

Executive summary

# **BEYOND BUILDING BLOCKS: INVESTING IN THE LIFELONG MENTAL HEALTH OF ONTARIO'S THREE- TO SIX-YEAR-OLDS**

**Policy paper developed by the Ontario Centre  
of Excellence for Child and Youth Mental Health**

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There is general agreement between researchers, experts and direct service providers that promoting mental health across the lifespan and acting early to prevent mental illness leads to a stronger society and economy (Conference Board of Canada, 2017; Heckman, 2011; Reynolds, Temple, White, Ou, & Robertson, 2011). As well, it has been shown that the inability to regulate emotions — which is part of healthy social-emotional development in early years — can be a predictor of poor educational attainment, reduced financial stability and compromised health in adulthood (Moffitt et al., 2011).

In this policy paper, we focus on the mental health and social-emotional development of children between three and six years old. With the introduction of structured early learning or care and kindergarten, many children expand their relational networks, experiences and environments. While most meet their social-emotional development milestones as expected, those who are challenged to do so do not always receive the type of support needed, when they need it. Recognizing the signs of delayed development in young children can be difficult for families and care providers, and without a sense of potential responses, these issues can remain unresolved and become more complex over time. Furthermore, recent Ontario data suggests that in recent years there has been an increase in children who experience social-emotional vulnerability upon entry into kindergarten (Early Development Instrument, 2016a). Since early life experiences influence later outcomes, we need to collectively work to ensure that all Ontario children have access to safe and supportive relationships, environments and experiences to optimize lifelong health and good outcomes for society.

To better understand the issue, we undertook targeted consultations with a wide range of key stakeholders (research representatives from several provincial ministries, parents/caregivers, professionals from education and early learning and care settings, and service providers from health and allied health settings). We also reviewed current evidence on this topic and scanned possible programs that can support healthy social-emotional development in three- to six-year-olds. We then used this information to develop eight specific policy recommendations to guide a cross-sectoral, collective response to meet the social-emotional needs of three- to six-year-olds. Once the policy paper and recommendations were drafted, we consulted with our advisory committee, diverse stakeholders and

community tables to refine further. In advancing these recommendations, it is essential that we understand and account for the diversity of Ontario's communities and ensure that our responses are contextually, culturally and linguistically appropriate. With this integrated approach, together we can promote lifelong mental health from very early on in the lives of Ontarians.

## **RECOMMENDATION 1: CREATE A COMMON POLICY AND PRACTICE FRAMEWORK FOR THE PROVINCE TO ALIGN EFFORTS AROUND INFANT AND EARLY MENTAL HEALTH.**

We need a common vision across ministries and different levels of government related to education, health, development and community and social services, since funding allocations are critical in shaping decisions about service delivery and ensuring resources for coordination. Participation from adult sectors (such as mental health and addictions, settlement services, etc.) is also needed to support parents/caregivers both individually and as part of the family ecosystem to facilitate effective, lifelong health and well-being. A whole government approach (which includes a focus on an Indigenous worldview) is essential for ensuring a common policy and practice framework that supports funding decisions and resources to be distributed in ways that are 1) aligned with the needs of young children and their families; and 2) represent the cultural and linguistic diversity of the province.

## **RECOMMENDATION 2: ENSURE THE AVAILABILITY OF HIGH-QUALITY PRESERVICE TRAINING AND ONGOING LEARNING AND TRAINING ON SUPPORTING SOCIAL-EMOTIONAL DEVELOPMENT IN THREE- TO SIX-YEAR-OLDS FOR EARLY LEARNING AND CARE PRACTITIONERS, TEACHERS, PRIMARY CARE, PUBLIC HEALTH NURSES, ETC. TRAINING CONTENT SHARED SHOULD BE BASED ON THE LATEST EVIDENCE ON SOCIAL-EMOTIONAL DEVELOPMENT AND MENTAL HEALTH IN THE EARLY YEARS, WITH A FOCUS ON RELATIONSHIP-BASED PRACTICE.**

While this paper is a starting point, there is currently no consistent and comprehensive understanding of early mental health and key social-emotional development milestones across the various disciplines that regularly

engage with or support young children and their parents/ caregivers. Without a shared understanding of the developmental continuum, providers struggle to know when to be concerned about a behaviour and how best to respond in culturally and linguistically appropriate ways. A common body of knowledge, therefore, needs to be developed by leaders with expertise in the area, to guide the supports we provide to our youngest Ontarians. This body of knowledge should be based on the latest evidence on social-emotional development and mental health in the early years and be promoted (at no cost) to service providers across all relevant sectors (including but not limited to early learning and care practitioners, teachers, public health nurses, mental health service providers and allied health professionals). This knowledge should be culturally and linguistically appropriate, should inform both preservice training and ongoing professional development opportunities, and should be tailored to the knowledge needs of those in particular professional roles, both in terms of content and depth.

**RECOMMENDATION 3: DEVELOP AND PROMOTE RESOURCES AND TRAINING MATERIALS TO SUPPORT PARENTS TO UNDERSTAND AND OPTIMIZE THE SOCIAL-EMOTIONAL DEVELOPMENT OF THREE- TO SIX- YEAR-OLDS.**

Parents and caregivers also need access to knowledge about social-emotional development and mental health in the early years. Customized resources (developed with parents' and caregivers' knowledge needs in mind and delivered according to their learning preferences) should be available to support them in identifying challenges and ensuring their child receives the right supports at the right time. These materials should be co-developed with family members, experts and support providers to ensure an evidence-informed learning product that integrates insights from each group. As well, these resources and training materials should integrate language and cultural identity considerations. Such resources should help parents to support children in acquiring core competencies in social-emotional development such as empathy, resilience, self-esteem and confidence, emotional regulation, emotional literacy, conflict resolution, problem-solving, stress management and social awareness within early learning and school settings, as they are essential for children to thrive and avoid future behavioural and emotional challenges (Evidence Exchange Network for Mental Health and Addictions, 2016). Across the literature, there is general agreement regarding the most effective components of social-emotional learning (SEL) programming, which includes: 1) embedding SEL programs into the whole school environment and the general classroom curriculum; 2) programs that incorporate sequenced, active and interactive, focused and explicit

learning; 3) a focus on skill building; 4) involvement of parents and caregivers; and 5) programs that are targeted for all ages and all education levels (Evidence Exchange Network for Mental Health Addictions, 2016).

**RECOMMENDATION 4: STRENGTHEN AND ENHANCE PARTNERSHIPS ACROSS SECTORS TO ENSURE EFFECTIVE COMMUNICATION, CLEAR AND EFFICIENT SERVICE PATHWAYS AND ACCOUNTABILITY FOR THE PROVISION OF EARLY MENTAL HEALTH SERVICES.**

A consistent theme that surfaced during our data collection was the need to better connect parts of the system of care to ensure consistency in the way that mental health services for young children are structured and delivered. For optimal care, strong communication between providers across education, early learning and care, primary care and community-based child and youth mental health services is essential. Coordination and collaboration across services, and an infrastructure to support this knowledge sharing to implement a comprehensive plan of care, is critical (e.g. creating an electronic file that allows practitioners to share the child's information, treatment plan, etc. or hosting case conferences and wraparound meetings where all providers and the family come together regularly to identify treatment goals, monitor progress, etc.). Pathways between health, education and community mental health need to be strengthened to ensure more consistent support for children and families. Considerations need to be made with respect to language needs and cultural identity.

**RECOMMENDATION 5: IDENTIFY AND IMPLEMENT STANDARDIZED TOOLS TO COLLECT DATA ON CHILDREN THREE- TO SIX-YEARS-OLD ACROSS SECTORS TO INFORM TREATMENT PLANNING, SHAPE SUPPORTS AND PROVIDE A PROVINCIAL SNAPSHOT OF HOW OUR YOUNGEST ONTARIANS ARE DOING.**

We currently lack an accurate and comprehensive understanding of the social-emotional status of our youngest children. To ensure that services and supports for Ontario's three- to six-year-olds are evidence-informed, we need accurate and timely data on the needs and strengths of this population (i.e. developmental outcomes, existing family and social support, social determinants of health and other known risk factors). To facilitate this, standardized tools and related guidelines should be developed and used both to inform early intervention and treatment at the family level, and to provide a broad picture of how children are doing at the provincial level.

Data collection across school boards is also essential. As mental health promotion and social-emotional learning programs are introduced and new early years mental health resources developed, it will be important to monitor uptake, use, fidelity and effectiveness. Educator, principal and parent/family voices can also be very instructive in ongoing quality improvement efforts. In addition, tracking of individual student interventions (which could be collected anonymously but which should include culture, race and language information) should incorporate numbers related to referrals to the school teams, board school mental health professionals or community mental health agencies; positive behaviour management data; progress monitoring with strategy implementation; suspensions and expulsions; as well as statistics on any modifications or accommodations to a child's school day or participation. Good platforms and tools currently exist and can be adapted or enhanced to include these elements to better understand the province's mental health needs, challenges, available resources and current practices. This knowledge can be used to guide our collective response and support for children and families in a way that is culturally and linguistically responsive.

**RECOMMENDATION 6: PROVIDE ADEQUATE FUNDING FOR RESEARCH, IMPLEMENTATION AND ONGOING EVALUATION OF EVIDENCE-INFORMED PROMOTION, PREVENTION AND INTERVENTION PROGRAMS FOR EARLY MENTAL HEALTH.**

Ensuring positive social-emotional development and early mental health for Ontario's three- to six-year-olds requires targeted investments to support the implementation and ongoing evaluation of evidence-informed promotion, prevention and intervention efforts. While many programs currently support mental health in the early years, few have been rigorously evaluated. Common approaches and components to these programs have been identified, such as increasing knowledge and skills and promoting quality relationships, but we need more information on what works, for whom and in what settings.

**RECOMMENDATION 7: ENSURE THAT CHILDREN EXPERIENCING POOR SOCIAL-EMOTIONAL DEVELOPMENT ARE IDENTIFIED EARLY AND RECEIVE REGULAR SCREENING AND TARGETED SUPPORT.**

Children exhibiting signs of mental health vulnerabilities should be identified early and once identified, have access to regular support or intervention. Collaborative efforts between primary care, community-based providers and those working in early learning and care settings are essential. Parents and caregivers should be provided

with some immediate support while waiting for further assessment and intervention.

For example, here in Ontario, Bruce County Children's Services partnered with local school boards beginning in 2000 to administer the Ages and Stages Questionnaire (ASQ) to families at each of the schools' kindergarten registration sessions (Let's Learn Grey Bruce). Parents were asked to bring their child's completed ASQ to the registration, which was then scored by a staff person from Children's Services. In cases where a child's score indicated a risk for developmental delay, the screener (with consent from the parent/caregiver), would make direct referrals for follow-up supports.

In 2018, the Let's Learn program was reviewed internally by Bruce County and there was a consensus that although the completion of the ASQ at kindergarten registration had value, there was not enough time to provide appropriate supports to children with needs prior to entering school. As a result, Bruce County Children's Services is launching Bruce County's Journey Through the Ages and Stages this year (2019). In its first phase, Bruce County will work in partnership with child care agencies to administer the questionnaire to all families in the child care system so that issues can be flagged and intervention can be swift. Moving forward, Bruce County's hope is that the completion of regular screenings, including the ASQ-SE:2, will be a service agreement requirement of all child care centres as part of their onboarding process with new families.

In the next phase, Bruce County will be reaching out to other child care and early years service providers (e.g. medical, child and family services, etc.) to coordinate efforts with partners that are screening and identifying at-risk children that are not involved in the licensed child care system. This proactive approach will allow for the community to be more responsive to children's learning, development and well-being.

**RECOMMENDATION 8: ENSURE THAT ALL CHILDREN AND FAMILIES HAVE ACCESS TO HIGH-QUALITY MENTAL HEALTH SERVICES THAT ARE TAILORED TO CHILDREN FROM THREE TO SIX YEARS OF AGE AND ROOTED IN STRONG FAMILY ENGAGEMENT. NEED FOR MORE RESEARCH AND ONGOING EVALUATION.**

There is no single approach that will meet the needs of every young child who may be vulnerable to poor social-emotional outcomes. With appropriate training and professional development, practitioners across sectors who work with children and their families will have a strong foundation in

early mental health and will be able to work with families to identify appropriate solutions for their child, particularly those between the ages of three and six. To do so effectively, practitioners must be able to understand a family's context and assess their strengths and needs.

Family engagement practices are consistent with a family-centred philosophy of care that recognizes families as the experts when it comes to supporting their children; promotes an equal partnership between families and care

providers; and values the role of the family in decision-making and implementing the plan of care for their child (Lieberman & Van Horn, 2005). Collaboration between parents/caregivers from across cultural and linguistic groups and service providers across sectors is critical for ensuring strong social-emotional development in our youngest children and sustained positive outcomes that will contribute to their success over time.

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## Conclusion

The building blocks for strong mental health and well-being across the lifespan are established in the early years. While many children successfully meet their social-emotional development milestones as expected, those who are challenged to do so do not always receive the right support, at the right time. Recent Ontario data suggests that there are many children who experience social-emotional vulnerability upon entry into kindergarten (Early Development Instrument, 2016a). Positive social-emotional development in the early years can lead to good educational attainment, financial stability, and health and wellness (Moffitt et al., 2011). Given the impact of early life experiences on later outcomes is well-established, we must act to ensure that all our children have access to safe and supportive relationships, environments and experiences, as this will contribute to lifelong health in individuals and communities.

Therefore, it is essential that families and care providers are equipped with the knowledge required to recognize such challenges and work with professionals to respond with services that can address these concerns in a timely, appropriate way. In this policy paper, we have collaborated

across education, early learning and care and child and youth mental health sectors to 1) surface the unique needs of our province's three- to six-year-olds; and 2) to provide evidence-informed recommendations to guide a collective response to ensure healthy social-emotional development and positive lifelong mental health for all Ontarians. As we move forward, we need to take a close look at how we currently promote mental health across the lifespan and how we can act early to prevent mental illness as we age. We need to better equip children, families and professionals among all relevant sectors (including families/caregivers, educators and professionals in health and allied health settings) with the best information about early mental health and social-emotional development, as they all play a pivotal role in ensuring positive mental health for children — and therefore must all be part of our collective response. With discussions and reforms currently underway in Ontario, there is an opportunity to move forward with these recommendations to support greater integrated care and a strong, cross-sectoral response to improve the mental health outcomes of three- to six-year-olds across our communities.



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