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

Date: **September 22, 2014**
Present: **Sandy Toth (Chair), Tracy Belcastro (Co-Chair), Lorrey Arial-Bonilla, Kim Cole, Heather Henry, Amanda Hicks, Shelly Jobson, Chaya Kulkarni, Helen Lake, Dr. Lisa Linders, Julie McNamara, Brenda Packard, Adeena Persavd, Rachel Plett, Stacy Potter, Linda Morrice, Laura Rasmussen, Blanca Serrano, Gina Spratt, Lena Cloutier (recorder)**

Item	Discussion	Action
1. Welcome and Introductions		
	All in attendance introduced themselves.	
Overview/History	Tracy Belcastro provided an overview of where Niagara is with the Infant Mental Health initiative. Infant mental health promotion.	
	Tracy and staff had an opportunity to enrol in mental health training through Toronto Sick Kids Hospital. They were looking for more information on infant mental health. Key topics included: Understanding, development, milestones and ages and stages. First step is understanding the importance of Social, Emotional and Cognitive development.	This training is specific to newcomers in the field. It is not currently on the Early Childhood Education curriculum.
	Front line staff has a strong influence on infants' development. How can we help to intervene? Stress in home. How to give information and share with staff. Impact of staff on children in programs. Staff is crucial in this role.	Need to determine how it impacts programs and families being supported. Help staff understand significant impact on children they have.
	Sharing information helps parents/foster families to use the information and help their children and toddlers. Parents need to feel comfortable with the information, not to feel bad, but empowered.	Success includes noting challenges collectively with families, and working collaboratively with them. Whatever was learned was shared with staff.
	A variety of programs are available to parents throughout Niagara such as: Healthy from the Start, dealing with prenatal moms, New Fathers Program for young dads, and Young moms and adolescent programs. Niagara has a strong network. Each agency brings a unique set of knowledge with them.	Tailoring presentations to audiences is better received. Feedback from a group of fathers presented to was positive – as they felt before the presentation that it felt that it never seems dads are meant to be nurturers.
	Understanding clientele base – needs to be brought up and discussed.	The posters and key chains provide an

	Tracy's team developed a creative way to promote reminders through communication cards on a key ring. Caption on the back and a picture on the front. Posters of same pictures are posted outside of child's room.	excellent opportunity for staff to bring parents/caregivers in for conversations and the learning process to start.
	Tracy has been speaking to every table possible, explaining what it is, and why it is being promoted. Chaya was invited to Brighter Futures Annual General Meeting where she discussed toxic health on infants, and its impact on physical and mental health.	A foundation was set and the Infant Mental Health Committee was struck including Child Care Sector Cap C, CPN, Healthy from the start, AFSSN, Niagara Region.
	Financial support for this training was supported by Director Children's Services. Participants walked away with tools to support families, and knowledge and understanding of the importance of the infants supported in programs.	
	Gaps in services were discovered. Niagara works towards a seamless approach. To address gaps, invitation sent out to agencies to represent a cross-sectorial body - to oversee pilot sites to implement. Data collected from sites to be shared with Early Years Niagara for future endorsement.	QCCN will be approached to make it part of their training, then implemented through the ECE course at Niagara College.
Toronto Pilot History	Chaya recognized that Niagara Region is pointed to as a model. She and Tracy have been chosen to present at a conference in US.	
	While talking about ASQ tools, commit to process of training. Tools will likely change in the future. Are these the right tools for today? How to develop into process? Or; Are the better tools out there?.	
	Developmental Support Plan screen is straight forward. Plan is very different. Trying to make that as easy as possible for front line practitioners..	Working towards making the plan as easy as possible for front line practitioners.
	Waiting lists – little children are sitting on waiting lists. Brenda is local champion in Toronto. She provided a scenario where staff had a child and were worried for them. Tried tools and they revealed vulnerability for risk with child.	Children need developmental support plans in place while they are on wait lists. Must be able to respond. Making a referral is only one piece of it.
	When going to court, judges indicate they never really hear a lot of information about the infants.	Assessments and plans make it easier for judges to understand what is wrong and what is being done for the child.
	Screening is a developmental assessment. Once a child is screened, specific tasks are given to the parent to do with the child. Child is screened for areas of development and plans are completed (list of things they could do around the home, pans, dollar store items, books).	Interaction impacts brain development. Plans provide documentation that tasks were requested to be done with child.
	Best practice is to screen, developmental plan put into place, then screened again.	
	Developmental approach – screening, observing baby and connecting with	

	family/caregivers giving a developmental support plan.	
	The tool was tried with a controlled group that did not receive the tool and another that did. Child who received the tool and had plans implemented improved where the children who did not receive the tool and plans remained the same.	Research shows that when children receive a positive result, they are breaking the cycle of needing to wait until school starts.
	Model to be implemented through the province. Need to observe and do a better study. Many agencies adopting	
	Limited funding has been received.	
	Attachment is about responding to distress. Very hard to go in for just one day with the tool. Need to be able to know what to do with this information.	Training for just tools has ended.
	Today's students do not understand the developmental model. Chaya suggested getting the post-secondary sector at the table to make sure they understand it. Niagara has taken a leadership role.	Has gone through the Queen's Legislature and will be going province wide. It is also moving into other provinces now.
Supporting Pilot Sites	People around table comfortable supporting pilot sites. Not only doing tool, but helping with support plans.	• Adolescent's Family Support Services Niagara • Pathways Academy • Rosalind Blauer • YMCA – 3 sites • Hanna House • A Child's World • Regional Child Care Centres • Infant Child Development Services
	Region has offered to purchase tool for all. Database has been created with developmental goals and strategies. Will be able to go into database and grab goals and strategies.	Will be on-line (member of IMH)
	Niagara is nicely placed with QCCN. Process since 2003, nearly all child cares have been in place. Developmental screen has been in place, resource consultants in place, they are also going into Ontario Early Years Centres and Family Resource Programs. Process can be expanded.	
	Health sites seem to be missing. Opportunity for Gina and HBHC's as well. Have capacity to doing support plans. Incorporating new things and people's experiences as well. Will be presenting Ages and Stages and ASQE at network meeting.	Need to be aware how it works in individual programs.
	Health units in communities are mandated by province – PIPE curriculum. Need to pick and choose, just not part of the study. Process of screening, providing plan and rescreening and keep study going. Toronto looked at what was being given to parents – a letter. Found it intimidating way of	Mutual families – can work together as a team – show the community we work together (less intimidating). Cross sectorial scan of pilot projects.

	communication. Create a document engaging for families. Key is engaging families. Specific to individuals who you are providing support to (tailored).	Try to get full buy-in.
	Control group may be difficult to get. Need to have one. Need to understand what works and what doesn't. More evaluation is needed. Looking for outcome based research. In the end it is about the child.	Where to get control group from. Must indicate that they will receive services.
	Training done afterwards, foster parents – used same behaviour and nurturing techniques. Once trained they were very supportive. Felt the tool was being used to assess their ability initially.	Noticed amazing change in children.
	When worker does screen they focus on the child's development as well.	Can identify issues, where child is doing well, etc.
	Training is necessary prior to using tools. Builds on tools already known. Screen gives ability to pinpoint on what you want to be done with the family.	Identifies if people can manage, with the focus on the child's development.
	In contact with AR to see if ASQ & ASQE can be brought in. Research document – information gathered yearly. Only for children in care. There is a linkage with public health partners and do not want to be duplicating work.	Team playing with following through with support plans. Communication and coordinating with parents.
	Focus is on the child on what the parent can do to help the child.	
	Teen moms – best way to work with her. Most important in their life is their child. Conversations around their child, makes the teen more comfortable. Build up buy-in with comments such as baby's hair looks wonderful.	
	Community worker has case conference with FACS. Discuss benefits with teen moms. As a committee, important to get pilot right from the beginning. After 10 months to a year, those agencies participating, would be able to train other agencies who want to implement it.	Get first go around right.
	Research capacity – Nicole Letourneau to design study and maybe do some data analysis. Niagara Children's Planning Council Research Group, student has been working on other projects.	Linda Morrice to find out if she can coordinate a researcher. She will approach Brock for a master's student.
	Support in data collection, can use a student from the college. Chaya offered to come in and train.	Looking for local champions to provide training. Chaya would like to train Tracy, and she could be the champion
Concerns	Everyone excited about it and are looking forward to seeing a collective approach on the issue.	Can tap into Ethics Review Committee when that stage is reached. Ethics – nature of what is being done is considered enhanced service at the hospital. Enhancing what the system already thinks is happening.
	Control group will get service.	
	Longitudinally would like to see a child who has had this work done, a another child from the same family – one has the support and the other hasn't had to – would be helpful data to know. Helpful knowing if there was	Helps families and foster parents to focus on the child.

	previous intervention.	
	Awareness of talking about it in a small group setting – interesting to get family's feedback. Casual basis so families don't feel threatened. 3 day training discussion around DPS vs. ASQ. Awareness first. Another tool to be able to use. Need to understand where family is coming from.	Jane Squires developer of the ASQ – said a developmental support plan is very innovative. Putting it together for families is the key.
	Speech and language – referred between 2-3 years. A lot of communication issues are earlier. ASQSE picks up on the vulnerability to that kind of delay. Can begin seeing risks with some children at 9-12 months, and start being more deliberate. Asked if the majority of children with delays are medical – answer: no.	Occupational Therapist co-screens with Speech Pathologist. Need to get to these children earlier. Question if they had gotten to them earlier would there be a problem.
	Physiotherapists at sick kids have used it and provided interesting information.	Chaya to send website.
	Screen done, parents can share with doctor, and the child can get in much faster.	
	3-4 month old, disregulated with emotions – would convulse. Needed attachment. Screen + observation helped to understand what was going on.	
Terms of Reference	Lorrey happy everyone on board.	
	Terms of Reference for the advisory committee. Pilot sites would have their own terms of reference. Provides guidance on how we will work together.	Looking for feedback.
	Child health and well-being.	
	Add in developmental support plan.	Look at what health is doing in terms of the plan (template)
Roles of the Advisory Committee	Support the sites	
Purpose	Building capacity and expertise in mental health and developmental support plan added to purpose.	Linda motioned Amanda Hicks 2 seconded
Committee Partners	Add Toronto Sick Kids	
	Niagara Children's Centre	
Decision Making	Include statement – 50% +1 vote if concensus cannot be reached	
Accountability	Advisement, expertise and knowledge – to be added	
Meetings and Timelines	Once a month meetings.	
Chairperson/Chair Team	Nominations: Sandy Toth (Chair), Tracy Belcastro (Co-chair)	Linda motioned, Gina seconded
Next Steps	Evaluation model to be developed - CHR (Nicole Letourneau) – (Need feedback from Planning Council) Linda will be able to check in with research group and Brock University	Come back with a draft to share with everyone and discuss around the table
Next Meeting	4th Monday at 10 am – only if enough to discuss at a meeting	
	October 27, 2014 – 10 a.m.	