

Niagara Infant Mental Health Meeting
CE 103
2201 St. David's Road
10:30 a.m. – 12:00 a.m.

Date: November 24, 2014

Present: Sandy Toth (Chair), Tracy Belcastro (Co-Chair), Debbie Bent, Kim Cole, Patricia Couroux, Kelly Decloux, Dr. Andrea Feller (Public Health), Heather Henry, Amanda Hicks, Shelly Jobson, Dr. John Cairney (McMaster University), Chaya Kulkarni, Helen Lake, Dr. Lisa Linders, Julie McNamara, Brenda Packard, Adeena Persavd, Rachel Plett, Stacy Potter, Laura Rasmussen, Gina Spratt, Lena Cloutier (recorder)

Item	Discussion	Action
1. Welcome and Introductions		
2. Review of Previous Minutes		
	Minutes accepted as written.	Everyone introduced themselves around the table.
3. Project summary		
	Chaya looking for a reasonable timeline to get feedback.	Get back as soon as possible to allow Chaya to get to Ethics.
	<p>Aims</p> <ul style="list-style-type: none"> • Early identification of <u>risk</u> for developmental day • Can we use developmental support plans to make the best of support times. While waiting, things that can be worked on with child. Gives parents a sense of having importance. 	Agreed to do another day of training for those not there for the initial round only open to those who have had training at pilot sites specified. Training will be brief, and on tools and developmental support plan.
	Hand in Hand resource is available on the IMH website.	Can copy and paste from examples when putting together developmental plans.
	Once training is completed, then ready to start. A pretest and post-test in terms of knowledge. Only way to see if training has improved knowledge. Want to know knowledge is being retained now as well as in future.	Create a common approach within the community. Commit to process and not the tool. Imbed screening in our work. Tools may and will, change.
	Developmental model for changes and strategies. Feedback has helped to improve developmental outcomes for all children.	Screen, routine of every 3 months for a full year. Want to see if there is a positive effect on scores.
	Information has come from the Harvard Website, along with many other sites. When reviewing and you note an additional site which can be identified, please include then as well. A pilot study was completed with	Send any suggestions to Tracy and she will compile and send to Chaya..

	Toronto's Children's Aid with positive results - which suggests that the process and tool can make a difference for children.	
	Screening – staff will feel confident using 2 tools and interpreting results and how to use them with children. Creation of developmental support plans, reviewing with families, collaborations with other agencies, all support the child in a streamlined focused approach.	All agencies using same developmental support plan.
	Webinar training is an opportunity. Chaya will open to all involved in the study. Small pilot tested 2 years ago for all of Ontario – CAPC. Health Canada (Atlantic) contacted for training for aboriginal community. Sessions are all archived and accessibility will be made available. Limited when training only for a tool – Need training in why it is critical and how science is impacting families.	Chaya to open webinar training to those participating in pilot project. Accessibility for Aboriginal training sessions will be made available as well.
4. Evaluation model	Review and if you notice any pieces missed and forward to Tracy/Chaya.	Birth to 5
	Dr. Feller is very excited about this project. She thanked Chaya for bringing it to Niagara. She expressed her desire for Niagara to do it better! She understands the difficulty discussing some sensitive matters with families, as being a paediatric she needs to share diagnosis with families.	Shifting social norms. Highest level of work. Will change culture. Need to talk about emotions. Brilliant and powerful.
	Chaya is impressed with Niagara. Community has come together to bring a sense of a village. A place where a village is becoming the norm. Picking up and working with a child early will be a huge step forward.	
	Paragraph from each agency – describing agency and work being done.	Forward to Tracy who will collect and send to Chaya.
	Opportunity to find out gaps and barriers. Primary care – initially parents may react to a pathway. Will they go to doctor to find out what is going on with their child?	Stronger proposal if primary care is at the table.
	Primary care engagement – would like to have consents for us and other providers and physicians. Doctors having a history of what is noticed day by day by caregivers and what is being done with the child, is very helpful, especially when signs of delay suddenly appear.	History of what has been identified and referred and what has been put into the developmental support plan could be helpful should something arise suddenly.
	Dr. Cairney suggested that the most logical place to start is with family health teams. We will need a couple of champions who understand what we are proposing to do. Val Bayley and Matt Greenway – family health teams connected to McMaster family medicine would be very helpful.	Chaya will connect Dr. Val Bayley and Dr. Matt Greenway and see if they would consider sitting on our advisory committee.
	Primary care aligns well with work proposed with special needs strategy in province of Ontario. Process where we might look to see if there can be greater alignment and sharing of other programs. About process and relationships built with families. Curriculum to facilitate building these relationships. Approach screening in a collaborative way. Questionnaires, fun games and activities, play. Developmental Temperature taking – worried	Special Needs Strategy is going to be working with Niagara. Looking to see how Infant Mental Health's results are.

	about child in relation to the child re: (speech, motor, attention span). Can be tested ongoing.	
	Looking to see if it will be open to general public. See if there is a benefit across the board. Once families have passed a set of filters it would be interesting to see what happens.	Child welfare – children in care. Agencies represent a diverse field. Two settings – centres and home child care with Niagara Region, along with diversity with other incomes..
	Demographics is a very important piece to study. Understanding the families we are working with.	Who benefits the most? Only beneficial to child welfare? Or is it useful/effective to minimize risk?
	When a child is at risk, is referral in place?	Need to make referral even if child is improving with developmental support plan.
	In the study completed, was there a support plan put in place and parent noticed an improvement, then parent decides no longer needed?	Gains were made in foster care, and with a targeted approach – most did not need referrals.
	Speech and language practitioners are identifying children at 12 months. Referrals not till 18 months. They have done a lot to make the community aware.	Speech delay connected to a medical condition is very rare. Need to focus on relationship.
	The group wants to maximize developmental support to get the children who need it, to get in. But also have 12 month olds being referred. Started out when working with child welfare waiting lists. Very important to still refer these children.	Pilot primary care. How much do we need to engage? Public health has a newsletter which is put out quarterly – this topic can be communicated.
	Waiting lists may go up initially, then back down. Trying to get people away from a highly structured activity to deal with an issue. Can do better with development for whole system with a filtering process. Child who could benefit. Taking temperature – ie motor – all kinds of activities and supports, chronically – something needs to be done. Model being worked on would see RECE's taking Developmental Temperature at OEYCs. Are you concerned? If regularly using thermometer it will identify other concerns.	Scoring algorithm can identify needs. Must be in sync. Will support plan be helping child at risk? Need to find a better name, not about developmental screening.
Research	Knowledge piece is huge for Chaya. In order to be a powerful study need a research advisory. Is the information really getting out there the way people can take it and apply it?	Need to know what we are answering in terms of research questions. Chaya has been building readiness.
	Same ideas. Research perspective – process needs to be evaluated. Strategy recommends using the ASQ tool along with all the others. Better process for engagement with families.	How to engage community to make the village.
	Tool being developed is the Developmental Temperature Taking. Take practices now and gather information, as well - be the Developmental Temperature taker.	Need to be mired to the process not the tool.
	Should we be looking at something to evaluate the individuals putting the	One slide explains how important the

	plan together- was it helpful to them, were they effective? About helping child and family, and changing mindset of how people work with families.	science is. Whether an ECE, Social Worker or Public Health Nurse? Need them to be empowered.
	Chaya asked Dr.Cairney if he could help us get an advisory together.	Dr. Cairney agreed to help us get an advisory committee together.
	Need to go into communities, work with different partners, and understand what can be done from the bottom up.	Ottawa is ready to roll as well as Simcoe Region.
	If Niagara can come up with a good model, it can be shared with other Regions.	
	Different way of thinking. Works well with ECE's, at home – can learn a lot about implementing support.	
	Focus in Special Needs Strategies - 1 months – 5 year 11 months. ASQ and NEDS developmental milestones, Denver, Bayleys – where are the gaps in one particular tool and fill them in. Self-regulation, social emotional learning – content is ongoing. Next step is curriculum.	Does it lead to referrals? Build infrastructure.
	Embedding three different kinds of tools. Bayleys type things (e.g. infants sitting on mom's lap, parent didn't know children could do things being asked of them.) Games and activities that can engage all families.	Important to make it seamless from child care to home. Triangulation. Work with communities – how can this system be imbedded into every day practice? Do I have any concerns? What I have seen, tried and a questionnaire.
	Post-secondary sector – information is not in programs. Going to have to keep doing remediation after people have graduated. How do we engage colleges and universities?	Sandy to invite representative from Brock and Niagara College to advisory committee meeting.
	Public Health met with Niagara College for their dental program, and were able to embed a sustainable process where those students are exposed every year how to react with different sectors and exposure to children under 5.	
	Primary Care engagement representative can be very useful. Continuing education throughout Niagara. Surveillance is supposed to be done at every visit for doctors. 18 month work – key message – community can support them in the surveillance piece. Helping to supplement and support pieces being done very quickly. Connection with physicians is critical.	Critical piece. Report as an information stream for physicians. Sending to OEYCs for support. All children are able to benefit from this process.
Critical Path	Training was to be for individuals participating. Those who received training in March are not required to attend, however can attend for a refresher. Only for people who will be involved in the pilot (a partner).	Training: Pathways Academy Gymnasium. January 8, 2014 Those who attend must register. Registration site will have package for training on it.

Technical Support	1 st Tuesday of May – mornings. Those who need some support may come and see her..	Advise if better. Chaya can be reached by phone and a time will be arranged to review challenges.
Feedback on Proposal	What are we prepared to collect? Gender, 1-2 parent family, age of parent, income ranges, and information re: level of education of caregiver, what other agencies is this family involved with?	Feedback needed no later than: Monday December 1, 2014
Quality Assurance	OACS is anxious to be involved.	Amanda to stream through Public Health Ethics Committee.
Checklist for Staff	Adeena suggested a checklist for staff.	Adeena will put together a checklist for all to use.
Letter of Support	Need a Letter of Support. Infants and toddlers are a priority and that they support the project.	FACS, Public Health, Children's Services, ACW, Strive,
	Need this support from the community in order to ensure they will see it through.	Sample letter to be supplied from Chaya.
Consent Form	What information will be collected/added.	Once data fields are agreed to, must put them into this letter. Will wait for information and tweak and send out for review.
Critical Path	Suggestion to look at a potential kick-off to make community aware of it. See if Dr. Jean Clinton, Chaya could come and speak to it.	Chaya would be willing to do this.
	April 20 th , Sick Kids – can see via web.	
	April 21 st . Policy dinner, Dr. Robin Williams, Dr. Jean Clinton.	
	April 21 and April 22 – Expanding Horizons for the Early Years – Conference	Expanding Horizons for the Early Years Policy Forum April 21 and 22, 2015 The Westin Prince Hotel Toronto, ON Presenters: Dr. Robin Williams and Dr. Jean Clinton
Guiding Principles for Pilot Sites	Reviewed by all. Change to January 2015.	Change date to January 2015.
Pilot site Information Night	Very anxious and interested in getting started. Everyone needs to have the infant mental health conversation to raise awareness. Ready to go once training and kickoff are done. Comfortable with offer of 1 day a month support from Chaya.	Staff in centres is very excited about moving forward. Very committed.
	Strive had offered to be control site. After meeting with Chaya prior to this meeting they agreed that it may be more effective with every 4 th family.	
	Hand in Hand Developmental Support tool has been downloaded by most.	Best to download right away as there will be a cost involved beginning in

		January.
Pilot Training Dates	January 2015.	
Consent Letter	Review letter and identify any changes/additions. In addition to Chaya's items.	Once letter is updated it will be sent out and everyone can put in their own logo. Place parent/guardian prior to foster parent.
Letter about what every agency does	All letters to be sent to Tracy by Monday December 1 st .	Strive to forward letters on our behalf.
Next Meeting	January 26 th , 2014 – 10 am – 12 pm – FACS Niagara – 82 Hannover Drive	
Kickoff Committee	Kickoff Event to take place around Family Day Committee to meet January 7, 2014 – 10:30 am - ACW	Subcommittee: Tracy Belcastro, Kim Cole, Helen Lake, Adeena Persavd, Sandy Toth, Dr. Robin Williams to be invited