Ekuia Asabea Blair, Chair of the 0-6 Working Group attended regular meetings of the Year 2 Chairs of working groups of other populations i.e., ages 7 -12, 13-18, residential, French language services, and community education and health, where key areas of analysis and draft recommendations were shared and discussed.

## Youth and Family Engagement

Recognizing the size, diversity, and complexity of the Toronto service area the Lead Agency has focused its youth and family engagement work on two fronts: a long-term framework and development for building capacity within the system to engage families and youth; and immediate efforts towards embedding engagement processes and commitments in the operations of organizations and systems. To inform this work and provide a lens to view the working group recommendations, the Lead Agency developed and implemented peer-led consultations in partnership with the working groups. In this project, youth and family members were trained to lead consultations and took part in forming questions and interpreting results. Seven consultations were held, and 51 youth and family members participated. Two focus groups, with a total of 21 parents, provided input for the 0-6 age related population. (see **Appendix 4**)

## THE IMPORTANCE OF INFANT AND EARLY CHILDHOOD MENTAL HEALTH FOR 0-6 POPULATION AND THEIR PARENTS

There is an abundance of literature to suggest that the earliest years of a child's development, starting from conception, unarguably lay the foundation for a child's socioemotional developmental trajectory through the lifespan (*Schore, 2001; Vandell et al., 2010*). As such, the protracted effects of early life experiences on later development undoubtedly highlights this period as *the* most critical period of life. While there are many factors known to impact the quality of children's early life experiences, it can be suggested that this early emotional climate is principally driven by the parent-infant relationship and attachment system (*Sidiqi et al., 2002; Wolff & Ijzendoorn, 1997*).

In fact, in a seminal 30-year longitudinal study, it was demonstrated that children of consistently responsive, sensitive, and attuned parents showed superior functioning across a range of domains during adulthood in comparison to children of inconsistent, insensitive, and unresponsive parents (Sroufe, 2005). Even more striking are the notable differences in children's brain structure and the expression of genes as a result of variations in the quality of early experiences (Schore, 2001; Marshall & Kenney, 2009). There is an urgency to support infants and young children early because a large scale study found that the more adversity a child faces, the more likely they are to develop physical and mental illnesses in adulthood (i.e., the leading causes of death) and to have a shorter life expectancy (Filletti et al., 1998). Again, the strong and enduring influence of experience on inherent biological systems (i.e., brain development) corroborates further evidence for the significance of early life experiences on development.

### Demographics

According to the City of Toronto website, there were 31,291 births in 2013 (see **Appendix 7**). Studies conducted in Denmark, Norway and Germany report on the prevalence of any social-emotional disorder or infant and early childhood mental health illness in the 0-6 age group to be between 12% and 18%. Applying results of these European studies, between 3,700 and 5,600 of Toronto's children born in 2013 will need support with mental health issues.

### Return on Investment

If we invest in early mental health, we will save many more dollars in the future. According to economists at the RAND Corporation, the Social Return on Investment (SROI)

([http://www.rand.org/pubs/research\\_briefs/RB9145.html](http://www.rand.org/pubs/research_briefs/RB9145.html)), every dollar spent in the first two years of a child's life saves the system \$7 [Note: Estimates vary from 1.8 to 17 times saving per dollar spent in the first 2 years on educational, psychological or psychiatric services] (See Appendix 8 TD Economics Special Report: Early Childhood Education has Widespread and Long Lasting Benefits, November 2012)

## DESCRIPTION OF THE 0-6 SERVICE SYSTEM IN TORONTO

Many organizations, institutions and individuals in Toronto serve the needs of children 0-6 and their families: Toronto Public Health, child welfare agencies, Toronto District School Board, Toronto Catholic District School Board, hospitals, Ontario Early Years Child and Family Centres, child care centres, private clinics operated by psychotherapists, or psychologists, physicians, community health centres, pediatricians, child psychiatrists, Women's shelters and CSPs funded by the Ministry of Children and Youth Services (MCYS). Some, but not all provide infant and early childhood mental health services on the service continuum identified by the organization zero to three.<sup>1</sup>

The infant and early childhood mental health system that supports the 0-6 population and their families is currently fragmented. It is not "branded" or widely known, so many parents do not know these services. Many CSPs, institutions and other organizations have not prioritized these services, resulting in unequal access to infant and early childhood mental health services across the city. In some cases, where some early mental health services are available, they exist only because there is a clinician on staff with passion for this work; when this clinician leaves the organization, the services often leave too.

Infant and early childhood mental health clinicians are rare among professionals. Many academic institutions do not offer specialized programs or certification in infant and early childhood mental health. Infant Mental Health Promotion (IMPH) is filling some of the training gaps, but a more comprehensive approach is required.

Where infant and early childhood mental health services are available, these services focus largely on the needs of the children from birth to age 3, with fewer services available for the 4-6 year olds and support is needed for these children as they transition into the school system, where there are additional barriers to providing services. (Among the few exceptions is Regent Park School Hub Program, with its inter-professional team of pediatricians and social workers from St. Michael's Hospital).

See Appendix 9 for a partial inventory of services offered by the infant, child and youth mental health CSPs and other stakeholders.

---

1. *Zero To Three, a membership-based organization founded in 1977 in Washington, D.C., takes a unique approach to child development with the use of research and tools, working to ensure that infants and toddlers benefit from the early connections critical to their well-being and development. It advocates an infant and early childhood mental health service continuum that includes programs and services at the promotion, prevention and intervention levels.*

## STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS ANALYSIS

### Service Priorities for the 0-6 Population and Their Families

Due to the limited visibility of an infant and early childhood mental health system and the lack of awareness among parents/caregivers of the importance of social and emotional health to the wellbeing of their infants, many young children with mental health issues do not get timely access to the services they need. These infants and toddlers fall through the cracks and their needs are rarely identified by primary health care providers, child care, and mental health providers or within community support programs before they get to school.

Stakeholders we consulted emphasized the need to prioritize high-needs population dyads (e.g., teen parents, First Nations, Inuit, Metis, parents with mental illnesses, low income families, newcomers and refugees) for early mental health service.

### Key Stakeholders were asked how we could better address the Infant and Early Childhood Mental Health Service gaps in Toronto.

#### Key points arising from external consultations during environmental scan

- Create a centralized point of access (CPA) where infants and children can be triaged and directed to the appropriate services. Mothercraft's CityKids CPA is a model we could emulate or a partnership could be developed with CityKids to integrate its services with CSPs serving the 0-6 population and their families in Toronto
- Develop a peer system navigation component where parents help other parents. An example is Halton Region's Reach-out Centres for Kids (ROCK) project
- Develop educational and prevention programs for new parents on the "first years", secure attachment, and the importance in infancy of the dyadic relationship for children's long-term mental health. This knowledge would build the parent/caregiver's capacity to respond to a child's holistic and mental health needs. Prevention programs needs to start with the parent/caregiver
- Parental/caregiver efficacy is at the core. Explore opportunities to develop an easily accessible website or app as the "one place to find everything"
- Promote the importance of managing the stress levels of expectant parents in programs where parents and caregivers already meet (e.g., Toronto Ontario Early Years Child and Family Centres)
- Developing a narrative "elevator pitch" to describe infant and early childhood mental health to parents and policy makers. Make the narrative culturally appropriate to minimize and perceived stigma
- Create programs that will respond to the Early Development Indicators (EDI) that show vulnerability in social and emotional domains
- Allocate adequate funding for these services
- Continue to support group programs for children showing disturbance. (Notable among the very few people who know how to do this work are Mary Rella at Skylark, Allison Nichols at McMaster and Carmen Chivoiu at Massey Centre)
- Train staff to become "baby whisperers" and learn baby talk
- Develop programs that can be delivered by both professional and paraprofessional staff

- Design programs and support structures accessible to both stay-at-home and working parents/caregivers. Services must work with their schedules
- Develop early childhood mental health services for 4-6 year olds who have entered the school system
- Integrate Infant and Early Childhood Mental Health into the typical 12-minute visit with a family doctor. Family doctors should encourage (or “prescribe”) parents to take part in programs with play-based activities for their children and stress reduction for the parents
- Develop and support program that address stigma placed on high-needs parents (e.g., teen moms) by the broader community and even the professionals who work with them

**Examples of existing infant mental health, interventions and resources available in the Toronto (see Appendix 9)**

- Nurse-family partnership program to be implemented by Toronto Public Health
- Primary care sites (e.g., Teen Clinic at Sick Kids for vulnerable teens and their babies and some CHCs such as DPNC and Regent Park CHCs)
- Infant, Child and Youth Mental Health Centres that focus on the needs of pregnant and parenting teens (e.g., Rosalie Hall, Massey Centre, Humewood House and Jessie’s, the June Callwood Centre) and other centres that focus on the general population (e.g., Aisling Discoveries, Child Development Institute, Sick Kids for Community Mental Health, formerly the Hincks Dellcrest Centre)
- Excellent resources to support parents and infants (e.g., A Simple Gift, Learning through Play, COPE, Right from the Start, Triple P and Incredible Years available at Nelson Mandela School Hub)
- Baby Love (group and individual) created by Dr. Jean Wittenberg, an attachment-based program being taught at the Massey Centre and is made available to child care centres and OEYC Satellite staff in the Toronto-Danforth community
- Infant Mental Health Developmental Screening and Assessment Training (ASQ-SE and ASQ-3) is provided by IMPH
- CityKids (run by Mothercraft) is a single point of access, coordinated intake and service delivery to children with special needs from birth to six (and 6-12 attending child care) and their families living in the GTA
- Breaking the Cycle (run by Mothercraft) is early identification, prevention and programs for prenatal to 6 years that address maternal addictions and mother-child relationships
- Important reports outlining key issues, current research and practical evidence (e.g., *Dr. Fraser Mustard et al, Early Years Study*)
- Infant and Early Childhood Mental Health (IECMH) capacity through training, community involvement and advocacy (e.g., IMHP Community Training Institute and IMH Community Tables in East York, Etobicoke and Regent Park)
- Healthy Babies, Healthy Children programs offered by Toronto Public Health
- Integration of IMH into the practice by Children Aid Society of Toronto’s Child welfare workers trained in ASQ SE and ASQ-3
- Watch, Wait and Wonder attachment-based program developed by Dr. Mirek Lojkasek et al
- Me, My Baby Our World an attachment-based program developed by Dr. Dianne Benoit, Sick Kids Hospital
- Handle with Care is a simple interactive program to help parents and caregivers, including those who work in early childhood settings, to promote the mental health of

young children from birth to six years old - offered by Sick Kids for Community Mental Health

**How to address the lack of staff core competencies in the delivery of infant and early childhood mental health programs.**

During our consultations we heard that the infant and early childhood mental health system needs staff with the appropriate competencies to deliver high-quality evidence-based programs.

Building professional sensitivity of service providers is critical in ensuring that they support and reduce stress rather than causing it for parents/babies/young children is critical.

Organizations serving the 0-6 population and their families now have access to invaluable research. Despite this fact, many organizations are not implementing these important early mental health services with evidence-based interventions.

Providers must understand the distinct roles of poverty and trauma in doing this work. When either or both issues are present, the level of complexity increases in serving affected infant or young child. Practitioners must integrate the social determinants of health issues for the parent and family when delivering services.

**Strategies for address staff core competencies**

The system needs professionals with the core competencies in infant and early childhood mental health to meet the needs of the 0-6 population and their families. These core competencies must be present in all the settings where parents and children interact with the system. During our consultation, we learned that there is a dearth of infant and early childhood mental health core competencies for many reasons. The most common reason is that there are few institutions that provide certification to deliver these services. Stakeholders we spoke to suggest many ways to improve the core competencies in the system:

- Enhance the training that family doctors and pediatricians receive to better equip them at the frontline to address infant and early childhood mental health issues with children and their parents
- Incorporate attachment research into professional training for family doctors, social workers, Early Childhood Educators (ECEs), child and youth workers, psychologists etc.
- Create inter-professional teams of social workers and primary health care professional to deliver early mental health programs. Many clients noted that their pediatricians or family doctors were dismissive of anything that was not physical (such as social and behavioural issues and did not refer them to programs offering infant and early childhood mental health programs)
- Advocate with academic institutions to develop curriculum to train infant and early childhood mental health professionals by creating diploma, degree and postgraduate degree programs in early mental health; and, to integrate infant and early childhood mental health theory and practice into the curriculum for social workers, ECEs and child and youth workers

**Future opportunities for the development of Infant and Early Childhood Mental Health Stakeholders and key informants interviewed identified many opportunities to develop the IECMH System in Toronto:**

- Development of a system to foster well-being for children with public health workers at the frontline recognizing the continuum from birth through early childhood
- Incorporation of prenatal and postnatal factors as well as cultural competency considerations
- Essential use of IECMH service continuum to include programs at the promotion, prevention and intervention stages

**Potential partners, alliances and policy changes**

Partnerships and collaboration to build strategic alliances, capitalize on system changes and network for advocacy were identified as key imperatives in building the IECMH system. Our stakeholders made a number of recommendations:

- Contact Family Care networks in Alberta; and IECMH Table in Ottawa, Niagara, Simcoe etc.
- Develop a cross-sectorial group on early years' practitioners to advise government and explain why meeting the needs of the 0-6 population are crucial to society at large
- Partner with Toronto Child and Family Network to ensure joint planning and coordination and common outcomes
- Assist policy makers to understand the science, and to create the narrative
- Create and distribute a one-pager for doctors about IECMH
- Work with medical schools to increase training on attachment and IECMH and create exam questions on it for family doctors and pediatricians
- Work with OMA or College of Physicians or Surgeons to make IECMH a part of the family doctor and pediatricians peer review processes
- Collaborate with Ontario Early Years Child and Family Centre (OEYFC) to provide training on IECMH and support to do the promotion and prevention work with families
- Recognize the new Child and Family Services Act as an opportunity
- Integrate IECMH into the CMHO accreditation process for CSPs
- Study Sweden's and Finland's existing surveillance practices
- Joining the rest of the province in this journey and thinking more comprehensively
- Seek opportunities to integrate and collaborate with different sectors, e.g. Public health/ agencies serving women/ Toronto Child and Family Network, Community Action Program for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP) special needs, autism and early abilities strategies

**RECOMMENDATIONS FROM THE 0-6 WORKING GROUP**

After reviewing the feedback from parents, focus group participants and key informants, the working group developed the following recommendations. We recognized that 0 to 6 is an underfunded population where needs far exceed current resources, and there has been an erosion of services available over time. During our deliberations and available research, the working group agreed to go beyond our mandate of the 0-6 population and agreed that it was important that IECMH work should begin during the perinatal phase.

## Recommendations Presented by Strategic Themes

### Service model

Define what infant and early childhood mental health means for the Toronto Lead Agency and the CSPs. Design a service model that will respond to the social and emotional needs of children 0-6 years old in the context of their relationships with their parents and caregivers. The newly designed service model should be equally accessible to all families living in Toronto and respond to the diverse needs of racialized and other high-needs populations (e.g., child welfare clients, First Nation, Inuit, Metis people, pregnant and parenting adolescents and their infants, refugees, newcomers etc.).

<b>Objectives</b> <b>(What is the desired impact or change toward the strategic directions?)</b>	<b>Tasks/Activities</b> <b>(How will we work to achieve the identified objectives?)</b>
Adopt a definition for perinatal, infant and early childhood mental health that should be used by all CSPs	<ul style="list-style-type: none"> <li>• CSPs will adopt the Zero to Three, Harvard Centre for the Developing Child, IMHP, or other definition of infant mental health</li> </ul>
Adoption of the Zero to Three, 2007, three-tiered service continuum for IECMH service delivery: promotion, prevention and intervention.	<ul style="list-style-type: none"> <li>• Develop an inventory of perinatal, infant and early childhood mental health services offered by CSPs at the promotion, prevention and intervention levels</li> <li>• Research and develop a list of evidence-based/evidence-informed interventions for the perinatal and 0-6 populations that can be delivered by CSPs</li> <li>• CSPs to work with Toronto Lead Agency to design perinatal, infant and early childhood mental health services that will respond to the mother/caregiver-dyad within the three service tiers: promotion, prevention and early intervention</li> <li>• CSPs to identify gaps and opportunities for training in evidence-based or evidence-informed interventions.</li> <li>• Distribute perinatal, infant and early childhood mental health services equitably across Toronto</li> <li>• Explore the creation of dedicated teams to cover specific locations for delivery of individual and group dyadic interventions to the target population</li> <li>• Collaborate with other 0-6 Service providers (e.g., OEYCFC) to enhance their competencies in infant and early childhood mental health services and create service pathways linking the different systems</li> </ul>

Objectives (con'd)	Tasks/Activities
Service providers, parents and caregivers will know how to access the Toronto Lead Agency's CPA program for the perinatal and 0-6 populations and will have equitable access to services in the communities where they live	<ul style="list-style-type: none"> <li>• Create clear pathways for services for the general population, First Nation, Inuit, Metis people, Francophone, racialized populations and other high-needs groups (e.g., pregnant and parenting adolescents and their children and children with experience with the child protection system, low income, homeless families with no fixed address, parents with substance use issues and children with FASD)</li> </ul>

**Funding and sustainability**

Create, and adequately fund and sustain CSPs' programs and services for infants, toddlers, and families, as a continuum, ranging from a state affected by social and emotional problems and disorders to complete social and emotional wellness—an ability to form satisfying relationships with others and to play, communicate, learn, and experience the full spectrum of human emotions. (0 to 3, Early Connections last a Lifetime: [www.zerotothree.org](http://www.zerotothree.org)) <sup>2</sup>

Objectives (What is the desired impact or change toward the Strategic Direction?)	Tasks/Activities Directions (How will we work to achieve the identified objectives?)
There will be dedicated funding to create and sustain services across CSPs to support the needs of the perinatal and 0-6 populations.	<ul style="list-style-type: none"> <li>• Toronto Lead Agency will prioritize the funding for CSPs to deliver perinatal and 0-6 populations</li> </ul>
Current funding will be reallocated or increased, in a manner supported in the literature, to ensure that services are available to all age groups in CSPs.	<ul style="list-style-type: none"> <li>• Develop the SROI case for addressing the social and emotional needs of the 0-6 population</li> <li>• Ratio of resources to the 0-6 population will be fully assessed and analyzed to ensure it is in line with current data, research and best practice</li> </ul>

**Develop and sustain CSPs' competencies by supporting these organizations to develop a road map that sets goals for competency-building to deliver perinatal, Infant and Early Childhood Mental Health Services**

Build consensus among CSPs on the range of foundational skills, knowledge and abilities required to be a competent Perinatal, Infant and Early Childhood Mental Health Practitioner. Adopt perinatal, infant and early childhood mental health care in all CSP settings, especially where pregnant and parenting teens/women and children 0-6 population and their families receive services. CSPs will participate in competency training that is built on a philosophical

<sup>2</sup> Zero To Three, a membership-based organization founded in 1977 in Washington, D.C., takes a unique approach to child development with the use of research and tools, working to ensure that infants and toddlers benefit from the early connections critical to their well-being and development. It advocates an infant and early childhood mental health service continuum that includes programs and services at the promotion, prevention and intervention levels.

framework that emphasizes young children’s social and emotional wellbeing as the foundation of all later development.

<b>Objectives</b> <b>(What is the desired impact or change toward the Strategic Direction)</b>	<b>Tasks/Activities Directions</b> <b>(How will we work to achieve the identified objectives?)</b>
<ul style="list-style-type: none"> <li>Core Service Providers will have the competencies and skills to deliver perinatal, infant and early childhood mental health services.</li> </ul>	<ul style="list-style-type: none"> <li>Identify skills gaps among CSPs to provide relationship-based services promoting social and emotional wellbeing</li> <li>Toronto Lead Agency and/or CSPs will partner with IMHP and other institutions to plan and implement a staff-training plan that will address gaps in core competencies to deliver perinatal, infant and early childhood mental health programs and services</li> <li>Seek and capitalize on staff training opportunities available within CSPs agencies to learn evidence-based/evidence-informed individual and group dyadic interventions in perinatal, infant and early childhood mental health</li> </ul>
<ul style="list-style-type: none"> <li>CSPs will have a competency framework for determining what skills and competencies are required when hiring perinatal, infant and early childhood practitioners.</li> </ul>	<ul style="list-style-type: none"> <li>Adopt Infant Mental Health Promotion Competencies for Practice in the Field of Infant Mental Health</li> </ul>
<ul style="list-style-type: none"> <li>A Community of Practice will exist for staff delivering infant mental health services in CSP agencies.</li> </ul>	<ul style="list-style-type: none"> <li>Design a framework for the Community of Practice that will address the activities, technologies, group processes and roles that will support the community’s goals</li> </ul>
<ul style="list-style-type: none"> <li>Support the development of Canadian Centre for Accreditation (CCA) Standards to assess the quality of the Infant and Early Childhood Mental Health programs and services offered to the perinatal and 0-6 populations services within CSPs.</li> </ul>	<ul style="list-style-type: none"> <li>Partner with CMHO and CCA to develop Mandatory and Leading Practice CCA Standards to assess for Infant and Early Childhood Mental Health programs offered by CSPs to the perinatal and 0-6 populations</li> </ul>

**‘What’s up’ Walk-In clinics**

Support the existing ‘What’s up’ Walk-Ins build their capacity to offer social and emotional programs and services to parents/caregivers and the parent/caregiver-child dyad. Increase parents/caregivers literacy about the importance of perinatal, infant and early childhood mental health so that they will seek and know where to find these services when they have a concern.

Objectives	Tasks/Activities Directions
Toronto Lead Agency 'What's up' Walk-In will have the capacity to provide clinical services to address perinatal, infant and early childhood mental health.	<ul style="list-style-type: none"> <li>• Build on existing capacity with the CSPs to offer infant and Early Childhood Mental Health programs and services to parents/caregivers at the 'What's up' Walk-Ins</li> <li>• Create client (parent/caregiver-child dyad) pathways from child development, special needs and speech and language clinics, CPNP to the 'What's up' Walk-Ins for the 0-6 population</li> </ul>
Partner with other sectors serving the 0-6 population to increase awareness of the 'What's up' Walk-In services for the 0-6 population.	<ul style="list-style-type: none"> <li>• Explore opportunities to partner with child development, special needs and speech and language service providers to deliver their wait-list clinics at 'What's up' Walk-In locations</li> </ul>

### Centralized Points of Access for the 0-6 population

In the long term, Toronto Lead Agency should collaborate with other systems operating a CPA for the 0-6 population and their families. This collaboration will lead to the creation of a one-stop CPA for the 0-6 population in infant and early childhood mental health, special needs, child development and speech and language. In the short-to-medium-term, the Toronto Infant, Child and Youth Mental Health sector will focus on creating its own 0-6 population CPA while each CSP builds or enhances its organizational capacity to serve the infant and early childhood mental health needs of children from 0-6 and their families.

Objectives	Tasks/Activities Directions
<ul style="list-style-type: none"> <li>• A virtual CPA will meet the infant and early childhood mental health needs of the perinatal and 0-6 populations.</li> </ul>	<ul style="list-style-type: none"> <li>• Create an intake triage tool specifically to meet the needs of the perinatal and 0-6 populations</li> <li>• Create a common assessment screener for the perinatal to age 6 population and their families</li> <li>• Develop a staff and training plan for the CPA for 0-6 population</li> <li>• Define the CPA model, including client pathways in and out of it</li> <li>• Define service pathways for the three tiers of service (promotion, prevention and intervention) for the CSPs</li> <li>• Define service pathways to external providers, including emergency referrals to hospitals</li> </ul>

Objectives (con't)	Tasks/Activities
<ul style="list-style-type: none"> <li>Opportunities will be sought, in the medium- to-long term, to partner with other sectors that serve the needs of the perinatal and the 0-6 populations in creating a one-stop virtual CPA to increase access for families, infants and toddlers with multiple needs.</li> </ul>	<ul style="list-style-type: none"> <li>Explore partnership opportunities with Mothercraft's CityKids CPA</li> </ul>
<ul style="list-style-type: none"> <li>The 0-6 population and their families in Toronto will know the importance of their children's social and emotional development and know where to find CSPs.</li> </ul>	<ul style="list-style-type: none"> <li>CSPs will develop a written narrative to discuss and promote perinatal, infant and early childhood mental health</li> </ul>

### Identification

Early identification of perinatal, infant and early childhood mental health concerns is an important step towards ensuring optimal outcomes for children who may be at risk for social and emotional disorders. Family physicians are in a critical position to assess the social and emotional wellbeing of infants and toddlers and initiate steps to link the family with relevant resources. CSPs need to collaborate with family physicians and pediatricians and community health centres to integrate infant and early childhood mental health in primary and pediatric settings.

Objectives	Tasks/Activities Directions
<ul style="list-style-type: none"> <li>Family physicians and pediatricians will refer families with children 0-6 with infant and early childhood mental health issues to CSPs.</li> </ul>	<ul style="list-style-type: none"> <li>Influence family physician training to ensure it includes more emphasis on infants, and children's social and emotional development</li> <li>Collaborate and engage with local Community Governed Family Health Teams (CGFHT), Family Health Teams and Community Health Centres to raise awareness about infant and early childhood mental health</li> <li>Advocate for the integration of infant and early childhood mental health into the 18- month well-baby check and linking this to the immunizations check. Create or adjust appropriate tools (e.g., checklists) to assist this process</li> </ul>

### Integration and coordination across service systems

The funding for infant and early childhood mental health exists but there is very little integration and/or coordination across the various systems. Work with other parts of the 0-6 population service system to ensure system integration and coordination at the funders and service levels.

Objectives	Tasks/Activities Directions
<ul style="list-style-type: none"> <li>A cross-sectorial table will follow-up on the strategic issues identified during the 0-6 Age Related Working group consultations.</li> </ul>	<ul style="list-style-type: none"> <li>Advocate for system coordination at the funders level for all the 0-6 funding sources (e.g., federal, provincial and municipal) that will address service gaps and address duplications</li> <li>Create opportunities and linkages for all the services focused on the 0-6 population to work together on common requirements/initiatives (e.g., CPA, co-location of services, service pathways, etc.)</li> <li>Inventory external service providers (e.g., autism, developmental, etc.) to create opportunities to build seamless access to services for the perinatal to age 6 population and their families</li> </ul>
<ul style="list-style-type: none"> <li>Demonstrate leadership in the integration of services/tools for the perinatal to age 6 population and their families with Child Welfare, CityKids, Every Child Belongs, Toronto Child and Family Network.</li> </ul>	<ul style="list-style-type: none"> <li>Seek membership at planning tables for the perinatal to age 6 population related to Child Welfare, CityKids and the Toronto Child and Family Network, etc</li> </ul>

### Moving forward

The above recommendations require champions to advocate for them and need to be turned into actionable activities.

Objectives	Tasks/Activities Directions
<ul style="list-style-type: none"> <li>An Operational CSP table will be developed to follow up on sector planning and implementation of strategic directions identified at the 0-6 Age Related Working group.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure support for a group focused on the 0-6 population to continue in the next phase of the Lead Agency's work</li> </ul>
<ul style="list-style-type: none"> <li>Develop a branding strategy for educating parents, caregivers and service providers about the importance of perinatal, infant and early childhood mental health.</li> </ul>	<ul style="list-style-type: none"> <li>Solicit pro bono services of a branding or marketing company to help promote the importance of these services</li> </ul>

## WORKING GROUP MEMBERS

Thank you to our dedicated working group members who made this report possible:

- Chair- **Ekua Asabea Blair**, Chief Executive Officer, The Massey Centre ([ebclair@massey.ca](mailto:ebclair@massey.ca))
- Cynthia Alutis, Senior Early Intervention Manager, Child Development Institute ([CALutis@childdevelop.ca](mailto:CALutis@childdevelop.ca))
- Roberta Bustard, Director of Strategy, EMYS Lead Agency ([rbustard@emys.on.ca](mailto:rbustard@emys.on.ca))
- Kim Curran, Director of Prevention & Early Intervention Services, The George Hull Centre ([kcurran@georgehull.on.ca](mailto:kcurran@georgehull.on.ca))
- Jane Kenny, Executive Director, Rosalie Hall ([jkenny@rosaliehall.com](mailto:jkenny@rosaliehall.com))
- Susan Loizzo, Family Child and Youth Therapist ([susan@yorktownfamilyservices.com](mailto:susan@yorktownfamilyservices.com))
- Brenda Packard, Child Welfare Supervisor, CAS ([bpackard@torontocas.ca](mailto:bpackard@torontocas.ca))
- Mary Rella, Manager of Counselling Services, Skylark ([mary.rella@skylarkyouth.org](mailto:mary.rella@skylarkyouth.org))
- Rachell Skinner, Director, Early Intervention and Community Programs, Aisling Discoveries ([rskinner@aislingdiscoveries.ca](mailto:rskinner@aislingdiscoveries.ca))
- Cheryl Webb, Executive Director, Adventure Place ([cwebb@adventureplace.ca](mailto:cwebb@adventureplace.ca))
- Janice Wiggins, Project Manager, EMYS Lead Agency ([jwiggins@emys.on.ca](mailto:jwiggins@emys.on.ca))

## REFERENCES

1. Filletti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). *Relationships of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study*. *American Journal of Preventive Medicine*, 14(4), 245-258, Retrieved from <http://www.acestudy.org/download>.
2. Marshall, P., & Kenney, J. (2009). Biological perspectives on the effects of early psychosocial experience. *Developmental Review*, 29, 96–119.
3. Schore, A. N. (2001). Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health. *Infant mental health journal*, 22(1-2), 7-66.
4. Sidiqi, A., Irwin, L., & Hertzman, C. (2007). Total Environment Assessment Model for Early Childhood Development: Evidence Report for the World Health Organization’s Commission on the Social Determinants of Health. *WHO, Geneva*.
5. Sroufe, L. A. (2005). Attachment and development: A prospective, longitudinal study from birth to adulthood. *Attachment & human development*, 7(4), 349-367.
6. Vandell, D. L., Belsky, J., Burchinal, M., Steinberg, L., & Vandergrift, N. (2010). Do effects of early child care extend to age 15 years? Results from the NICHD study of early child care and youth development. *Child development*, 81(3), 737-756.
7. Wolff, M. S., & Ijzendoorn, M. H. (1997). Sensitivity and attachment: A meta-analysis on parental antecedents of infant attachment. *Child development*, 68(4), 571-591.

### Additional References

1. Supporting Ontario’s Youngest Minds: Investing in the Mental Health of Children Under 6 Years, Ontario Centre of Excellence for Child and Youth Mental Health, (2014, November) Prepared by: Dr. Jean Clinton Angela Kays-Burden Charles Carter Komal Bhasin Dr. John Cairney Dr. Normand Carrey Dr. Magdalena Janus Dr. Chaya Kulkarni Dr. Robin Williams
2. Ontario Centre of Excellence for Child and Youth Mental Health (2016, May). Attachment-based intervention programs for families of children ages 0-6. Evidence In-Sight. Retrieved from <http://www.excellenceforchildand youth.ca/resourcehub/evidence-in-sight-database>.

## APPENDICES

Appendix 1	0 to 6 Working Group Mandate Letter
Appendix 2	Membership
Appendix 3	0 to 6 Working Group Terms of Reference
Appendix 4	Key Informants: <ul style="list-style-type: none"> <li>a.) January 11 Focus Group Feedback</li> <li>b.) Participants January 11, March 1 and June 13, 2017</li> <li>c.) Focus Groups (February 2 and 8, 2017)</li> <li>d.) Questionnaire Template for MCYS funded Core Service</li> </ul> Providers in Toronto Year 2
Appendix 5	Selected Background Reports (Excerpts): <ul style="list-style-type: none"> <li>e.) Supporting Ontario’s youngest minds: Investing in the mental health of children under 6 Dr. Jean Clinton et. Al. November 2014</li> <li>f.) Attachment-based Intervention programs for families of children ages 0 to 6 Centre of Excellence for Child and Youth Mental Health, May 2016</li> <li>g.) Embedding the Science of Infant Mental Health in Practice and Policy, Executive Summary, September 2015, <a href="http://www.imhpromotion.ca">www.imhpromotion.ca</a></li> <li>h.) Public Health Agency of Canada, Community Reports, A Collaborative Approach to Embedding the Science of Infant Mental Health and Enhancing Infant Mental Health Services, 2015</li> <li>i.) Infant and Early Childhood Mental Health System of Care, Three Tier Model, Courtesy of Ottawa IECMH Network, 2015</li> </ul>
Appendix 6	Toronto’s Infant and Early Childhood Mental Health 0 to 6 Age Group Environmental Scan, Spring 2017
Appendix 7	Selected Demographics
Appendix 8	TD Economics Special Report, Early Childhood Education has Widespread and Long Lasting Benefits, November 27, 2012
Appendix 9	Preliminary List of Infant and Child Mental Health Services – 2017 Toronto Lead Agency Guiding Principles



East Metro Youth Services | Lead Agency for Moving on Mental Health – Toronto  
Head Office: [1200 Markham Road, Suite 200, Scarborough, Ontario M1H 3C3](#)  
Lead Agency Downtown Office: [365 Bloor Street East, Suite 1010, Toronto, Ontario M4W 3L4](#)  
Tel: [416-438-3697](tel:416-438-3697) | Fax: [416-438-7424](tel:416-438-7424) | Email: [Leadagency\\_Toronto@emys.on.ca](mailto:Leadagency_Toronto@emys.on.ca)  
[www.emys.on.ca](http://www.emys.on.ca)

Registered Charity # 13056 3166 RR 0001 | Accredited by the Canadian Centre for Accreditation  
Supported by The Government of Ontario