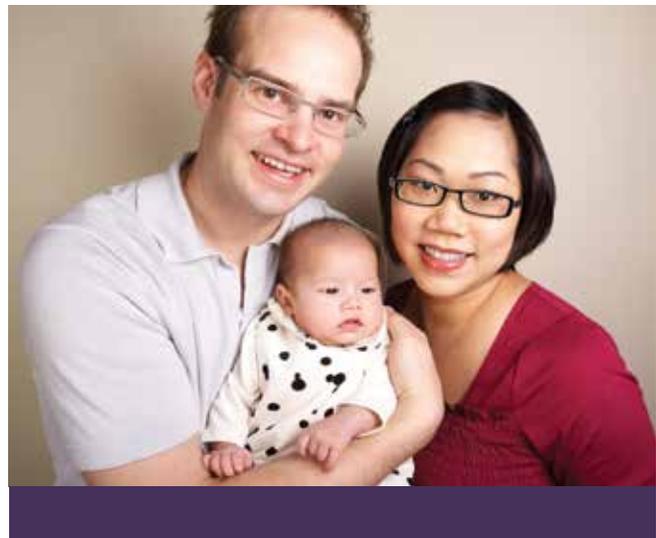


Early Years Community Plan

THE CITY OF HAMILTON /
HAMILTON BEST START NETWORK

2012–2015



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Message from the City of Hamilton and the Hamilton Best Start Network

2013 marks a pivotal point in the ongoing work that the City of Hamilton has undertaken, in partnership with Hamilton Best Start, to enhance the city's early years system.

Equipped with extensive feedback gathered from the community in 2012, the City and Best Start will deepen its focus on creating an integrated early years system that truly reflects the needs of families. This work is timely given the implementation of full day kindergarten, and the need to stabilize our child care system.

Across the city, thousands of children have access to enriching early years services thanks to the work of many organizations, including those that are part of the Hamilton Best Start Network. These services include child care, parenting programs, health and social services, recreation activities and many other supports for families with young children. The City of Hamilton and the Best Start Network are committed to providing a more seamless system that supports children up to twelve years of age, as well as special needs children up to age 18, over the next three years.

What does a seamless system mean? It means that parents, for example, are able to easily find and secure reliable child care or get help with a particular concern. It means building connections and awareness between service providers, so that referrals can be made for families quickly and efficiently.

What does it take to build a seamless system? It starts with a comprehensive review of all of our city's child and family services and supports to assess how well the community's needs are being met and where gaps exist. From there we can work with our many community partners to find ways to bridge the gaps and continue to remove any barriers families may encounter as they access services and supports.

This report, Early Years Community Plan 2012-2015, is the product of community consultation that began in 2012 to determine the current state of early years services in Hamilton. The report includes:

- An environmental scan of the city's early years system
- A review of relevant literature/reports
- Results of stakeholder consultation and community engagement
- Analysis of findings and recommendations

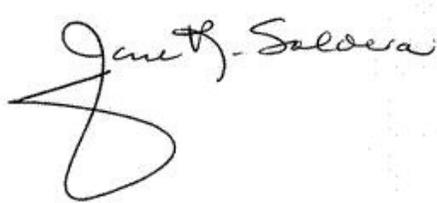
We want to acknowledge the significant contribution of the Early Years Community Plan Steering Committee members who lent their expertise to this process and whose organizations are an integral part of our city's early years system.

Most importantly, this report would not be possible without the input of hundreds of parents and children who took the time to provide valuable feedback on the early years services they use, their overall satisfaction with them, and what's missing.

The voices of families are captured here, and it is from these observations that together we can build a plan to ensure child development supports are equitable, accessible, inclusive, responsive and flexible over the coming years.

As we move forward, the Early Years Community Plan Steering Committee will turn its focus towards the recommendations outlined in this report and develop a three-year implementation strategy. Collaboration and consultation with organizational stakeholders and the community will remain essential to inform the strategy.

Regards,

A handwritten signature in black ink that reads "Jane Soldera". The signature is written in a cursive style with a large, stylized initial "J".

Jane Soldera
City of Hamilton

A handwritten signature in black ink that reads "Paul Johnson". The signature is written in a cursive style with a large, stylized initial "P".

Paul Johnson
Best Start Network Chair

Acknowledgments

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This Early Years Community Plan was authored by Directions Evidence and Policy Research Group, specializing in decision-oriented research, evaluation, and policy analysis.



Executive Summary



The City of Hamilton has engaged in the complex task of building an integrated system of early years services. This report reviews the current state of early years services in Hamilton, reports on stakeholder consultations regarding the future of service integrations, and provides a number of recommendations to guide the ongoing work of service integration. The report begins with a review of research on early years services. This is followed by an environmental scan of needs and services in Hamilton. The next three sections describe stakeholder consultations: interviews, focus groups, and a survey of parents and children. The report concludes with a number of recommendations.

Why Invest in the Early Years

Early childhood development is foundational. An abundance of research has demonstrated that successful learning and development during the first few years of life sets the stage for successful transitions into school, for lifelong learning and full participation in society. Conversely, poor developmental outcomes during the first few years of life leave children unprepared for the transition into school and make them vulnerable to school failure, delinquency, substance abuse, poor health, and unfavourable socioeconomic outcomes.

For at-risk children (i.e., whose environments are not adequately nurturing and responsive) quality early childhood education has been shown to yield important long-term benefits. While quality early childhood education programs have been very successful in supporting at-risk children, programs targeted solely to disadvantaged families actually miss the majority of vulnerable children (Pascal, 2009). Universal programs can reach all children at risk for sub-optimal developmental outcomes and they are often better at reaching children from disadvantaged families than the targeted programs that are specifically designed to reach those children.

Universal early childhood education and care programs carry economic advantages: they can pay for themselves through the increased tax revenue generated from working parents who would not work if they did not have access to high quality, publicly funded child care. Investment in early childhood education and care also drives economic development.

The available evidence clearly indicates that investing in universal early childhood education and care yields immediate and long-term social and economic benefits that far exceed the initial investment.

Early Years Services in Canada

Federal funding for early childhood education and care remains uncertain and there is no movement at the federal level toward providing universal access to high quality programs, but the lack of a coherent policy framework at the federal level has not prevented individual provinces from moving toward the goal of providing universally accessible early childhood education and care.

In 2011, just three provinces earned a passing grade on the Early Childhood Education Index (a tool to measure progress toward achieving quality early childhood education for all children): Quebec, Prince Edward Island and Manitoba. Nonetheless, there has been measurable progress in many of the provinces over the last few years. Six provinces offer full-day kindergarten, up from three in 2008. Four provinces have combined their departments responsible for kindergarten and child care. The number of child care spaces across Canada has grown by over 20%, despite the cancellation of the bilateral agreements on child care and education. Much of the groundwork has been laid for the provision of high-quality, publicly funded preschool education for all 2- to 5-year-olds (McCain, Mustard & McCuaig, 2011).

How to Build an Effective Early Years System

In 2004, Ontario launched Best Start to enhance early learning, child care and healthy development of the province's children so they are ready to achieve success in school by the time they start Grade 1. The initiative includes a long-term plan for providing full-day junior and senior kindergarten, an expansion of school-based child care for school-aged children, access to parenting programs, regulation of the informal child care sector, and establishment of a professional college of early childhood educators.

Building an effective early years system requires a fundamental change to the delivery of services, a re-engineering to integrate services into a system in which:

- 1** Every child would be entitled to two years of full-day Early Learning Program prior to Grade 1, operated by school boards.
- 2** Parents would have the option of extended programming before and after the traditional school day and year, not as an add-on, but as part of the Early Learning Program.
- 3** Extended programming for primary school children aged 6 to 8 and after-school programming for children aged 9 to 12 would be offered by school boards at the request of 15 or more families in a school.
- 4** Parent fees would be charged only for extended day/year programming.
- 5** Programs for children and their families would be integrated into Best Start Child and Family Centres, under a single municipal system manager. The centres would provide:
 - Flexible, part-time and full-day/full-year early learning and care options for children up to 4 years
 - Prenatal and postnatal information and supports
 - Parenting and family support programming, including home visiting, family literacy, and playgroups
 - Nutrition and nutrition counselling

- Early identification and intervention resources
 - Links to special needs treatment and community resources, including libraries, recreation and community centres, health care, family counselling, housing, language services, and employment/training services
 - Parents would be entitled to expanded parental leave of up to 400 days on the birth or adoption of a child, reducing the need for costly infant care, and allowing more parents to stay home with their babies during the critical period of development, when the infant-parent bond is established.
- 6 For schools and community service providers, integration can be difficult, involving real change to culture and methodologies and requiring new skills and ways of working. Leadership at the highest levels is particularly important and requires high-level political will and direction that goes beyond single ministries. Beyond ministries, other turf wars (e.g., across different professions and agencies) impede service integration.

Hamilton: A Best Start Demonstration Site

The City of Hamilton was one of three demonstration sites selected to implement all components of Best Start while other communities phase in the components more slowly. The accelerated implementation at demonstration sites was designed to identify “lessons learned” to help inform implementation of the Best Start initiative across the rest of the province.

As Hamilton moves toward full service integration, new challenges arise and new strategies for maintaining progress are required. In the sections below, the current gaps and challenges facing Hamilton’s early years service system are described. We begin with an environmental scan of the current levels of service provision in Hamilton. Then we present the results of a series of stakeholder interviews and focus groups and of parent and child surveys. We conclude with a series of recommendations derived from the document review (provided in the introduction above), the interviews, focus groups and surveys.

Environmental Scan

The environmental scan provides a population profile of Hamilton, including:

- An age distribution of Hamilton’s population
- Population projections for 2012 to 2022
- Family characteristics and income
- Mother tongue and knowledge of official languages
- Immigrant status
- Aboriginal population
- Visible minorities
- Mobility
- Educational attainment
- Labour force activity

The scan also summarizes statistics on some of the early years services provided in Hamilton, including:

- Child care and child care funding
- Universal Early Years Services (Parenting and Family Literacy Centres (PFLC), Ontario Early Years Centres (OEYC))
- Recreation Centres
- Elementary Schools
- Special needs resourcing

Stakeholder Interviews

Interviews were conducted with service providers, school board representatives, and other stakeholders. Interviewees were asked about their own experiences with service integration in Hamilton and about their perceptions of how successful service integration has been of any ongoing service gaps and overlaps.

When asked what service integration has meant to them, interviewee responses indicate that perceptions vary widely, suggesting there may be a need for some clarity in the articulation of service integration, its components and the implications over time of moving toward an integrated system. Related to that, the comments regarding the need for a harmonized vision for the system, shared goals, and a roadmap reflecting ultimate goals suggests the need for the development of shared quality standards. This requires a means to monitor whether service delivery standards are being met and whether service delivery matches the shared vision for the system.

Overall, the impact of service integration has been positive, leading to changing cultures and values within organizations and stronger relationships among organizations. The responses also suggest a growing awareness of the challenges that service integration brings.

Interviewees report positive experiences with service integration as well as some mixed experiences. In some cases, higher expectations for access to services are frustrated by insufficient funding and waitlists. Interviewees see that funding mechanisms have not been adjusted to accommodate service integration and this persists as an impediment to progress. Concerns about the slow pace of progress suggest that there may be some benefit to collecting and disseminating stories of successful achievements to date.

Interviewees identified several ways in which quality service delivery could be at risk as a result of service integration. These include threats to access resulting from centralization of services, the risk of losing services whose importance is overlooked, the risk of some populations being left out, and risks to small service providers struggling to adapt to change.

Interviewees indicate that the demand for child care is unmet, particularly for very young children. Child care for older children is more available but complicated by logistical challenges when school and before/after-care are not in the same location.

Overall the City of Hamilton is seen as making important and positive contributions and being in a unique position to provide leadership in the move to service integration. It remains important for the City to engage in meaningful consultation and to ensure that its own practices are aligned with the goals of service integration.

Focus Groups

Three focus groups were conducted with: senior representatives from Ontario Early Years Centres (OEYC), Hamilton's Best Start Network, and the Personalized Child Support Committee/Integration Resources Hub. Analysis of the focus group data revealed a small number of common themes:

- It is important to institutionalize the relationships, the vision of service integration and the processes that facilitate service integration.
- Services must be delivered to families in an integrated fashion.
- Shared outcome measures and shared databases are required.
- There are efficiencies to be found within the early years system.
- There are gaps in the supports available to children with special needs.
- Meeting the needs of Aboriginal, francophone and immigrant communities requires more work.
- Commercial service providers have concerns that need to be addressed.
- Going forward, it will be useful to build on the strengths of the current early years system.

Survey

In order to solicit information regarding the need for early years services directly from Hamilton families, a survey was developed. The survey included questions on parents' need for and ability to secure services for their families and their use of and level of satisfaction with available services. The survey also included questions for children about their service needs.

The survey results indicate that most parents requiring child care are able to secure services that meet their needs, but nearly one-quarter of parents needing child care for children under four are unable to find the services they need—often because they are unable to afford these services. Many parents are unable to find kindergarten programs that meets their needs—most often because nearby schools do not yet offer full day everyday kindergarten. Child care subsidies remain difficult to access due to the current waitlist.

Mental health services, behavioural support, special needs support and speech/language therapy are also difficult to secure. Physical/recreational and cultural/arts activities appear to be more accessible to parents who are looking for them, but affordability is a concern for many parents. Affordability is also a concern for parents looking for tutoring or homework help for their children.

Most parents who need pre or post-natal support are able to find it, but only half of respondents looking for parenting support are able to find it—often because they do not know where to look.

Most respondents are at least occasional users of OEYCs and most rate the service as excellent. Fewer than 10% of respondents use PFLCs at least occasionally—most had never heard of PFLCs. Users of licensed centre-based care and users of licensed home child care are equally satisfied with their child care services, but many more respondents use centre-based care than home child care.

The child respondents participate in a wide range of extracurricular activities: participation rates range from a low of 34% for school-based sports teams to a high of 74% for camp attendance. Among children attending after-school programs, free play, sports, activities (e.g., arts, drama, music, cooking), and board games or card games were the most popular activities.

Recommendations

A number of recommendations for future action were derived from the data collected from interviews, focus groups, and surveys.

- 1 Challenge:** Communicating the vision of integrated services to new partners, maintaining the continuity of that vision in the face of change in personnel, and ensuring that partner representatives are ones who can ensure that the decisions made are followed up. This challenge represents a very real threat to the continued success of service integration efforts.

Recommendation: The City of Hamilton develop a memorandum of understanding for use with existing and new Best Start partners that commits the organization to developing a formal process internal to the partner organization to ensure that the:

- organization's representative is at a sufficiently high level that s/he has the capacity to make decision affecting the organization or ensuring that such decisions are made;
- organization's commitment to the vision of integrated services is communicated from the most senior positions to front line staff;
- vision of integrated services is embedded in the policies and practices of the organization; and
- policies and practices are aligned with those of the Hamilton Parent Charter and the Parent & Family Engagement Framework as it pertains to partner programs.

- 2 Challenge:** Service integration is not happening at the level of individual families.

Recommendation: Explore the feasibility of the expanding case management for families requiring multiple services and ensure that case workers have better information regarding all services that families are receiving and other services that may be available to them.

- 3 Challenge:** There remains a widespread perception that it is difficult to find information about the early years services and parents are unaware of the range of services available, despite the fact that there is an Information & Referral information line.

Recommendation 1: Using existing resources as a foundation to build a coordinated system of care to improve information and access for families in Hamilton.

Recommendation 2: The memorandum of understanding described in #1 should stipulate that service providers participate in training regarding the services available through the Information and Referral line.

- 4 Challenge:** There is a lack of system-wide outcome measures to monitor the progress and success of service integration. Much of the data that are currently available do

not measure outcomes and cannot guide the process of integration or inform the development of best practices.

Recommendation 1: Engage members of the Best Start network in the development of a shared set of outcomes measures. Outcomes must be specific enough to allow for meaningful measurement and monitoring.

Recommendation 2: Consider coordinating with the City of Hamilton's Human Services Planning Initiative's efforts on service standards.

- 5 Challenge:** Data are not always able to be shared among different service providers, hindering research and monitoring efforts.

Recommendation: Develop a central data warehouse that links data across different service providers—using appropriate methods to safeguard privacy and confidentiality.

- 6 Challenge:** Enrolment in full day kindergarten means there are fewer 4 and 5-year-olds in child care. This results in a loss of revenue from the less expensive care for older children, which has historically offset the cost of more expensive care for younger children. At the same time, there is overlap and sometimes inconsistent quality among organizations receiving public funding to provide child care services.

Recommendation 1: Develop a pilot project in a single neighbourhood cluster for the integration of service at the neighbourhood level. Build on the existing neighbourhood planning committees and align with the City Of Hamilton Neighbourhood Action Plans.

Recommendation 2: In concert with the recommendation above, develop a neighbourhood map of child care clientele in relation to neighbourhood providers. Invite the Directors of the child care providing organizations and their boards of directors and other early years service providers to participate in a facilitated planning process in which they are provided with the data and asked to consider how child care services within the neighbourhood might be rationalized among existing providers and how providers who might be freed of responsibility for child care might provide other needed early years services. Consider making participation in the facilitated planning process mandatory for any child care program receiving public funding.

Recommendation 3: Work with the community to address the implications from the Ministry of Education's modernization of child care discussion paper results once released.

- 7 Challenge:** Although there is excellent support for children with special needs making the transition from the early years system into the school system, that support does not extend far enough past the initial transition period, nor does it extend beyond the regular school day.

Recommendation: Explore the capacity of recreational programs to provide inclusive after-school programs.

- 8 Challenge:** Children who do not meet special needs criteria may nonetheless require additional support. However, expanding special needs criteria could exhaust the

available resources for special needs support.

Recommendation: Build capacity among early years service providers to broaden their scope of practice in order to support children who fall just outside of the special needs criteria.

- 9 Challenge:** Many child care providers are reluctant to accept children with special needs without considerable support from specialized professionals.

Recommendation 1: Provide mentoring and exemplars of successful practices for supporting children with special needs and create opportunities to share individual success stories.

Recommendation 2: Consider requiring that every child care provider receiving public funding develop inclusion policies.

- 10 Challenge:** Service providers are not always sensitive to the needs of specific communities, such as the francophone, Aboriginal and newcomers and culturally diverse communities.

Recommendation 1: Develop a process for ongoing awareness and education relating to the delivery of services to members of the francophone, Aboriginal and newcomers and culturally diverse communities.

Recommendation 2: Develop a process to ensure that individuals working with members of the francophone, Aboriginal or immigrant communities have received sufficient training/education regarding the needs of these communities.

- 11 Challenge:** Commercial service providers feel that their voices are not heard and their contributions to the system are not recognized.

Recommendation: Work with commercial providers to develop a process to address these concerns.

- 12 Challenge:** Build on the strengths of Hamilton's current early years system.

Recommendation 1: Strong relationships and open communication have facilitated much of the service integration work. Build on this in areas where stronger relationships could improve service delivery.

Recommendation 2: Continue to provide more opportunities for inter-professional development.

Recommendation 3: Continue to ensure that high level decision makers are represented at network tables.



Introduction: An Overview of Early Years Systems

The early years represent a period of unparalleled learning and development in children's lives. Investing in this critical stage by providing quality early years services yields returns that are unmatched at any other stage of the lifespan. This opportunity is recognized by recent policy developments in Ontario, including the introduction of full day early learning for four and five year olds.

Quality learning opportunities for preschoolers can help children to start their formal education well-prepared for classroom learning, but realizing the full potential associated with early learning requires investments in programs for children before and after the preschool years. In order to build on the benefits of full day early learning for preschoolers, a system of coordinated early years services for children and their families is required. This system would bring together the patchwork of services currently offered to children and families, address gaps in those services, and deliver them in a coordinated and accessible manner.

The City of Hamilton has engaged in the complex task of building an integrated system of early years services. This report reviews the current state of early years services in Hamilton, reports on stakeholder consultations regarding the future of service integrations, and provides a number of recommendations to guide the ongoing work of service integration. The report begins with a review of research on early years services. This is followed by an environmental scan of needs and services in Hamilton. The next three sections describe stakeholder consultations: interviews, focus groups, and a survey of parents and children. The report concludes with a number of recommendations.

Why Invest in the Early Years?

Early childhood development is foundational. An abundance of research has demonstrated that successful learning and development during the first few years of life sets the stage for successful transitions into school, for lifelong learning and full participation in society. Conversely, poor developmental outcomes during the first few years of life leave children unprepared for the transition into school and make them vulnerable to school failure, delinquency, substance abuse, poor health, and unfavourable socioeconomic outcomes.

The research indicates that one in four children are unprepared for the learning challenges they will face when they start school. Without support, many of these vulnerable children will struggle throughout their schooling. Addressing the academic deficiencies that these students develop becomes more difficult and requires more resources as time passes. But providing high-quality early childhood learning opportunities during the early years can prevent these problems before they arise.

The kinds of supports that foster successful early childhood development are well understood. Children begin life ready for the kinds of interactions that drive early brain development: growing up in a responsive environment contributes to successful brain development, while an inadequate environment leaves children with lasting deficiencies that are difficult or impossible to rectify later on (McCain, Mustard & McCuaig, 2011).¹

For at-risk children (i.e., whose environments are not adequately nurturing and responsive) quality early childhood education has been shown to yield important long-term benefits. For example, at-risk children who participate in high-quality preschool programs show: better cognitive habits, improved impulse control, greater on-time high school graduation, higher college attendance, increased earnings and more prosocial conduct as adults, as well as lower rates of substance abuse and fewer felony charges (McCain et al., 2011).

While quality early childhood education programs have been very successful in supporting at-risk children, programs targeted solely to disadvantaged families actually miss the majority of vulnerable children (Pascal, 2009). Universal programs can reach all children at risk for sub-optimal developmental outcomes and they are often better at reaching children from disadvantaged families than the targeted programs that are specifically designed to reach those children. For example, Quebec's universal early childhood education and care program reaches a greater percentage of children from low-income home that do the targeted programs in other provinces.

Universal early childhood education and care programs also carry economic advantages: they can pay for themselves through the increased tax revenue generated from working parents who would not work if they did not have access to high quality, publicly funded child care. For example, recent analyses of Quebec's universal early childhood education and care program have found that the province recoups its entire outlay from the additional tax revenue generated by working mothers, and the federal government (which contributes little to the program) enjoys a \$717 million annual windfall.

Investment in early childhood education and care also drives economic development. Studies examining the early childhood sector itself have shown its multiplier effects on economies. For example, researchers have calculated that investing \$1 million in child care would create at least 40 jobs, 43% more jobs than the next highest industry and four times the number of jobs generated by the same amount spent on construction spending. Every dollar invested in child care increases the economy's output by \$2.30 (Centre for Spatial Economics, 2009).

The available evidence clearly indicates that investing in universal early childhood education and care yields immediate and long-term social and economic benefits that far exceed the initial investment.

Early Years Services in Canada

The evidence on the tremendous benefits of early childhood education has helped to shift the public discourse away from the question of how much public funding should

¹ See Appendix A for a full summary of the Early Years Study 3 report.

be available to provide child care for the children of working parents and toward a more comprehensive understanding of the value of providing early childhood education and care to all children. However, that shift has had little impact at the national level in Canada. Federal funding for early childhood education and care remains uncertain and there is no movement at the federal level toward providing universal access to high quality programs. For example, the QUAD (quality, universally inclusive, accessible and developmental) funding and bilateral agreements designed to help provinces develop universal programs were cancelled in 2007.

The Organization for Economic Cooperation and Development's 2006 examination of early childhood education and care noted Canada's absence of coherent legislative and policy frameworks and need for more public investment. The report concluded that divided policy and delivery of education and child care results in:

- Sparse coverage
- Not all families receive the services they are eligible for
- Service location and affordability are barriers to access
- Services' hours and parents' work schedules often conflict
- Families with multiple needs have difficulty fitting services together
- Families lose needed services as children age or their circumstances change.

In the current system, families patch together the services they need to the best of their abilities, but a fragmented system leaves a number of gaps as well as significant overlaps. Currently, a family needing different levels of early learning and care, parenting support and financial assistance for child care could potentially deal with up to four separate service providers. They can often find publicly funded kindergarten through the education system and parenting support through the community and social services system, but they will have to look to the private sector for child care and will have to apply for a fee subsidy through a separate process. They may be wait-listed for several months for the fee subsidy and their preferred child care provider may not have a fee subsidy agreement with their municipality. For children with special needs, children in minority Francophone contexts, Aboriginal children, and children who do not speak English or French as a second language, the service gaps are often even wider.

In the absence of universal programs, governments provide subsidies for child care through fee subsidies for low-income families, tax deductions and through direct funding to child care programs. Funding into operating grants appears to have a positive impact on wages and program stability, but fee subsidies and tax transfers are relatively inefficient. They do not have a positive impact on programs, parents often have to wait months before receiving a subsidy, and many families who need assistance never receive it.

In most provinces (except Quebec) there is a mix of funding for child care involving both direct funding to child care programs and subsidies for qualifying parents. Provinces provide two main types of direct funding to child care operators: one-time grants and recurring funding. One-time grants are often start-up or capital grants designed to encourage the expansion of child care spaces and staff bursaries offered as incentives for recent ECE graduates to work in the child care field. Recurring funding consist primarily

of various types of operating grants offered on a per space basis (see Table 1 for details of the types of direct funding offered in each province).

To be eligible for child care subsidies, parents normally have to meet qualifying criteria (e.g., working, looking for work, in school) and they have to show that their income falls below a specified threshold—which varies from province to province. The types of child care programs for which fee subsidies can be used also vary from province to province. For example, in British Columbia fee subsidies can be used for any type of regulated or unregulated care including in-home care, as long as the care provider does not live with the child. In contrast, Saskatchewan’s fee subsidies can only be used for care in non-profit child care centres or regulated family day cares (see Table 1 for further details).

TABLE 1: CHILD CARE FUNDING, BY PROVINCE

Province	Fee Subsidies	Direct Funding	
		Recurring	One-time
British Columbia	Qualifying criteria and income tested. Can be used in for-profit, non-profit, regulated, unregulated or in-home care.	Child care operating funding Supported child development program	Major capital funding for the creation of new licensed spaces. Major capital funding for creation of community hubs. Minor capital funding for emergency repair, replacement and relocation. Early Childhood Educator Loan Assistance Program Early Childhood Educator Incentive Grant Program
Alberta	Qualifying criteria and income tested. Can be used in for-profit or non-profit regulated child care centres and approved family day care. Not for drop-in or school-age care.	Quality recognition/ improvement grants Staff support grants Staff attraction incentive allowance Professional development funding Child care bursary program	Grants for minor capital and other one-time expenses.
Saskatchewan	Qualifying criteria and income tested. Available only in non-profit centres or regulated family day care.	Early childhood services grants Teen support services grants Equipment grants Special needs funding	Start-up grant Tuition reimbursement

Province	Fee Subsidies	Direct Funding	
		Recurring	One-time
Manitoba	Qualifying criteria and income tested. Nursery school subsidy income tested only. Can be used in for-profit and non-profit centres and family day care. Non-profits receiving operating grants required to enrol subsidized children. Maximum surcharge for subsidized children.	Annual per space operating grant, inclusion support grant, start-up grant available to non-profit providers.	Early learning transition minor capital fund
Ontario	Qualifying criteria. Income tested. Can be used in for-profit or non-profit licensed centres or home day cares, recreation programs for school aged children, before/after-school programs in schools that offer full-day kindergarten	Wage subsidy for staff in licensed child care centres, licensed home child care, non-profit special needs resourcing agencies, non-profit family resource centres.	Early learning transition minor capital funding (for non-profit only) Transition operating funding Health & safety minor capital funding Capacity funding to support transformation
Quebec		Basic allowance Allowance for facilities in disadvantaged areas Allowance for school-age children Allowance for special needs integration Specific allowances	Development grant Grants for purchase of property of facility construction Major and minor capital grants
New Brunswick	Qualifying criteria and income tested. Can be used in regulated for-profit or non-profit child care centres or home day cares.	Quality improvement funding support Special needs funding	Start-up funding Training assistance Funding to postsecondary institutions for training in the new curriculum
Nova Scotia	Qualifying criteria and income tested. Can be used at for-profit or non-profit, licensed, full-day licensed child care centres or family child care agencies	Child development centre grant Family home day care operating grant Child care stabilization grant Supported child care funding	Expansion and replacement loan Repair and renovation loan Program enhancement grant Outdoor play space grant Family home day care start-up grant
Prince Edward Island	Qualifying criteria and income tested. Can be used at any regulated for-profit or non-profit centre or home day care	Operating grant Infant incentive funding Special needs funding	One-time resource grant

Province	Fee Subsidies	Direct Funding	
		Recurring	One-time
Newfoundland & Labrador	Qualifying criteria and income tested. Can be used at any licensed for-profit or non-profit child care program	Early learning and child care supplement	Bursaries for ECE graduates working in child care. Bursaries for upgrading through distance education

SOURCE: Beach, Friendly, Ferns, Prabhu & Forer (2009) and provincial child care funding websites: <http://www.mcf.gov.bc.ca/childcare/>; <http://www.child.alberta.ca/home/1156.cfm>; <http://www.education.gov.sk.ca/elcc/start-child-care-centre/>; <http://www.gov.mb.ca/fs/childcare/visionpaper1.html>; <http://www.edu.gov.on.ca/childcare/paying.html>; http://www2.gnb.ca/content/gnb/en/contacts/dept_renderer.151.html; <http://novascotia.ca/coms/families/childcare/index.html>; <http://www.gov.pe.ca/eecd/>; http://www.gov.nl.ca/cyfs/childcare/family_child_care.html

Child care policies for children with special needs also vary from province to province. In some provinces, there are specific training requirements for child care staff working with children with special needs—for example, PEI requires 30 hours of professional development every 3 years—while other provinces do not require any additional training. In some provinces, special needs funding depends on availability (e.g., Nova Scotia), while in other provinces there is no cap on funding (e.g., PEI). In most provinces, the decision to include children with special needs is at the child care providers’ discretion but in some cases (e.g., Manitoba) child care providers are required to be inclusive. (See Table 2 for details of each province’s support for child care for children with special needs.)

TABLE 2: SUPPORT FOR CHILDREN WITH SPECIAL NEEDS IN CHILD CARE, BY PROVINCE

Province	Special Needs Resourcing Model
British Columbia	The Supported Child Development Program supports children from birth to age twelve who have or may be at risk for a developmental delay or disability and require extra support. Services are provided at no charge to parents; however, parents are responsible for child care fees. The Ministry of Children and Family Development (MCFD) provides a Special Needs Supplement of up to \$150 to assist families eligible for the Child Care Subsidy Program
Alberta	The Inclusive Child Care Program provides for inclusion of children with special needs. Funding varies depending on the special needs of the child, the type of service required and the region. Additional training for staff working with children with special needs is not required in legislation Operators may choose whether or not to provide service.
Saskatchewan	The Child Care Inclusion Program provides individual inclusion grants to licensed centres and family child care homes to include children experiencing a delay or a condition that may result in a delay An enhanced accessibility grant of up to \$2,000/month may be paid to assist with the additional cost of including a child with exceptionally high needs Training and resource grants and grants for adapted equipment are also available. Funding for inclusive child care is intended to support the centre as a whole and not to provide a worker allocated to a specific child Parents of children with special needs pay for the space but not for the additional supports. There are no waiting lists for funding. Operators may choose whether or not to provide service.

Province	Special Needs Resourcing Model
Manitoba	<p>The Inclusion Support Program and the Manitoba Child Care Program provide support for the inclusion of children with special needs.</p> <p>Child care facilities must provide inclusive programming and ensure individual program plans are in place for children with additional support needs.</p> <p>Funding generally covers additional staff. There may also be grants available for necessary renovations, equipment, training or professional services.</p> <p>Non-profit child care centres and regulated family child care homes are eligible for funding. Services are not an entitlement but there is usually no waiting list once a diagnosis has been made.</p> <p>Regardless of family income parents do not pay the cost of the additional resources to support the child's participation in a child care program</p> <p>There are no special training requirements for staff working with children with additional support needs in child care</p>
Ontario	<p>Ontario does not have a written policy regarding children with special needs but encourages integration and inclusion of children with special needs</p> <p>Special needs resourcing provides assistance for staffing, equipment, supplies or services to support the inclusion of children with special needs in child care</p>
Quebec	<p>Admission to a regular child care program is at the discretion of the CPE, garderie or the family child care provider, but Quebec policies strongly favour inclusion.</p> <p>For children with special needs, a one-time grant of \$2,200 and an additional \$33.65/day/child on top of the regular operating grants is available</p> <p>An additional assistance measure is available for the integration of children with significant special needs into child care services</p>
New Brunswick	<p>Facilities providing integrated day care services to children referred under the Early Childhood Initiatives may receive an average of \$3,250/year/child for children age 2-5 years</p> <p>There are no additional training requirements required for support personnel who may be hired under the Early Childhood Initiatives</p>
Nova Scotia	<p>All licensed child care centres are eligible to receive Supported Child Care (SCC) funding to support the inclusion of children with special needs.</p> <p>The funding depends on availability and is not an entitlement</p>
Prince Edward Island	<p>There are no segregated child care programs for children with disabilities</p> <p>Centres may apply for a special needs grant on behalf of a child to hire extra staff and allow for a more successful transition and inclusion into the early childhood setting.</p> <p>The funding is not capped and there is no waiting list for service</p> <p>Staff who work with children with special needs require 30 hours of professional development every three years</p>
Newfoundland & Labrador	<p>Does not have a written policy regarding children with special needs</p> <p>Inclusion Initiative provides human and financial supports to licensees who require this to include children with special needs in the regular programming of the centre/home</p> <p>Each Health and Community Services Region has a Child Care Services Inclusion Consultant available to advise and support licensees on how to include children with special needs</p> <p>Eligible parents can receive the Special Child Welfare Allowance to hire someone to provide support to their child in a child care setting.</p> <p>Funding is available for substitute staff to allow regular staff to attend meetings related to a child with special needs</p> <p>Funding is also available for an additional staff position if the special needs of a child require significant staff time</p>

SOURCE: Beach, Friendly, Ferns, Prabhu & Forer (2009) and provincial child care funding websites: <http://www.mcf.gov.bc.ca/childcare/>; <http://www.child.alberta.ca/home/1156.cfm>; <http://www.education.gov.sk.ca/elcc/start-child-care->

centre/; <http://www.gov.mb.ca/fs/childcare/visionpaper1.html>; <http://www.edu.gov.on.ca/childcare/paying.html>; http://www2.gnb.ca/content/gnb/en/contacts/dept_renderer.151.html; <http://novascotia.ca/coms/families/childcare/index.html>; <http://www.gov.pe.ca/eecd/>; http://www.gov.nl.ca/cyfs/childcare/family_child_care.html

The lack of a coherent policy framework at the federal level has not prevented individual provinces from moving toward the goal of providing universally accessible early childhood education and care. The Early Childhood Education Index is a tool to measure progress toward achieving quality early childhood education for all children. Drawing on what is known about how public policy supports quality early childhood programming, the index provides a snapshot, using 19 benchmarks, of provincial early childhood education services (McCain, Mustard & McCuaig, 2011).

In 2011, just three provinces earned a passing grade on the index: Quebec, Prince Edward Island and Manitoba, but there has been measurable progress in many of the provinces over the last few years. Six provinces offer full-day kindergarten, up from three in 2008. Four provinces have combined their departments responsible for kindergarten and child care. The number of child care spaces across Canada has grown by over 20%, despite the cancellation of the bilateral agreements on child care and education. Much of the groundwork has been laid for the provision of high-quality, publicly funded preschool education for all 2- to 5-year-olds.

How to Build an Effective Early Years System

In 2004, Ontario launched Best Start to enhance early learning, child care and healthy development of the province's children so they are ready to achieve success in school by the time they start Grade 1. The initiative includes a long-term plan for providing full-day junior and senior kindergarten, an expansion of school-based child care for school-aged children, access to parenting programs, regulation of the informal child care sector, and establishment of a professional college of early childhood educators.

Ontario's progress toward achieving the Best Start goals has been hampered by the cancellation of federal funding (through the QUAD program), but the initiative continues. In 2009, Charles Pascal produced a comprehensive plan of action regarding the implementation of Best Start's early learning vision. The report, *With Our Best Future in Mind*, describes how full-day learning for 4- and 5-year-olds should be integrated into a seamless system of support for children aged 0 to 12 and their families (Pascal, 2009).

***With Our Best Future in Mind* Recommended Implementation Framework**

The Pascal report argues that building an effective early years system requires a fundamental change to the delivery of services, a re-engineering to integrate services into something new. To achieve this, the report makes 20 recommendations to build an early years system through which:

- 1** Every child would be entitled to two years of full-day Early Learning Program prior to Grade 1, operated by school boards.
- 2** Parents would have the option of extended programming before and after the traditional school day and year, not as an add-on, but as part of the Early Learning Program.

- 3 Extended programming for primary school children aged 6 to 8 and after-school programming for children aged 9 to 12 would be offered by school boards at the request of 15 or more families in a school.
- 4 Parent fees would be charged only for extended day/year programming.
- 5 Programs for children and their families would be integrated into Best Start Child and Family Centres, under a single municipal system manager. The centres would provide:
 - Flexible, part-time and full-day/full-year early learning and care options for children up to 4 years
 - Prenatal and postnatal information and supports
 - Parenting and family support programming, including home visiting, family literacy, and playgroups
 - Nutrition and nutrition counselling
 - Early identification and intervention resources
 - Links to special needs treatment and community resources, including libraries, recreation and community centres, health care, family counselling, housing, language services, and employment/training services
- 6 Parents would be entitled to expanded parental leave of up to 400 days on the birth or adoption of a child, reducing the need for costly infant care, and allowing more parents to stay home with their babies during the critical period of development, when the infant-parent bond is established.

Quality Early Childhood Education and Care

An effective early years system requires consistently high quality across all centres providing early childhood learning and care. This quality includes the physical space, the early childhood educators, the program, and the curriculum. The physical space should look and smell good and be bright, airy, organized and clean. The use of the space should model environmental responsibility and include a variety of play materials for children to put together and take apart. There should be quiet corners with storybooks and soft seating to cuddle up on. Educators and care givers should be knowledgeable and responsive. They should encourage language use to show literacy in daily living and to enrich exploration and expand problem solving. They should match their interactions and responses to what is required to best assist a child's learning and to provide scaffolding—assistance that helps children reach further than possible unassisted (Sylva, Melhuish, Sammon, Siraj-Blatchford & Taggart, 2009; Willms, 2002 as cited in McCain, Mustard & McCuaig, 2011).

Early childhood learning and care programs should recognize that children's earliest experiences lay the foundation for lifelong learning, behavior and health. They should view families and communities as partners and show respect for diversity, equity and inclusion. They should also incorporate a well-planned curriculum that is neither dominated by direct instruction focused on academic achievements nor lacking active support of educators (Miller & Almon, 2009; Nabuco & Sylva, 1996 as cited in McCain, Mustard & McCuaig, 2011). The curriculum should be anchored by play and address the whole child. It should carry specific learning expectations in several domains (physical, social, emotional, communication/language, cognitive) and facilitate communication between parents and staff.

Ensuring that educators working in early childhood settings are appropriately knowledgeable and responsive requires efforts to address a number of human resource and staffing issues. To address these issues, the Best Start Expert Panel² on Quality and Human Resources (2007) has made a number of recommendations:³

- In order to ensure that all practitioners who work with young children have the education and credentials to fulfill their roles, the Expert Panel recommends the establishment of consistent roles, education requirements and practice standards for all early learning and care practitioners.
- To provide access to pre-service education programs, credential assessment, and ongoing professional development, the Expert Panel recommends that Ontario improve the quality, consistency and capacity of post-secondary education in early childhood development and expand the network of professional resource centres across the province.
- In order to ensure that all home care providers have the education and support they need to provide high quality early learning and care, the Expert Panel recommends the establishment of a standing interministerial committee on high quality early learning and care and sector council to provide ongoing advice on quality and human resource issues. The Expert Panel further recommends that Ontario strike a separate task force on home child care to develop strategies to help home child care providers deliver high quality services for children in their care.
- To make early learning and care an attractive career choice, the Expert Panel recommends that Ontario immediately increase funding for early learning and care services to enable programs to implement substantial wage and benefit increases and provide predictable and sustainable funding that allows for regular annual increases for inflation and maintains legislated pay equity.
- The Expert Panel recommends that Ontario provide support and incentives for directors and supervisors, such as bursaries and time off to attend programs. The Expert Panel further recommends the establishment of a new role in centre-based programs: the pedagogical leader, a degree-prepared practitioner who has experience mentoring staff and students and is responsible for implementing the Early Learning Framework.
- To ensure that all early learning and care practitioners have easy access to the education they need, the Expert Panel recommends that Ontario provide supports and incentives for practitioners to upgrade their credentials.
- The Expert Panel recommends that Ontario develop recruitment and retention programs that target high school students, guidance counselors and parents, develop mentorship initiatives for new graduates, improve working conditions.

To provide a framework for well-planned early years curricula, the Best Start Expert Panel on Early Learning developed a guide designed to support Best Start's long-term strategy to build a coherent system for young children that includes a single integrated early learning framework for children ages two-and-a-half to six years. *Early Learning*

² The Ministry of Children and Youth Services has convened several expert panels to inform the Best Start initiative. Three of the Expert Panel reports are relevant to early years services in Hamilton: Early Learning for Every Child Today; Report of the Expert Panel on Quality and Human Resources; Report of the Expert Panel on the 18 Month Well Baby Visit. These reports are summarized in Appendices A-C.

³ See Appendix B for a full summary of the Report of the Expert Panel on Quality and Human Resources

for Every Child Today (ELECT) complements, rather than replaces, specific curricular and pedagogical approaches, early identification protocols and regulated requirements already in place in Ontario early childhood settings. That is, the guide provides a framework for curriculum development, rather than a specific curriculum (Best Start Expert Panel on Early Learning, 2007).⁴

The ELECT guide presents a series of Guidelines for Practice that are based on six overarching principles of early childhood learning and care and a detailed analysis of early childhood development from birth to school age. The principles specify that:

- 1** Early child development sets the foundation for lifelong learning, behavior and health.
- 2** Partnerships with families and communities strengthen the ability of early childhood settings to meet the needs of young children.
- 3** Demonstration of respect for diversity, equity and inclusion are prerequisites for optimal development and learning.
- 4** A planned curriculum supports early learning.
- 5** Play is a means to early learning that capitalizes on children’s natural curiosity and exuberance.
- 6** Knowledgeable and responsive early childhood practitioners are essential to early childhood settings.

Based on their analysis of early childhood development, the Expert Panel produced a Continuum of Development, which identifies the root skills that predict later learning, behavior and health. The continuum also identifies the indicators marking that a root skill is emerging, being practiced or being elaborated. For example, simple turn taking is a root skill within the social domain and taking turns in simple games like peekaboo is an indicator that the skill of turn taking is being practiced. When early childhood practitioners observe children’s behavior, they can use indicators to identify underlying skills and then set goals and plan appropriate curriculum to foster learning that builds on those skills.

The Guidelines for Practice include specific items that are designed to ensure that practice is consistent with the six principles and an understanding of child development.

Primary Health Care

Providing a comprehensive system of early years services includes primary health care. In order to ensure that health and developmental issues do not impede learning in the early years, it is important to ensure that these issues are identified and addressed as they arise.

In building a seamless system of integrated early years services, the primary care system (family physicians, community pediatricians, nurse practitioners, etc.) provides an effective way to reach parents and children, and help build partnerships with community services because most families with young children have regular ongoing contact with the primary care system. Primary care providers are, therefore, well situated to monitor

⁴ See Appendix C for a full summary of the report of the Best Start Expert Panel on Early Learning For Every Child Today

child development and work with parents to build awareness of the importance of healthy child development.

To this end, the Expert Panel on the 18 Month Well Baby Visit (2005) has argued for building stronger partnerships among parents, primary care providers and community services to create a culture that enhances the developmental health and well-being of young children.⁵ In particular, the Expert Panel recommended the implementation of an enhanced 18 month well baby visit for all children in Ontario. The well baby visit would include:

- A developmental review and evaluation by parents and primary care providers using the Nipissing District Developmental Screen and the Rourke Baby Record
- A discussion between parents and primary care providers about healthy child development and behaviour
- Information about parenting and other community programs that promote healthy child development and early learning
- When needed, timely referrals to specialized services
- A measurement and evaluation component that tells us how our children are doing and that our programs are working.

Although most families have regular access to the primary care system, some families face steep barriers in their efforts to obtain health care. For example, *Our Health Counts*, a report of the Urban Aboriginal Health Database Research Project, notes that long waiting lists, lack of transportation, unaffordable direct costs, doctor availability, and lack of trust in health care providers prevent many Aboriginal families from obtaining the health care services they require (Smylie et al., 2011).⁶ The report also reveals that urban Aboriginal children show especially high rates of chronic illness (especially asthma, allergies, chronic ear infections).

Ensuring that primary care is appropriately integrated with other early years services for all children and families requires efforts to alleviate the barriers to health care access faced by some families. To that end, *Our Health Counts* includes the following recommendations:

- All levels of government should engage with urban Aboriginal communities to eliminate barriers to health care access
- All levels of government should recognize that Aboriginal people must have full involvement and choice in all aspects of health care delivery
- Municipal and provincial governments work with urban Aboriginal agencies to reduce urban Aboriginal children's health status inequities

Advantages of an Integrated System of Early Years Services

Building a seamless system of early years services requires forging partnerships and collaboration among organizations with different governance structures, different

⁵See Appendix D for a full summary of the report of the Expert Panel on the 18 Month Well Baby Visit

⁶See Appendix E for a full summary of *Our Health Counts*

funding mechanisms, and different legislative mandates. Integrating all of these partners is difficult and slow work, but it carries a number of advantages that make the effort worthwhile.

Research has demonstrated that children in neighbourhoods with integrated services are more socially competent. Families who have access to integrated services are more informed about services and find them more accessible. As a result, they attend programs more often and participate in a broader range of activities. When services are integrated, families have to approach fewer agencies to obtain the full range of services they need and fewer families fall through the cracks.

Parents report greater satisfaction with services, less stress, reduced social isolation, more confidence in their parenting and improved communication with service provider staff. Program quality improves with integration: developmentally appropriate curricula are more common in early childhood education and care centres functioning in integrated settings. As well, these centres show a greater focus on engaged, active learning and whole child development, enhanced parental involvement and expanded community and school links (Corter & Peters, 2011).

Barriers to Service Integration

For schools and community service providers, integration can be difficult, involving real change to culture and methodologies and requiring new skills and ways of working. Change requires leadership at all levels.

Leadership at the highest levels is particularly important and requires high-level political will and direction that goes beyond single ministries. But sustained interministerial collaboration has been difficult to achieve. Education is a critical department with the infrastructure to provide stability for service integration, but these advantages frequently come with a lack of flexibility. Children's and social service ministries often feel compelled to defend their departmental integrities and cultures. Education and social services often have different geographic boundaries and organizational structures that are hard to join up. Government cut-backs can exacerbate interministerial tensions as departments and agencies seek to protect their own budgets and employees.

Beyond ministries, other turf wars impede service integration. Deeply ingrained professional and agency ideologies clash over who will lead and who will adapt. Commercial and community agencies claim loss of clients and funding, while unions oppose job redundancies, professional organizations worry about retaining status and members, and school officials oppose taking on new tasks outside of a narrowly defined educational scope.

Combining universal and targeted programs presents another set of challenges. Kindergarten and parent/family support programs are provided universally at no cost to families, while regulated child care is funded by parents and targeted public funding. These fractured funding structures complicate the integration of services.

Enrolment of 4 and 5 year olds in full day kindergarten has resulted in a loss of revenue within the child care sector. The less expensive care of older children has historically

offset the cost of more expensive care for younger children. Without adequate support and resources from the province, child care programs are struggling to accommodate larger numbers of younger children. The immediate impact is an increase in fees, which many parents already struggle to afford (Ontario Municipal Social Services Association, 2012).

Inadequate transition planning for agencies affected by systems change disrupts related services and creates opposition, while inadequate resources undermines quality. Insufficient supports frustrate staff who must meet new demands. Other staffing issues arise from integrating professionals with similar skills and responsibilities and disparate remuneration and working conditions (e.g., early childhood educators and kindergarten teachers).

Hamilton: A Best Start Demonstration Site

The City of Hamilton was one of three demonstration sites selected to implement all components of Best Start while other communities phase in the components more slowly. The accelerated implementation at demonstration sites was designed to identify “lessons learned” to help inform implementation of the Best Start initiative across the rest of the province.

Initially, Hamilton’s Best Start initiative was funded through federal contributions to early childhood education and care. When the federal-provincial bilateral agreements were cancelled, much of that funding disappeared. Nonetheless, Hamilton has continued to move toward achieving the Best Start goals and has made important progress toward integrated services for children and families to provide a seamless system for children from birth to age 12 and their families.

Integration began in earnest in 2007 when Hamilton responded to the Ministry of Children and Youth Services requirements for service plans for Best Start, Child Care and Ontario Early Years Centres. Through the development of one integrated service plan, the three areas used common language, sought cross-referencing, and focused on the integration of services.

Hamilton has moved toward achieving the goals of the Best Start vision. This progress includes increased awareness and understanding of the importance of the early years and integration and continued commitment to partnerships and collaboration. Progress also includes significant expansion and improvements to close gaps in service for example (Hamilton Best Start, 2007):

- New child care spaces have been created throughout the city;
- Enhancement and expansion of Ontario Early Years Centres to include access to speech and language services, dental screening, nutrition consultation, physical activity programs, anti-bullying resources, parenting programs, mental health services at the neighbourhood level;
- Implementation of the 18-month well baby visit;
- Increased direct services for Francophone children and families city wide;
- Early assessment and intervention for children with special needs;
- A more holistic (family centered) approach to working with children and families

- New partnerships for the post-partum mood disorder initiative;
- Early years programs and services for Aboriginal families delivered in a more culturally appropriate manner city wide;
- Stronger alignment and increased coordination of special needs services and resources.

Other markers of progress include the recognition among front-line staff of the importance of integration; early stages of parent and neighbourhood engagement; more inter-professional development and networking opportunities; enhancement and streamlining of planning and coordination; built in evaluation strategies; early knowledge mobilization and communication “wins”.

As Hamilton continues moving toward full service integration, new challenges arise and new strategies for maintaining progress are required. In the sections below, the current gaps and challenges facing Hamilton’s early years service system are described. We begin with an environmental scan of the current levels of service provision in Hamilton. Then we present the results of a series of stakeholder interviews and focus groups and of parent and child surveys. We conclude with a series of recommendations derived from the document review (provided in the introduction above), the interviews, focus groups and surveys.

Environmental Scan



Population Profile

The socio-demographic landscape of the City of Hamilton has shifted over the last decades as a result of the decline of the manufacturing sector and the amalgamation of the regional municipalities into one city. Population growth over the next two decades is expected to be slower in Hamilton than in the rest of Ontario—due to an aging population and relatively low rates of immigrant settlement in Hamilton. However, new policy initiatives (e.g., adoption of the *Hamilton Immigration Strategy and Action Plan* and of “the best place to raise a child” as part of the city’s vision statement) indicate that these trends may not persist.

Age Distribution of Hamilton’s Population

The population of the City of Hamilton is a little over half a million (519,949 in 2011). Hamilton’s age distribution has two modes (see Figure 1), with a large peak in the 45 to 54 age bracket and a smaller peak in the 15 to 24 age bracket.

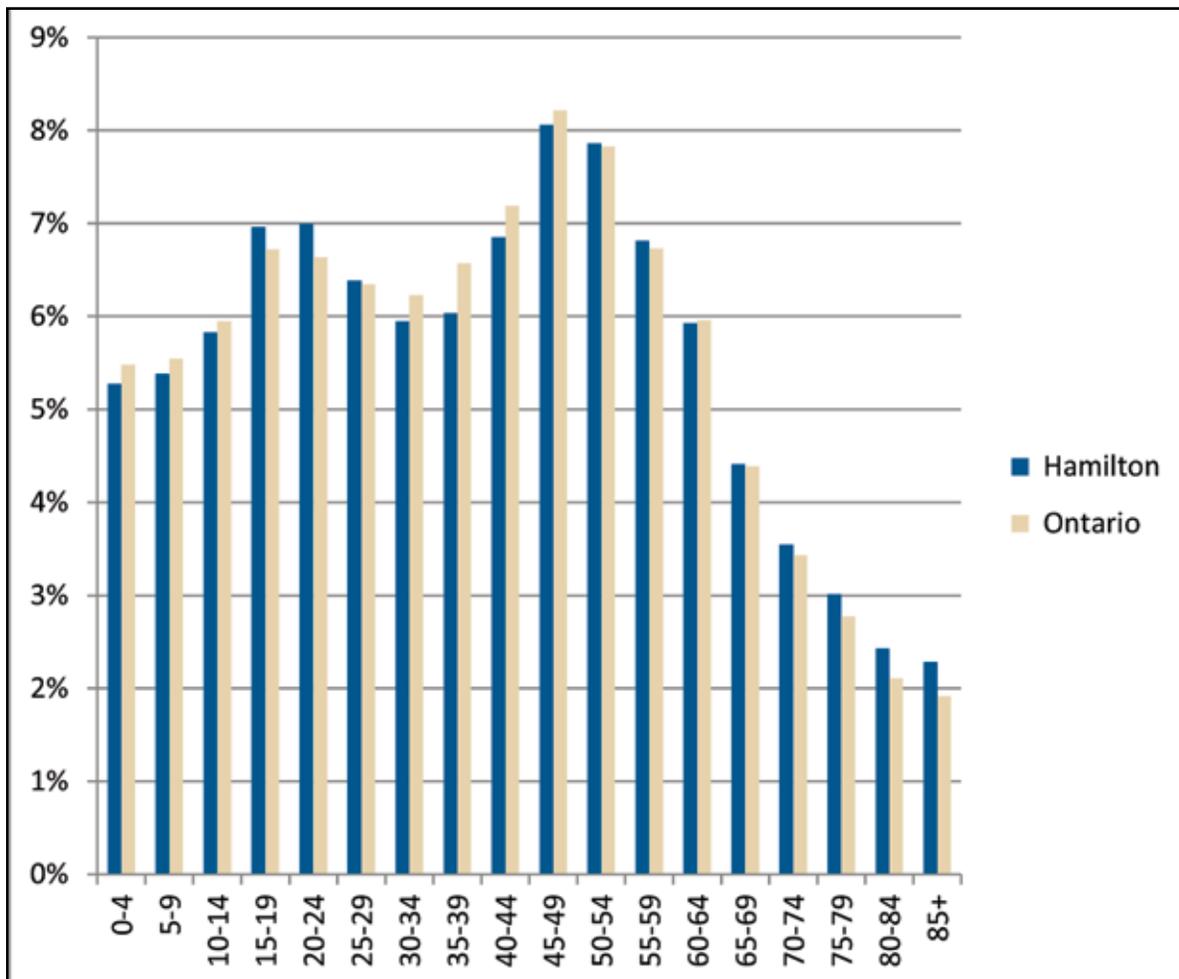
This mirrors the overall age distribution of Ontario. The median age in Hamilton is 40.9 years (.5 years older than for all of Ontario) and 17% of the population is under the age of 15.

Figure 2 provides a more detailed breakdown of Hamilton’s population distribution within the early years age range (i.e., 0-12 years). These data indicate that the early years population is currently in decline, with successive cohorts growing smaller and smaller.

For reporting purposes, the City of Hamilton has been divided into 13 neighbourhoods. The neighbourhood boundaries were developed by the Keeping Score on Kids (KSK) project at the Offord Centre in 1999. The boundaries are based on the physical, social and administrative geography of Hamilton (including the former municipal boundaries), as well as Statistics Canada census tracts, a review of the geographic breakdowns used in the media, and consultation with local authorities. In many of the cases, these neighbourhoods are comprised of multiple city planning neighbourhoods, as well as multiple census tracts. There were originally 14 neighbourhoods; these were reduced to 13 by amalgamating the Flamborough - Greensville Area into the rural Hamilton area.

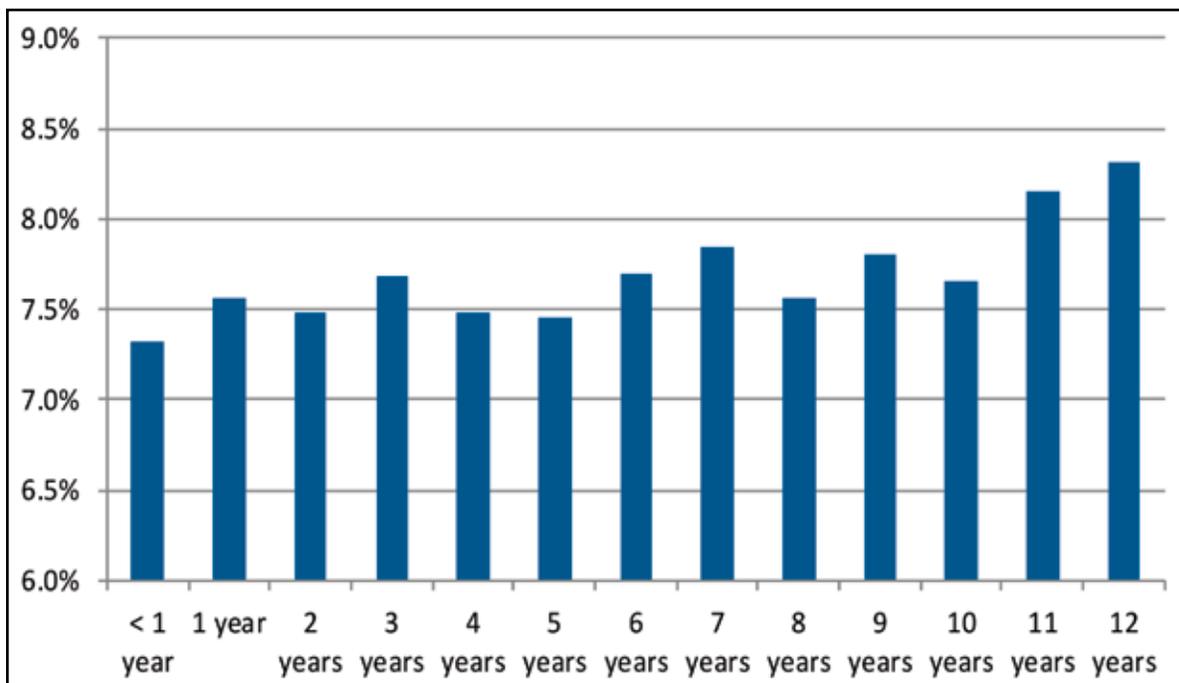
The 13 neighbourhoods are listed in Table 3 and Table 4, along with their respective populations of 0 to 12 year olds. The number of infants and children varies substantially across KSK neighbourhoods, with just 2% of Hamilton’s 0 to 12 year olds in West Lower Hamilton and 18% of them in South Hamilton Mountain. A geographic representation appears in Figure 3.

FIGURE 1: AGE DISTRIBUTION, HAMILTON AND ONTARIO



SOURCE: Statistics Canada, Census 2011 Community Profiles

FIGURE 2: AGE DISTRIBUTION OF HAMILTON'S EARLY YEARS POPULATION



SOURCE: Statistics Canada, Census 2011

TABLE 3: HAMILTON'S EARLY YEARS POPULATION, BY KSK NEIGHBOURHOOD AND 1-YEAR AGE GROUPS

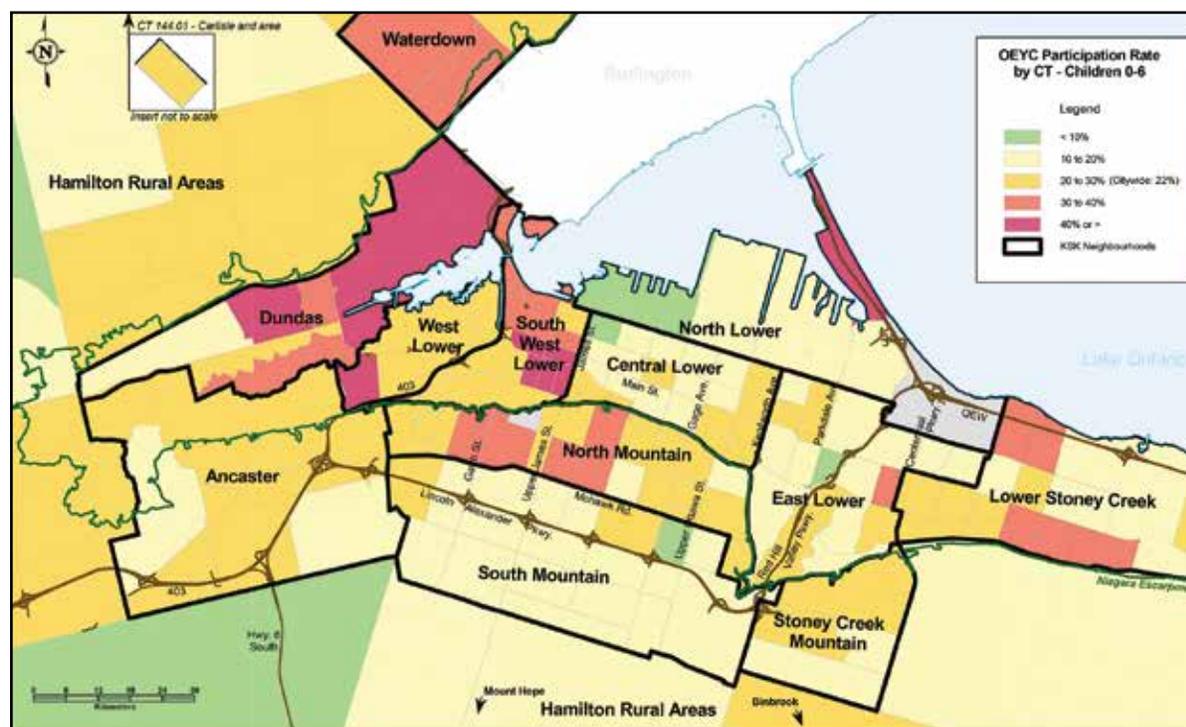
KSK Neighbourhood	Age (years)												Total	
	< 1	1	2	3	4	5	6	7	8	9	10	11		12
North Hamilton Mountain	555	535	495	565	485	525	505	545	465	495	480	500	530	6,680
South Hamilton Mountain	845	920	900	950	1,025	985	1,015	1,065	1,070	1,090	1,090	1,190	1,185	13,330
Mountain Stoney Creek - Urban Area	195	205	215	240	205	220	265	240	260	260	290	280	315	3,190
West Lower Hamilton	130	90	120	110	85	110	100	115	120	100	105	115	115	1,415
South West Lower Hamilton	285	280	265	245	240	210	210	210	195	195	180	195	205	2,915
Central Lower Hamilton	800	800	790	730	710	615	655	660	630	615	605	680	620	8,910
East Lower Hamilton	645	665	700	690	615	680	665	650	660	665	670	685	720	8,710
North Lower Hamilton	125	160	135	140	135	140	115	130	110	135	155	130	145	1,755
Lower Stoney Creek - Urban Area	310	275	320	295	330	325	320	325	320	350	300	320	345	4,135
Flamborough Waterdown Area	255	250	255	250	240	245	265	285	270	320	290	330	315	3,570
Ancaster - Urban Area	170	215	200	215	245	235	315	255	255	300	255	290	300	3,250
Dundas	190	205	180	210	230	210	255	270	255	220	260	265	290	3,040
Hamilton Rural Areas	845	930	895	970	925	945	940	980	920	955	915	975	990	12,185
Total City of Hamilton	5,350	5,530	5,470	5,610	5,470	5,445	5,625	5,730	5,530	5,700	5,595	5,955	6,075	73,085

TABLE 4: AGE DISTRIBUTION OF HAMILTON'S EARLY YEARS POPULATION, BY KSK NEIGHBOURHOOD

KSK Neighbourhood	Age (years)												Total	
	< 1	1	2	3	4	5	6	7	8	9	10	11		12
North Hamilton Mountain	0.76%	0.73%	0.68%	0.77%	0.66%	0.72%	0.69%	0.75%	0.64%	0.68%	0.66%	0.68%	0.73%	9.14%
South Hamilton Mountain	1.16%	1.26%	1.23%	1.30%	1.40%	1.35%	1.39%	1.46%	1.46%	1.49%	1.49%	1.63%	1.62%	18.24%
Mountain Stoney Creek - Urban Area	0.27%	0.28%	0.29%	0.33%	0.28%	0.30%	0.36%	0.33%	0.36%	0.36%	0.40%	0.38%	0.43%	4.36%
West Lower Hamilton	0.18%	0.12%	0.16%	0.15%	0.12%	0.15%	0.14%	0.16%	0.16%	0.14%	0.14%	0.16%	0.16%	1.94%
South West Lower Hamilton	0.39%	0.38%	0.36%	0.34%	0.33%	0.29%	0.29%	0.29%	0.27%	0.27%	0.25%	0.27%	0.28%	3.99%
Central Lower Hamilton	1.09%	1.09%	1.08%	1.00%	0.97%	0.84%	0.90%	0.90%	0.86%	0.84%	0.83%	0.93%	0.85%	12.19%
East Lower Hamilton	0.88%	0.91%	0.96%	0.94%	0.84%	0.93%	0.91%	0.89%	0.90%	0.91%	0.92%	0.94%	0.99%	11.92%
North Lower Hamilton	0.17%	0.22%	0.18%	0.19%	0.18%	0.19%	0.16%	0.18%	0.15%	0.18%	0.21%	0.18%	0.20%	2.40%
Lower Stoney Creek - Urban Area	0.42%	0.38%	0.44%	0.40%	0.45%	0.44%	0.44%	0.44%	0.44%	0.48%	0.41%	0.44%	0.47%	5.66%
Flamborough Waterdown Area	0.35%	0.34%	0.35%	0.34%	0.33%	0.34%	0.36%	0.39%	0.37%	0.44%	0.40%	0.45%	0.43%	4.88%
Ancaster - Urban Area	0.23%	0.29%	0.27%	0.29%	0.34%	0.32%	0.43%	0.35%	0.35%	0.41%	0.35%	0.40%	0.41%	4.45%
Dundas	0.26%	0.28%	0.25%	0.29%	0.31%	0.29%	0.35%	0.37%	0.35%	0.30%	0.36%	0.36%	0.40%	4.16%
Hamilton Rural Areas	1.16%	1.27%	1.22%	1.33%	1.27%	1.29%	1.29%	1.34%	1.26%	1.31%	1.25%	1.33%	1.35%	16.67%
Total City of Hamilton	7.32%	7.57%	7.48%	7.68%	7.48%	7.45%	7.70%	7.84%	7.57%	7.80%	7.66%	8.15%	8.31%	100%

SOURCE: Statistics Canada, Census 2011

FIGURE 3: OEYC PARTICIPATION RATES, AUGUST 2010 - JULY 2011



SOURCE: City of Hamilton

Population Projections

Hamilton’s population grew by 3.1% between 2006 and 2011, which was about half the rate of growth for the whole province of Ontario (5.7%). Hamilton’s population is expected to grow at an annual rate of .7% over the next decade to reach 584,000 by 2022.⁷ It is anticipated that growth will be uneven across age groups. For example, annual growth is expected to be .5% among children (aged 0 to 14), -.7% among young people (aged 15 to 29), and 2.5% among seniors (aged 75+). (See Table 5)

TABLE 5: POPULATION PROJECTIONS FOR 2012, 2015, 2017 & 2022 BY AGE GROUP

	0-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
2012	28,220	30,170	75,250	73,980	70,480	85,480	67,990	43,630	41,350	28,220
2015	28,490	29,590	72,400	78,870	69,020	83,900	73,310	49,430	43,100	28,490
2017	29,030	29,200	69,830	81,100	69,690	81,170	77,040	53,280	44,650	29,030
2022	30,000	30,100	66,470	81,310	75,820	73,550	82,280	62,670	51,560	30,000

SOURCE: Ontario Ministry of Finance

Family Characteristics and Income

There are nearly 150,000 census families (households made up of a couple with or without children or a single parent and at least one child) in Hamilton. The majority of these are married couple families, over half of which have at least one child living at home. Lone

⁷All projections are based on Ontario Ministry of Finance projections. They are developed using a standard demographic methodology in which assumptions for population growth reflect recent trends in all streams of migration and the continuing evolution of long-term fertility and mortality patterns in each census division. See <http://www.fin.gov.on.ca/en/economy/demographics/projections/> for further information.

parent families make up nearly 20% of all census families, and the majority of these are headed by mothers (see Table 6).

TABLE 6: DISTRIBUTION AND MEDIAN INCOME OF CENSUS FAMILIES IN HAMILTON

Family Characteristics	Number of families (2011)	% of all census families (2011)	Median After-Tax Income (2005)*
All census families	144,125	100%	\$57,528
Married couple families	100,630	70%	\$64,597
w/ children at home	58,115	40%	
w/out children at home	42,515	29%	
Common-law-couple families	16,270	11%	\$52,803
w/ children at home	6,810	5%	
w/out children at home	9,455	7%	
Lone parent families	27,215	19%	\$34,269
Female lone parent families	21,925	15%	\$32,818
Male lone parent families	5,290	4%	\$44,915

SOURCE: Statistics Canada, Census 2006 and 2011 Community Profiles

*Income data are not yet available for the 2011 Census

Median incomes tend to be highest among married couple families and lowest among lone parent families (see Table 6). The proportion of families receiving Ontario Works benefits is also highest among lone parent families and lower among couple families (see Table 7). In total, over 4,000 Hamilton families receive Ontario Works benefits (in 2012). These families are concentrated in three neighbourhoods: Central Lower Hamilton, East Lower Hamilton, and South Hamilton Mountain.

TABLE 7: FAMILIES RECEIVING ONTARIO WORKS BENEFITS IN AUGUST 2012

KSK Neighbourhood	# of families receiving OW benefits		% of all families receiving benefit
	Couple w/ dependents	Sole support	
Central Lower Hamilton	311	1,102	32.4%
East Lower Hamilton	209	732	21.6%
South Hamilton Mountain	181	617	18.3%
North Hamilton Mountain	78	273	8.1%
South West Lower Hamilton	56	183	5.5%
North Lower Hamilton	45	163	4.8%
Lower Stoney Creek - Urban Area	26	88	2.6%
Mountain Stoney Creek - Urban Area	21	77	2.2%
Hamilton Rural Areas	7	43	1.1%
Dundas	3	46	1.1%

KSK Neighbourhood	# of families receiving OW benefits		% of all families receiving benefit
	Couple w/ dependents	Sole support	
Flamborough - Waterdown Area	6	31	0.8%
West Lower Hamilton	9	27	0.8%
Ancaster - Urban Area	5	16	0.5%
Flamborough - Greensville Area	1	3	0.1%
Total	958	3,401	100%

SOURCE: City of Hamilton

Mother Tongue and Knowledge of Official Languages

Hamilton is primarily an English speaking city. Although nearly a quarter of Hamiltonians first learned (and are still able to understand) a language other than English or French (see Table 8), over 98% are able to speak and understand English (see Table 9). About 5.6% speak both of Canada's official languages, and .1% speak only French.

TABLE 8: MOTHER TONGUE - FIRST LANGUAGE LEARNED AT HOME AND STILL UNDERSTOOD

Mother tongue	% of total Hamilton population
English only	73.8%
French only	1.3%
English and French	.2%
Other language(s)	23.1%

SOURCE: Statistics Canada, Census 2011 Community Profiles

TABLE 9: KNOWLEDGE OF CANADA'S OFFICIAL LANGUAGES

Knowledge of official languages	% of total Hamilton population
English only	92.6%
French only	.1%
English and French	5.6%
Neither English nor French	1.7%

SOURCE: Statistics Canada, Census 2011 Community Profiles

Immigrant Status

Hamilton tends to attract fewer immigrants than elsewhere in Ontario. Nonetheless, one quarter of Hamiltonians are immigrants and a little over 3% are recent immigrants (see Table 10).

TABLE 10: IMMIGRANT STATUS IN HAMILTON

Immigrant Status	% of total Hamilton population
Non-immigrants	73.6%
Immigrants	25.4%
Before 1991	16.7%
1991 to 2000	5.4%
2001 to 2006	3.3%
Non-permanent residents (including refugee status)	0.9%

SOURCE: Statistics Canada, Census 2006 Community Profiles

Aboriginal Population

In Hamilton, a smaller proportion of the population declares an Aboriginal identity than elsewhere in Ontario: 1.5% in Hamilton compared with 2.0% for all of Ontario (based on Census 2006 numbers).

It is important to note that the census count of Hamilton's Aboriginal population represents a substantial underestimate of the actual population size. For personal and/or political reasons (e.g., in support of the census boycott by the nearby Six Nations reserve) many individuals choose not to participate in the census or they choose not to self-identify as Aboriginal (e.g., because the ethnicity response categories do not match their self-identity). Other members of Hamilton's Aboriginal population are not included in census counts because they are homeless or without a permanent address (Smylie, et al., 2011).

Visible Minorities

Visible minorities make up about 14% of Hamilton's population (vs. 23% for all of Ontario). The three largest visible minority groups in Hamilton are: South Asian, Black, and Chinese (see Table 11).

TABLE 11: VISIBLE MINORITIES IN HAMILTON

Visible Minority Status	% of total Hamilton population
Total visible minority population	13.6%
South Asian	3.0%
Black	2.8%
Chinese	1.9%
Southeast Asian	1.2%
Latin American	1.1%
Arab	1.1%
Filipino	0.8%
West Asian	0.7%
Multiple visible minority	0.4%

Visible Minority Status	% of total Hamilton population
Korean	0.3%
Visible minority, n.i.e.	0.2%
Japanese	0.2%
Not a visible minority	86.4%

SOURCE: Statistics Canada, Census 2006 Community Profiles

Mobility

Hamiltonians tend to be slightly less mobile than other Ontarians: 63% remained at the same address over a 5-year period (compared with 59% for all Ontarians). Most of Hamilton's mobility involves movement within the city, with lower rates of inter-urban, inter-provincial, and international movement (see Table 12).

TABLE 12: MOBILITY RATES AMONG HAMILTONIANS

Mobility Status	1-year reference period	5-year reference period
Lived at the same address	87.4%	62.6%
Moved within the same municipality	9.0%	24.6%
Moved from another Ontario municipality	2.6%	8.0%
Moved from a different province or territory	0.3%	1.2%
Moved from in a different country	0.7%	3.6%

SOURCE: Statistics Canada, Census 2006 Community Profiles

Educational Attainment

Although levels of educational attainment are somewhat lower in Hamilton than elsewhere in Ontario, the majority of working aged (25 to 64) Hamiltonians hold a postsecondary credential (see Table 13).

TABLE 13: EDUCATIONAL ATTAINMENT AMONG WORKING AGED (25-64) HAMILTONIANS

Level of Attainment	% of working aged population
No high school diploma	15.7%
High school diploma	26.2%
Postsecondary credential:	58.1%
• Apprenticeship or trades certificate or diploma	• 10.4%
• College certificate or diploma	• 24.0%
• University certificate or diploma	• 23.7%

SOURCE: Statistics Canada, Census 2006 Community Profiles

Labour Force Activity

As of September 2012, Hamilton's Census Metropolitan Area (CMA) unemployment rate is substantially lower than the rate for Ontario as a whole (7.0% vs. 7.9%, respectively). Hamilton's participation rate is 65.3% and the employment rate is 60.7% (based on

Statistics Canada's Labour Force Survey for the Hamilton CMA which includes Hamilton, Grimsby and Burlington).

Early Learning and Care Services in Hamilton

Child Care and Child Care Funding

There are a little over 10,000 licensed centre based child care spaces in Hamilton. Table 14 shows the distribution of licensed child care spaces across KSK neighbourhoods, along with the corresponding population of 0 to 12 year olds.

TABLE 14: LICENSED CENTRE BASED CHILD CARE SPACES IN HAMILTON – SEPTEMBER 2011

KSK Neighbourhood	Infant	Toddler	Pre-school	JK/SK	School Aged	Total	Total population # 0-12 yrs
North Hamilton Mountain	16	90	303	232	612	1,253	6,680
South Hamilton Mountain	40	180	666	354	805	2,045	13,330
Stoney Creek Mountain Urban	10	80	176	60	305	631	3,190
West Lower Hamilton	0	62	208	60	89	419	1,415
South West Lower Hamilton	0	25	210	10	150	395	2,915
Central Lower Hamilton	60	171	579	92	199	1,101	8,910
East Lower Hamilton	0	50	384	158	287	879	8,710
North Lower Hamilton	0	0	0	0	0	0	1,755
Lower Stoney Creek Urban	6	50	175	131	226	588	4,135
Flamborough Waterdown Area	10	55	167	102	190	524	3,570
Ancaster Urban Area	34	94	393	130	395	1,046	3,250
Dundas	0	32	272	49	240	593	3,040
Hamilton Rural Areas	10	40	200	96	248	594	12,185
Total	186	929	3,733	1,474	3,746	10,068	73,085

SOURCE: City of Hamilton

There are three licensed home child care agencies in Hamilton that provide the equivalent of 725 licensed spaces across the city.

Child care in Hamilton is subsidized through several different mechanisms: fee subsidy, wage subsidy, and wage improvement.

- A child care fee subsidy is available to eligible families to help cover the cost of licensed child care for children ages 0-12 years. Eligibility is income tested annually and children must be attending child care provided by an operator who has a fee subsidy agreement with the City of Hamilton. Parents chose the operator which best meets their needs. A wait list for fee subsidy was initiated in June 2008.
- Wage subsidy funds are provided so that licensed child care centres and licensed home child care agencies can increase salaries and benefits to staff while maintaining the affordability of services. The funds are available to not-for-profit operators and to commercial operators.

- Wage improvement funds are provided to attract and retain early childhood education professionals through increased wages. The funds are available to licensed child care centres (not-for-profit and commercial) and licensed home child care programs. Only staff directly involved in early childhood education and care are eligible for wage improvement funds.

In 2011, families in Hamilton received a total of \$23,611,971 in child care fee subsidies. The child care sites where fee subsidies were utilized are largely concentrated in four neighbourhoods: South Hamilton Mountain, Central Lower Hamilton, East Lower Hamilton and North Hamilton Mountain (see Table 15). The families that received fee subsidies are also concentrated in those same four neighbourhoods.

TABLE 15: CHILD CARE FEE SUBSIDIES, 2011

KSK Neighbourhood	# of child care sites	Fee subsidy paid to Sites	% of total fee subsidy
North Hamilton Mountain	26	\$2,442,798	10.3%
South Hamilton Mountain	34	\$8,010,806	33.7%
Stoney Creek Mountain Urban	9	\$788,909	3.3%
West Lower Hamilton	6	\$403,215	1.7%
South West Lower Hamilton	10	\$1,536,513	6.5%
Central Lower Hamilton	20	\$5,531,575	23.3%
East Lower Hamilton	14	\$3,443,654	14.5%
North Lower Hamilton	0	\$0	0.0%
Lower Stoney Creek Urban Area	10	\$613,340	2.6%
Flamborough Waterdown Area	7	\$266,789	1.1%
Ancaster Urban Area	9	\$157,349	0.7%
Dundas	9	\$261,882	1.1%
Hamilton Rural Areas	7	\$155,140	0.7%
Total	165	\$23,611,971	100.0%

Source: City of Hamilton

Among families who received fee subsidies, parental employment is the most frequently cited reason for requiring child care services. The category of “other referrals” is the second most frequently cited reason, which includes: therapeutic referrals (for children or parents), CAS referrals, emergency referrals, and special needs (see Table 16).

TABLE 16: REASONS FOR SERVICE AMONG FEE SUBSIDY FAMILIES, JUNE 2012

KSK Neighbourhoods	Working	Attending School	Other Referral	Total
North Hamilton Mtn.	175	59	56	290
South Hamilton Mtn.	360	126	144	630

Stoney Creek Mountain Urban Area	67	11	20	98
West Lower Hamilton	19	16	8	43
South West Lower Hamilton	75	42	35	152
Central Lower Hamilton	241	129	178	548
East Lower Hamilton	259	70	120	449
North Lower Hamilton	47	12	28	87
Lower Stoney Creek Urban Area	78	11	20	109
Flamborough Waterdown Area	32	8	7	47
Ancaster Urban Area	28	8	8	44
Dundas	16	17	17	50
Hamilton Rural Areas	49	3	18	70
Total number of families	1446	512	659	2,617

SOURCE: City of Hamilton

Fee subsidies went primarily to families with preschool and school-aged children attending child care. Fewer subsidies went to families with infants or toddlers in child care (see Table 17).

TABLE 17: AGE GROUPS OF CHILDREN ACCESSING FEE SUBSIDY (INCLUDES CHILDREN ACCESSING LICENSED HOME CHILD CARE, JUNE 2012)

KSK Neighbourhood	Infant	Toddler	Preschool	School Age	Total
North Hamilton Mountain	10	41	197	176	424
South Hamilton Mountain	42	91	450	374	957
Stoney Creek Mountain Urban Area	8	17	56	62	143
West Lower Hamilton	3	7	34	15	59
South West Lower Hamilton	16	30	127	38	211
Central Lower Hamilton	42	123	405	173	743
East Lower Hamilton	36	75	335	216	662
North Lower Hamilton	6	17	71	37	131
Lower Stoney Creek Urban Area	2	15	79	66	162
Flamborough Waterdown Area	4	8	38	20	70
Ancaster Urban Area	0	10	34	22	66
Dundas	3	10	36	18	67
Hamilton Rural Areas	7	6	50	53	116
Total number of children	179	450	1,912	1,270	3,811

SOURCE: City of Hamilton

In 2011, a total of 80 child care organizations received \$11.1 million in wage subsidy and wage improvement funding. Wage Subsidy funding is capped. Child care providers who

do not receive their full entitlement for wage subsidy are placed on a pressure list. In 2012 the total pressures for wage subsidy are \$756,000.

Universal Early Years Services

Ontario Early Years Centres (OEYCs) are places for children up to the age of six and their parents and caregivers to take part in programs and activities together. OEYCs also bring together in one location information about children's services and programs in the community. Some OEYCs are located within schools, while others are in community centres or wherever space is available in the community.

OEYC programs include:

- Early Learning Activities - through programs such as interactive play.
- Parent Resources and Education - through workshops, written information, staff guidance and other parent education initiatives.
- "Check it out" drop ins - Community professionals are available to meet with families with their children from newborn to age 6 to offer consultation, teaching and referral with respect to their child's development. Service providers are available to answer questions regarding child development, behaviour, vision, nutritional needs, dental health, and speech and language development. Consultations are free and no appointment is required.
- Pre- and Post-natal Resources and Information - through partnerships with Public Health and information available on site.
- Information About Links to Other Early Years Services - parents and caregivers can access information about all Early Years and related services available in Hamilton through a partnership with Community Information Hamilton, Child Care Information Hamilton and Inform Hamilton.
- Early Literacy Programs - work with staff, families and caregivers to strengthen children's reading readiness, listening and language skills.
- Outreach Services - take Early Years programs into communities where transportation or distance presents challenges. In Hamilton there are traveling programs for people who cannot get to an Early Years Centre .
- Speakers Bureau - a program where educational opportunities are made available to parents and caregivers to learn more about being a parent, raising a family and keeping children safe and healthy.
- Volunteer Coordination - provides opportunities for well trained volunteers to contribute to the work of Early Years Centres and to support the development of Early Years Services in communities.

There are 42 OEYC sites in Hamilton, including main centres, neighbourhood sites and mobile resource programs. These sites are widely distributed across Hamilton's neighbourhoods (see Table 18).

TABLE 18: ONTARIO EARLY YEARS CENTRES IN HAMILTON

KSK Neighbourhood	OEYC Site	Type of Site
North Hamilton Mountain	Hamilton Mountain Huntington Recreation Centre George L. Armstrong	Main centre Neighbourhood site Neighbourhood site
South Hamilton Mountain	Fortino's Lime Ridge Mall Wentworth Heights Church of the Resurrection St. Martin's Manor	Outreach program Neighbourhood site Outreach program Neighbourhood site Neighbourhood site - Young parent resource program
Stoney Creek Mountain Urban Area	Billy Green	Neighbourhood site
West Lower Hamilton	St. Cuthbert's Church Wesley	Neighbourhood site Neighbourhood site
South West Lower Hamilton	Hamilton West Ryerson Grace Haven	Main centre Neighbourhood site Neighbourhood site - Young parent resource program
Central Lower Hamilton	Hamilton East Niwasa Holy Name of Jesus Sanford Notre Dame Coin des familles Mohawk College Beasley Child and Family Centre	Main centre Main centre - Aboriginal services Neighbourhood site Neighbourhood site Neighbourhood site - Francophone services Neighbourhood site - Francophone services Neighbourhood site Neighbourhood site
East Lower Hamilton	Stoney Creek Angela's Place Niwasa Hillcrest Congress Elizabeth Bagshaw	Main centre Neighbourhood site - Young parent resource program Neighbourhood site - Aboriginal services Neighbourhood site Neighbourhood site Neighbourhood site
North Lower Hamilton	Hamilton Beach Rescue Unit	Neighbourhood site
Lower Stoney Creek Urban Area	Stoney Creek Library Immaculate Heart of Mary Red Hill Library St. Francis Xavier Saltfleet Library	Mobile resource program Neighbourhood site Neighbourhood site Neighbourhood site Mobile resource program
Flamborough Waterdown Area	Ancaster Dundas Flamborough	Main centre
Ancaster Urban Area	Marshall Church Ancaster "On the Move"	Neighbourhood site Mobile resource program
Dundas	Dundas	Neighbourhood site
Hamilton Rural Areas	Binbrook Memorial Hall Carlisle Lynden United Church Beverly Central School	Neighbourhood site Neighbourhood site Neighbourhood site Mobile resource program

SOURCE: Ontario Ministry of Children and Youth Services

City-wide OEYC participation rates are just over 20% for children 6 years and younger, but participation varies substantially across neighbourhoods, ranging from 14% in North Lower Hamilton to 37% in Dundas (see Table 19 and Figure 3).

TABLE 19: OEYC PARTICIPATION RATES, AUGUST 2010-JULY 2011

KSK Neighbourhood	OEYC Participation Rate
North Lower Hamilton	14.2%
South Mountain	17.4%
East Lower Hamilton	17.6%
Central Lower Hamilton	18.7%
Rural Areas	18.7%
Ancaster	18.8%
Stoney Creek Mountain	20.9%
North Mountain	26.2%
Lower Stoney Creek	26.2%
West Lower Hamilton	30.6%
Waterdown	31.2%
South West Lower Hamilton	35.3%
Dundas	36.6%
Total	21.7%

SOURCE: City of Hamilton

Parenting and Family Literacy Centres (PFLC) are school-based programs for parents, grandparents, caregivers and their children up to six years of age. PFLCs operate during the school day and offer programs that encourage families to engage in their children's learning. Children and their caregivers participate in a range of play-based learning activities that focus on the optimal development of the child and the early acquisition of literacy and numeracy skills. The programs are designed to be fun and to help prepare children for school. These programs include:

- Helping children build essential literacy and numeracy skills through stories, music, reading and playing.
- A book-lending library in different languages so parents can read to their children in their first language.
- Familiarizing children and families with school routines.
- Giving children and families the chance to spend time with other families.
- Linking families with appropriate community resources for special needs, health and other related services.

PFLCs are free to attend and no pre-registration is required.

There are currently 12 PFLCs in Hamilton: five in the Hamilton-Wentworth Catholic District School Board (HWCDSD) and seven in the Hamilton-Wentworth District School Board (HWDSB) (see Table 20).

TABLE 20: PARENTING AND FAMILY LITERACY CENTRES IN HAMILTON

KSK Neighbourhood	PFLC site	School Board
North Hamilton Mountain	St. Margaret Mary Separate School	HWCDSB
South Hamilton Mountain	Blessed Kateri Tekakwitha	HWCDSB
South Hamilton Mountain	Our Lady of Lourdes Separate School	HWCDSB
South Hamilton Mountain	Westwood Junior Public School	HWDSB
Central Lower Hamilton	Adelaide Hoodless Public School	HWDSB
Central Lower Hamilton	Memorial (City) Public School	HWDSB
Central Lower Hamilton	Prince of Wales Elementary School	HWDSB
Central Lower Hamilton	Queen Victoria Elementary School	HWDSB
Stoney Creek Mountain	St. James Catholic Elementary School	HWCDSB
Lower Stoney Creek Urban Area	Lake Avenue Public School	HWDSB
North Lower Hamilton	St. Lawrence's Separate School	HWCDSB
North Lower Hamilton	Bennetto Elementary School	HWDSB

SOURCE: Ontario Ministry of Education

Recreation centres in Hamilton offer courses, lessons, fitness facilities, camps, club space, etc. Table 21 shows the distribution of 37 recreation centres across Hamilton's neighbourhoods.

TABLE 21: RECREATION CENTRES IN HAMILTON

KSK Neighbourhood	Recreation Centre	Facilities
North Hamilton Mountain	Hill Park Recreation Centre	Gym-Club Swimming
	Mountain (Dave Andreychuk) Arena	Skating
	Inch Park Arena & Pool	Skating
South Hamilton Mountain	Huntington Park Recreation Centre	Gym-Club Swimming
	Lawfield Arena	Skating
	Westmount Community Centre	
	Sir Allan MacNab Recreation Centre	Gym-Club Swimming
	Chedoke Twin Pad Arena	Skating
Stoney Creek Mountain Urban Area	Valley Park Arena & Rec Centre	Gym-Club Swimming Skating
West Lower Hamilton	Dalewood Recreation Centre	Gym-Club Swimming
	Coronation Arena and Pool	Skating

KSK Neighbourhood	Recreation Centre	Facilities
South West Lower Hamilton	Ryerson Recreation Centre	Gym-Club Swimming
Central Lower Hamilton	Norman Pinky Lewis Recreation Centre	Gym-Club Swimming
	Scott Park Arena	Skating
	Jimmy Thompson Pool	Swimming
	Central Memorial Recreation Centre	Gym-Club Swimming
East Lower Hamilton	Dominic Agostino Riverdale Community Centre	Gym-Club Swimming
	Sir Winston Churchill Recreation Centre	Gym-Club Swimming
	Parkdale (Pat Quinn) Arena and Pool	Swimming Skating
	Rosedale Arena and Pool	Skating
	Sir Wilfrid Laurier Recreation Centre	Gym-Club Swimming
North Lower Hamilton	Eastwood Arena	Skating
	Bennetto Community Centre	Gym-Club Swimming
Lower Stoney Creek Urban Area	H.G. Brewster Pool	Swimming
	Saltfleet Arena	Skating
	Stoney Creek Arena & Rec Centre	Gym-Club Swimming Skating
Flamborough Waterdown Area	North Wentworth Community Centre & Arena	Skating
Ancaster Urban Area	Spring Valley Arena	Skating
	Ancaster Aquatic Centre	Swimming
	Morgan Firestone Arena	Skating
Dundas	Dundas Community Pool	Swimming
	J.L. Grightmire (Market St.) Arena	Skating
	Dundas Lions Memorial Community Centre	Gym-Club
Hamilton Rural Areas	Glanbrook Arena & Auditorium	Skating
	Carlisle Community Centre & Arena	Skating
	Beverly Arena	Skating
	Ancaster Rotary Centre	Gym-Club

SOURCE: City of Hamilton

Boards of Education

Four different school boards operate in Hamilton: Hamilton-Wentworth District School Board; Hamilton-Wentworth Catholic District School Board; Conseil scolaire Viamonde; and Conseil scolaire de district catholique Centre-Sud. Between them, these school boards operate 148 elementary schools in Hamilton (see Table 22).

TABLE 22: ELEMENTARY SCHOOLS IN HAMILTON

School Board	# of elementary schools in Hamilton
Hamilton-Wentworth District School Board	95
Hamilton-Wentworth Catholic District School Board	50
Conseil scolaire Viamonde	1
Conseil scolaire de district catholique Centre-Sud	2

At the beginning of their elementary school education, students' readiness to learn is assessed via the Early Development Instrument (EDI). The EDI measures children's readiness to learn at school in five domains: physical health and well-being; social knowledge and competence; emotional health/maturity; language and cognitive development; and general knowledge and communication skills.

The EDI was designed to provide information for groups of children in order to:

- 1 report on populations of children in different communities,
- 2 assess the strengths and deficits in students, and
- 3 predict how children will do in elementary school.

The EDI does not provide diagnostic information for individual children, but rather provides a measure of how well early learning has prepared populations of children for learning in school.

In Hamilton, EDI results indicate that about 25% of children show vulnerabilities in at least one of the five domains, suggesting that they may not be well prepared to meet the task demands of school (all EDI data are provided by the City of Hamilton, Social Development and Early Childhood Services Division, Early Years Research Team). Since 2005, rates of vulnerability have remained stable among young children in Hamilton, but there has been some movement within individual domains. In particular, rates of vulnerability have increased in the physical domain while decreasing in the emotional and language/cognition domains.

Figure 4 below shows the variability in rates of EDI measure vulnerability across Hamilton's neighbourhoods. In some neighbourhoods (Ancaster, Dundas, West Lower, Lower Stoney Creek) more than 84% of young children are ready to meet the demands of school as they enter Grade 1. In other neighbourhoods (North Lower, Central Lower) fewer than 66% of young children show full readiness to learn.

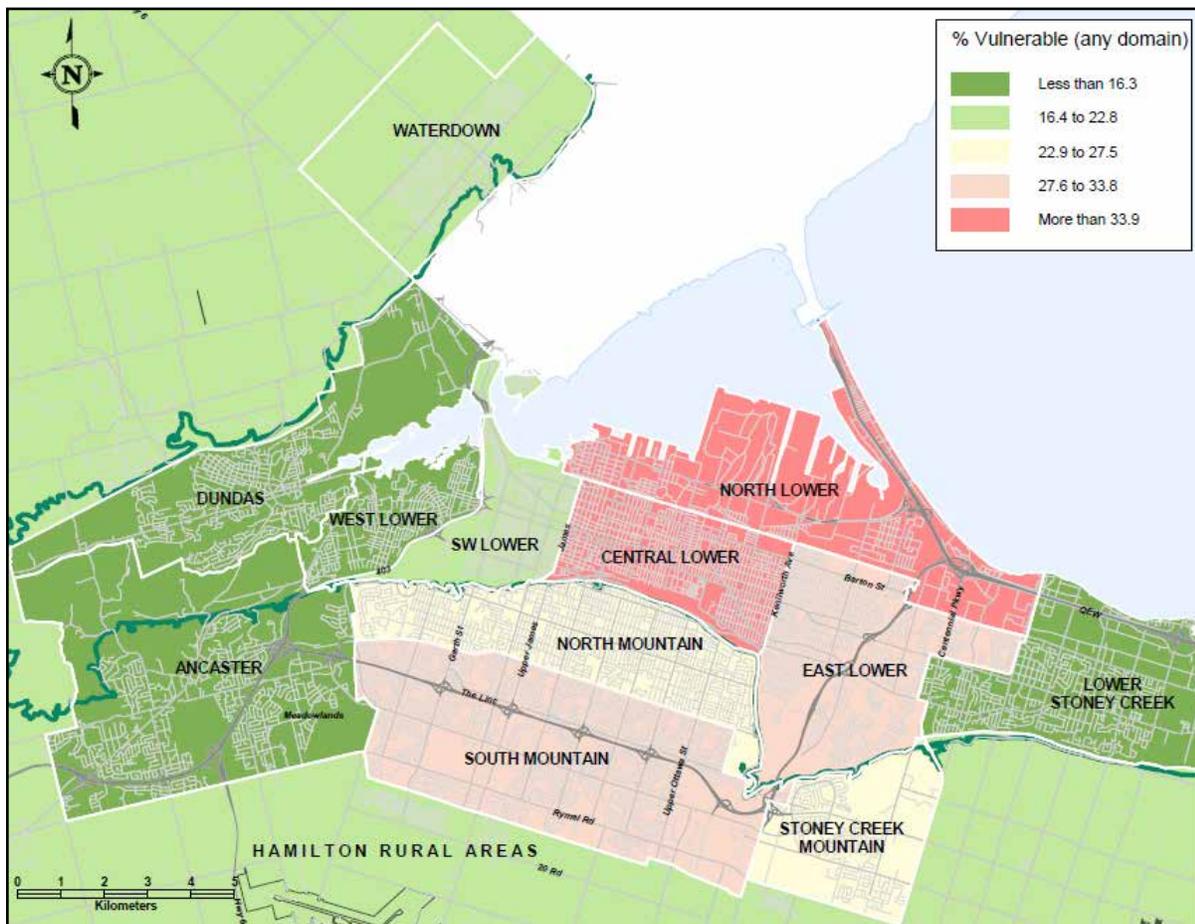


FIGURE 4: PROPORTION OF CHILDREN SHOWING VULNERABILITY IN AT LEAST ONE EDI DOMAIN, 2010

Professional Community Supports

Affiliated Services for Children & Youth (ASCY) provides a range of consultation and supports that build on the capacity of early years practitioners and other community professionals by providing them with the tools they need to support optimal development of children 0 – 12 years. High quality resources and professional learning opportunities are provided through on-site training, on-site visits, e-learning, consultations, mentoring support, and educational resources.

The Child Care Information Hamilton (CCIH) provides information and referral on child care and child care services. CCIH is a program of Information Hamilton.

Special Needs Resourcing

In Hamilton, Special Needs Resourcing support is provided by Integration Resources Hub, a collaborative service model involving five partner agencies. The supports offered for children and families are provided through Resource Teachers, who offer consultation and support to centres regarding program development and environmental adaptations to promote inclusion as well as support to families through information, referral and guidance through the transition to school process. Support Facilitators may be assigned to assist in classrooms where children with more significant needs are enrolled.

Also, Integration Resources Hub includes Early Childhood Resource Specialists who are members of multi-disciplinary teams at McMaster Children's Hospital and provide intervention for children with special needs referred to the clinical teams, as well as consultation to other service providers to support inclusion of children with special needs. Program and services provided by McMaster Children's Hospital are Child & Youth Mental Health Program, Autism Spectrum Disorder Service, and Developmental Pediatrics and Rehabilitation (DPR). DPR services include:

- Developmental Services
 - Infant Parent Program
 - Specialized Developmental and Behavioral Services
 - Special Needs Services
- Rehabilitation Services
 - Childrens Developmental Rehabilitation Programme
 - Cleft Lip and Palate
 - Preschool Communication Services
 - Technology Access Clinic
- Audiology

The support provided by Integration Resources Hub for children in child care settings is primarily through Resource Teachers and Support Facilitators. For children to be able to access these services, they must be confirmed as having a delay of one year or more, in two or more areas of their development.

Special needs resources are also available to support children with speech/language, hearing, or vision challenges:

- The Preschool Speech and Language Program: Early Words is a community-wide system of preschool speech and language services in Hamilton. The program accepts referrals and provides service to young children prior to entering school, living in the City of Hamilton. Last year, 5,353 children were provided with services.
- The Infant Hearing Program_services the needs of young children with permanent hearing loss in the Regions of Brant, Haldimand-Norfolk, Hamilton and Niagara.
- The Blind-Low Vision Early Intervention Program is designed to give children who are born blind or with low vision the best possible start in life. Specialized family-centred services are funded by the province and are available for children from birth to Grade 1 in the Regions of Brant, Haldimand-Norfolk, Hamilton and Niagara.

Stakeholder Interviews



Interviews were conducted with service providers, school board representatives, and other stakeholders. Interviewees were asked about their own experiences with service integration in Hamilton and about their perceptions of how successful service integration has been of any ongoing service gaps and overlaps (see Appendix F for interview protocols).

The qualitative data collected through the interviews were analyzed in a 3-step process. An analytical template was built on the basis of the themes covered by the interview protocols. Then each interview was reviewed and tokens representing those themes were extracted and recorded in the analytical template. The tokens were then reviewed and sorted for emerging themes. These themes are presented below:

What does integrated service delivery mean to you?

- Perceptions of service integration incorporates elements of:
 - Location of service delivery (ease of access, going where the need is)
 - Points of access (referral) to service (simplified, transparent process, ease of access, ability to build on what has already been shared and communicated)
 - Coordination of required services and reduction in duplication
 - “Integration” of special needs or traditionally under-served or difficult-to-serve groups
 - Building capacity among service providers to provide “gap” or “interim” services when access to specialists is otherwise constrained
 - Integrating expertise of specialists to daily practice
 - Informing decision-making by practice.
- Providing information about available services involves listening and assessing, and not just sharing information.
- Need for “one-stop shop” or unified, up-to-date mechanism by which to identify and gain access to needed services.
- Need for a harmonized vision for the system and shared goals among decision-makers and service providers.
- Need for a roadmap reflecting ultimate goals and where/how different actors and agencies fit in.
- Service integration requires knowledge of and ability to negotiate structures of funding bodies (e.g., MCYS and EDU).
- Funding management does not always support service integration. For example, funding that can only be used to provide a specific type of program rather than services that are actually needed.

- Long-standing professional “territories” (e.g., education belongs to teachers while child care belongs to ECEs) present persistent barriers to successful service integration.

When asked what service integration has meant to them, interviewee responses indicate that perceptions vary widely, suggesting there may be a need for some clarity in the articulation of service integration, its components and the implications over time of moving toward an integrated system. Related to that, the comments regarding the need for a harmonized vision for the system, shared goals, and a roadmap reflecting ultimate goals suggests the need for the development of shared quality standards. This requires a means to monitor whether service delivery standards are being met and whether service delivery matches the shared vision for the system.

What impact has service integration had on your role, on service delivery, on day-to-day operations?

- Development of cultures and values within organizations that reflect integrated service delivery and acknowledge working across the age and needs spectra.
- Planning for the staffing, scheduling, training, etc. resulting from demographic shifts in client population (younger children as 4 and 5-year-olds move into kindergarten) and capital expenditures (actual or forecasted) to fulfill these plans.
- Greater reliance on evidence.
- Greater acceptance of expertise and contributions of service providers from other domains.
- Greater appreciation for change process and long-term, iterative nature of change: change leads to identification of unforeseen needs or challenges OR change causes own needs and challenges.
- Evolution of more system-wide perspective:
 - Acceptance and understanding of how different players fit into the system
 - Understanding that some issues, even if not directly covered by the mandate assigned to a given actor or agency, will affect service delivery.
 - Resulting willingness to reach out and work more collaboratively and to address full(er) spectrum of needs.
 - “People are seeing a larger picture than their own immediate workplace and this has helped in making better decisions.”
 - Decision-making is more consultative and integrated to address system needs and gaps (e.g. school boards reaching out to community partners even though they are under no obligation to do so). In other words, new culture of decision-making.
- Increased difficulty of offering competitive wages, benefits, etc. and retaining workers, along with costs associated with training.
- Growing recognition that new business models will be developed but general sense that there’s little time to do this as well as a strong need for leadership on this front and, in particular, support & capacity building for smaller organizations.
- Needing to plan time and have supply staff to cover for permanent staff in order to allow for briefings between permanent staff and specialized service providers that

have been brought in.

- Significant increase in workload for those involved in planning and actively participating in various networks (Best Start) and tables (whether directly related to early years/childcare or to other relevant issues (poverty, housing, etc.).
- Supporting smaller providers has become increasingly difficult.
- Has become clear that provision of specialized supports (support facilitators) is critical in supporting integration of special needs children.
- Change in culture for some practitioners (especially clinicians) who have had to shift from seeing clients within defined professional spaces to going to see the clients where they are.
- Greater focus on planning via evidence review (gaps analysis, etc.)
- More spontaneous conversations with other service providers and partners, as a result of the relationships that have been established.

Overall, the impact of service integration has been positive, leading to changing cultures and values within organizations and stronger relationships among organizations. The responses also suggest a growing awareness of the challenges that service integration brings.

Has your own experience of service integration been positive, negative or both?

- Positive, with some growing pains along the way.
- Definite sense of progression toward stated vision but speed of transition or progression has been “slower than expected”.
- Conversations and ability to establish relationships means ability to think outside the box and to reach out to solve problems.
- Some mixed experiences:
 - Insufficient funding leading to waitlists for some specialists; flip side of coin is that expectations have now been created for access to services.
 - Pathways to service referral and access remain unclear.
 - Ongoing duplication of efforts.
 - Incentive to “hang on” to programs and/or client groups because these are tied to existing sources of funding for service providers, even when another service provider could do a better job of servicing certain groups. Compounded by externally imposed standards (by funders) that measure success in terms of # of clients from Population X that your agency or program served during the last year. In other words, there are some structural disincentives to integration and the preoccupation can be particularly acute among small operators.
 - Perceived inequity in investments or funding models (e.g., for-profit child care operators believe they are not eligible for some types of funding that not-for-profit operators are able to receive).
- Some respondents indicate feeling that they are being informed but that decisions have already been made and that the process is not truly “consultative”.
 - Aboriginal service providers expressed a need for a review (involving service providers, the lead organization, and Ministry level representatives) of funding models and modes of service delivery that were put in place in 2003 by the Ministry

- of Children & Youth Services (MCYS) and may no longer be optimal.
- ▣ Francophone service providers expressed a need for greater community consultation regarding how and where services are provided.
- ▣ Small operators feel there is a lack of support
- Interviewees report a lack of support for training to accommodate changes such as implementation of ELECT, shift to younger client population in child care
- Transition from early learning to formal school for kids with special needs remains an area in need of improvement.

Interviewees report positive experiences with service integration as well as some mixed experiences. In some cases, higher expectations for access to services are frustrated by insufficient funding and waitlists. Interviewees see that funding mechanisms have not been adjusted to accommodate service integration and this persists as an impediment to progress. Concerns about the slow pace of progress suggest that there may be some benefit to collecting and disseminating stories of successful achievements to date.

Are there risks associated with the integration of services?

- Moving 4 and 5 year olds out of child care and into the school system (full-day kindergarten) has created enormous challenges for the child care sector. These preschoolers are relatively inexpensive to care for because they do not require the high staffing ratios necessary for caring for infants and toddlers. The mix of inexpensive preschoolers and expensive infants and toddlers has made the child care sector sustainable at relatively affordable rates. With fewer preschoolers in the child care system, the cost of caring for more infants and toddlers has become unsustainable without an injection of public funding.
- Risks to smaller providers especially with respect to their internal capacity to manage change (policies, admin structures, etc.).
- Risk of centralizing access to service:
 - ▣ Don't want to miss out on those seeking information and services directly from service providers
 - ▣ Does not solve the problem of providing services to those who do not reach out
 - ▣ Even when services are in one location, barriers still exist. The processes and procedures do not facilitate gaining access to services, and in particular obtaining referrals and/or subsidies
- Perception that service integration may concentrate service providers within a more geographically restricted area leading to loss of service in neighbourhoods.
- Risk of compounding difficulties in light of known constraints: limited funding, waitlists for subsidies, pace of space adaptation/expansion that cannot keep up with demand for certain types of childcare, limited funding for specialized resources to support integration of special needs children.
- Risk of overlooking the importance of and thereby losing specific services (e.g. information & referral line) if it is assumed that certain responsibilities can just be tacked on to work being done by others.
 - ▣ "People sometimes think 'Oh, that's something that anyone can do. As long as you've got the list of the resources. So we can just tack it onto the work that we're

already doing.’ But we believe that doesn’t truly meet the needs of the community. What we do provide is that organizations and institutions can continue to do the work that they are mandated to do and we can take on that information and referral role, we can lend an ear to the caller, we can give the time to listen, we can give the time to assess, and based on the assessment, we can provide customized and specific options for that particular caller.”

- Move toward evidence-based programming is seen as positive but there are concerns that the focus on evidence leaves out some populations. The available evidence does not always generalize to specific communities (e.g., what works for the larger community may not work for Aboriginal, francophone or immigrant communities). Also, supporting resources (e.g., books, toys, curriculum guides) are not always available for those groups (e.g. availability of French language materials).
- Service providers and individuals whose future feels threatened may try to be everything to everyone and that’s just not possible.
- Provision of before- and after-care is not well established and a major looming challenge: how to make the process seamless, how to staff, how to run the service effectively.
- Development of funding mechanisms that work in some contexts but not in others. For example, restrictions on child care fee subsidies are more problematic in some contexts:
 - “Biggest thing that comes to mind is a recent change in city subsidy regarding sick days and vacations and those sorts of things. And again, this is one of those things is that what would be relevant for one centre doesn’t necessarily work for another. And given where we are, inner city, the clientele we deal with, sometimes just getting the kids there is difficult for them. And so what they’ve done is put a cap on the amount of sick days and vacations and that sort of thing (for kids). So what would seem realistic to somebody who is up and working and relatively educated and what would be considered a highly functioning person in society doesn’t necessarily pertain to a lot of our parents. And, so, now we’re kind of fighting for extra payment and getting coverage for these kids and, from the city and this is very difficult. And although we were consulted on it, it was more of a pat on the head and a ‘this is what is happening and O.K. we’re going forward.’.”
- Risk of failing to address the need for training and ongoing professional development, and evaluating the impact of training.
- The move toward collective decision making raises some concerns:
 - Responsibility for own service provision and programming decisions should remain separate from the collection decision making process.
 - Some informants view collective decision-making as primarily directed at decisions made *within* an organization rather than across organizations.

Interviewees identified several ways in which quality service delivery could be at risk as a result of service integration. These include threats to access resulting from centralization of services, the risk of losing services whose importance is overlooked, the risk of some populations being left out, and risks to small service providers struggling to adapt to change.

Is the demand for child care being met?

- Demand for infant care, and to a lesser degree toddler care, is far outstripping supply.
- Difficulties in accessing service are compounded by extensive waitlists for fee subsidies (individuals postponing return to school or facing challenges around work because of delay in getting subsidies; must rely on patchwork of services of often variable/questionable quality)
- Recognition that operating infant care programs is very expensive.
- Other unmet needs:
 - programs for parents who work shifts
 - programs for special needs children, given difficulty in securing supports
- Extent to which 6-12 care demand is being met is unclear:
 - little knowledge of the gaps
 - logistical challenges around location of care services relative to schools
 - high costs of many before- and after-care services, and
 - constraints around where fee subsidies can be used (only in licensed facilities)
- Evidence that waitlists are getting longer.

Interviewees indicate that the demand for child care is unmet, particularly for very young children. Child care for older children is more available but complicated by logistical challenges when school and before/after-care are not in the same location.

What do you see as the City Of Hamilton's role in supporting the move towards service integration?

- Role of City seen as largely positive.
- City seen as leader, champion, facilitator, overall coordinator.
 - "They can be that leader who levels the playing field for all the players involved. And I think that is where their role is most significant."
 - "City already plays a great role in coordinating services. They have the ability to know what all the resources are, and to think about how they can all work together in a better, integrated way."
 - "To provide that leadership in organization everyone is an important role for the city."
 - Continuation of keeping us updated and informed of new information from Ministry of Education, licensing, contact information that is different.
 - "They're in a position where they can recognize that the well-resourced larger players will play a significant role but that the smaller organizations, that are perhaps under-resourced or that have less resources, will need to... their voice may need to be bolstered by the city in their role as leader."
- Need to ensure that City's own practices (permits, regulations, etc.) do not impede expansion and/or capital investments that service operators are being pushed to do. E.g., requirements for minimum number of parking spaces can conflict with need to create physical space for more child care spaces.
- Some concerns that integrated services being top-lead, i.e. by the City, without sufficient consultation and/or appreciation of impact on service providers.
- Repeated mention that City needs to address child care fee subsidy waitlist issue.

Overall the city is seen having and making important and positive contributions being in a unique position to provide leadership in the move to service integration. It remains important for the city to engage in meaningful consultation and to ensure that its own practices are aligned with the goals of service integration.

Focus Groups



Three focus groups were conducted with: senior representative from Ontario Early Years (OEYC) agencies, Hamilton’s Best Start Network, and the Personalized Child Support Committee/Integration Resources Hub. The focus groups were designed to stimulate discussions about the process of system integration in Hamilton (see Appendix G for focus group protocols). As with the interviews, the questions probed respondent’s experiences with service integration and their perceptions of gaps, overlaps and how to improve the delivery of services.

A note taker was present during the focus groups. The sessions were also recorded and the data were analyzed by reviewing the notes and the session recording to extract common themes. These are presented below.

Institutionalizing the relationships, the vision of service integration, and the processes that facilitate service integration

Open lines of communication—both formally at meetings and informally among individuals working at different organizations—have contributed tremendously to the service integration successes achieved thus far. Strong relationships and communication between individuals facilitate a healthy exchange of ideas and critical commentary. Feedback is given and received constructively, making it possible to address issues and problems as they arise. Now, the challenge is to use the open lines of communication that have been established to improve communication, trust, and openness as competition grows for (increasingly scarce) resources.

The vision of service integration is not necessarily shared by all partners or by all individuals within partner organizations. Sometimes buy-in happens at the management level, but does not trickle down to front line service providers. The opposite is also true; the service integration efforts of front line providers can be frustrated by a lack of support from above. This can be frustrating when new partnerships are formed and it becomes necessary to start all over again with the process of developing a shared vision. It also creates barriers when partner organizations view the service provision roles they have fulfilled in a proprietary manner—the old silos persist.

As well, there are a few key players at the City of Hamilton who have been exceptionally helpful and supportive of the service integration goals. However, when individuals within partner organizations move to new positions or new organizations, some of the progress toward integration that has been made can be lost.

This leaves a pressing need to institutionalize the relationships and channels of communication that have been built, as well as the work of individuals within organizations

so that none of these are lost when individuals leave their positions or organizations. It is important to embed integration decisions into organizational policies and practices. An overt commitment to integration and collaboration is required from all partners. A mechanism is required to institutionalize those relationships as well as the commitment to integration and collaboration.

Such a mechanism could consist of a memorandum of understanding that commits partner organizations to the existing vision of service integration. The process of developing a memorandum of understanding is a useful way to affirm the commitment and understanding among existing partners and provides a mechanism for institutionalizing relationships among partner organizations. The process of negotiating the memorandum gives both new and existing partners a vehicle for educating individuals within partner organization about the vision for integrated services and the preconditions to realizing that vision. The periodic review and renewal of established memoranda of understanding provides a mechanism for accountability. The policies and practices specified in any such memorandum of understanding should necessarily align with the policies and practices of the Hamilton Parent Charter and the Parent & Family Framework as it pertains to partner organizations.

Delivery of services to families in an integrated fashion

Service integration is readily observable from the perspective of service providers, but not necessarily from the perspective of families. In particular, families do not necessarily know where to start when they are in need of services. When families receive more than one service, there should be a single service plan, but families often have to work with multiple service plans, appointments all over the city, and different waiting lists for different services. Once they are connected—have made contact with the early years system—service delivery works quite well, but there remains work to be done with respect to making initial contact with families needing services.

Building the capacity of service providers to help families access the services they need is critical. This may involve making better use of the capacities within the current system to facilitate service integration and access to service. This includes making use of the Affiliated Services for Children and Youth to provide professional education, resources and supports to early years professionals to ensure that service providers are as effective as possible in their work, and making use of the Information and Referral line to ensure that parents are able to access all the services they need. Service providers must all know how to access other early years services so that “every door is the right door.” That is, any contact that families make with the early years system will result in access to all the services they require.

Shared outcome measures and shared data

The system lacks a clear set of shared outcome measures—system-wide outcome indicators to measure progress toward service integration and the effectiveness of service integration. The system also lacks a shared database of data collected by all the different partner organizations.

These gaps make it difficult, if not impossible, measure progress, identify exemplary and best practices, recognize gaps, and to correct problems as they arise.

To begin with, it is necessary to develop an agreed upon strategic direction. Subsequently, a set of indicators that can be used to measure progress in the strategic direction should be developed. These indicators should be specific enough to allow for measurement. Data would then be required to populate those indicators. Such an effort would require a shared data warehouse that links all of the relevant data collected by partner organizations. Such a warehouse should be able to provide standard reports and to support special requests for data to inform decision-making and improved service delivery.

The Human Services Planning Initiative (HSPI) has also noted the absence of a system-wide approach to measuring program outcomes of community services initiatives. Similarly, HSPI has argued for the articulation of service standards: “a measurable quality, quantity or requirement that outlines the minimum level of provision to achieve, when supplying the needs of the public” (Human Services Infrastructure Study Draft Report). It may be useful to coordinate the development of system-wide early years outcome indicators with the development of system-wide human services service standards.

There are efficiencies to be found within the early years system

There are efficiencies to be found within the current early years system. It is important to plan ahead for anticipated budget cuts, rather than waiting for decisions regarding cuts to be made elsewhere.

Service integration and the current climate of fiscal restraint might be an opportunity for the child care sector to become more efficient. Childcare remains one of the most fragmented of the early years services. Providers need to be challenged to rationalize their service model (e.g., consider why there are so many service providers—are there redundancies?). In addition to service overlap, quality of services can be inconsistent across different providers. There is also some duplication of efforts at transition points (e.g., transition from early years system into the school system) that could be eliminated through better coordination among service providers.

Before the emergence of OEYCs, a number of service providers were delivering services to families (e.g., family resource centres). OEYCs caused a shift in service provision: some providers merged or created partnerships, others left the field. Child care providers need to prepare for a similar shift. Partnerships will have to be created, consortiums will have to be developed, and some providers may not be in the business anymore. In order to broach these difficult conversations and decisions, community-based boards of directors will need to understand the nature and scope of changes that are required. Given its strategic position and the regard for its staff, the city has a role to play in starting these conversations among agencies.

It may be useful to focus on neighbourhood strategies to find and eliminate duplications. This would involve looking closely at the services required to implement neighbourhood

strategies to determine how to provide those services without duplication. Can service providers come together to work differently, providing the same services—or services that better fit the community—more efficiently? It will be critical to have neighbourhood residents involved—to build trust and to find out the services that are really needed.

Funding can be used more efficiently if partner organizations are willing to cooperate in the use of the funding that has been allocated to them. For example, members of the Integration Resources Hub came together to identify funds that do not necessarily have to be tied to a specific program or purpose and can be used with some flexibility. When a child presents with specialized needs, partners work together to determine how those flexible funds can be allocated to meet the child's needs. This process allows for joint allocation of resources across agencies. For example, if a child in co-op child care requires support from a resource teacher but all the co-op resource teachers have full caseloads, it is possible—because funding for resource teachers is not strictly tied to a specific child care program—to bring in a resource teacher from a different child care program to support that child.

There are gaps in the supports available to children with special needs

There has been an outstanding level of community collaboration with respect to transitions into school. The public and Catholic schools boards, the Integration Resources Hub, Chedoke Hospital, Early Words, the Community Care Access Centre all work well together to help children with special needs (and their families) make the transition into school. They all work collaboratively to make the transition successful and easier on families. This is an exemplary practice unmatched anywhere else in the province, but there remain important gaps for children with special needs and their families.

The need for support does not end once children have started school. Most require ongoing support as they address challenges throughout the school year and into subsequent grades—this ongoing support is neither coordinated nor available in the way that the initial transition support is. Special needs funding eventually runs out, both in the short term (little special needs support in after-school programs) and in the long term (little support available after the initial transition period). There may be capacity within the recreation sector to provide inclusive after-school programs

Children with emotional/behavioural difficulties often do not meet the criteria required to receive special needs support. Also, many children present with special needs but their challenges are not quite severe enough to meet special needs criteria and receive support. These issues suggest that special needs criteria may require revision so that more children who need services can become eligible for those services. This could, however, create new problems: it is likely the case that a large number of children sit just below the special needs criteria threshold. Revising the criteria and could therefore put tremendous pressure on the available resources.

One approach to providing additional support to special needs children—that is not terrifically resource intense—is to capitalize on the willingness of staff who worked with special needs children in the early years system to spend time working with those

same children once they make the move into the education system. Another approach is to build capacity among ECEs—to provide them with the tools and understanding they need—to help those children who fall just short of meeting the criteria for special needs. In some cases, professionals with specialized training and skills are required, but in many cases ECEs can broaden their scope of practice and provide the support that children need. This requires effective professional development and extra child care staff to free up staff who can work with special needs children and below-threshold-children experiencing specific challenges.

Many child care providers are still resistant to accepting special needs children without considerable additional support from specialized professionals. It may be possible to alleviate some of this reluctance through professional development and capacity building. If child care providers are mentored, provided with examples of successful practices for supporting special needs children, and given opportunities to share individual success stories, they may feel more comfortable working with special needs children on their own.

The City has options such as mandating that licensed child care programs participate in quality initiatives and requiring licensed child care programs to develop inclusion policies and practices. Exercising these options would require the availability of effective professional development.

Meeting the needs of Aboriginal, francophone, newcomer and culturally diverse communities

Front-line staff are not always sensitive to the particular needs of Aboriginal, immigrant and francophone families. For example, individuals working in Aboriginal programs require a level of cultural competency in order to maintain cultural and safety norms specific to Aboriginal families. Individuals working with immigrant families require a different set of cultural competency skills in order to accommodate linguistic barriers and a lack of familiarity with local norms. Individuals working with francophone families require an appreciation of the minority francophone context.

Addressing these issues will require ongoing partner education to improve: understanding of cultural, developmental norms and family dynamics in Aboriginal families; sensitivity to issues faced by francophones in minority contexts; and awareness of the challenges facing immigrant families. It may also be necessary to be more inclusive of members of minority groups: for example, to engage the francophone community at the OEYC table.

Addressing the concerns of commercial service providers

Commercial service providers feel that they are marginalized. There have been improvements over the last 15 years with respect to the inclusion of commercial providers, but there remain widespread misapprehensions of the realities faced by commercial providers. Providers feel that the community does not value the service they provide (in the way that non-profits are valued) and that there is no acknowledgement that there are excellent programs in both the commercial and non-profit sectors—as well as lower

quality programs in both. Commercial providers would like to see a more level playing field with respect to public funding.

Build on the strengths of the current system

Hamilton has already made tremendous progress toward the development of a seamless system of early years services for children and their families. Going forward, it will be important to build on the strengths Hamilton has already developed.

It is clear that strong relationships and open communication are facilitating much of the service integration work. It will be useful to build on this in areas where stronger relationships could improve service delivery. For example, child care providers and early childhood educators have been working with school teachers to facilitate student transitions into school, but this happens somewhat infrequently. Parents are very enthusiastic about this approach and it seems to work well for students. It may be useful to establish protocols whereby ECEs who have worked with children (especially those with special needs) make contact—as a matter of course—with the teachers receiving those children, and vice versa.

Opportunities for inter-professional development have also been very successful: they provide a mechanism to institutionalize the relationship building that has been so important. City-wide opportunities for staff to access training together allow them to make network connections and build relationships with other service providers. As a result of these relationships with staff at other centres, staff feel comfortable telling families about programs taking place elsewhere.

The established decision making processes have allowed momentum to build and real change to occur. Having “decision-makers” at the table makes it much easier to make decisions and move forward. Unless decisions can be made “in the room” critical momentum can be lost. For the continued success of the early years initiatives, it will be important to keep high-level representation at the network tables.

Parent & Child Survey



In order to solicit information regarding the need for early years services directly from Hamilton families, a survey was developed. The survey included questions on parents' need for and ability to secure services for their families and their use of and level of satisfaction with available services. The survey also included questions for children about their service needs (see Appendix H for a copy of the survey tool).

The survey was developed in English and translated into French, and then pilot tested with both anglophone and francophone Hamiltonians. The survey was revised for clarity in response to pilot test feedback, and then uploaded to a survey administration website (Fluid Surveys).

The survey was advertised via postcards that were distributed through a variety of service providers such as the school boards, public health, Ontario Early Years Centres, Parenting & Family Literacy Centres, libraries, recreation centres, child care centres and other agencies in Hamilton. The postcards described the purpose of the survey and provided a website and QR code pointing to the online version of the survey. The survey was open from October 1 to October 24, 2012 and was visited by 790 respondents. A total of 521 eligible respondents completed the survey, including:

- 348 parents of children aged 0 to 6
- 90 parents of children aged 7 to 12
- 83 parents of children in both age groups
- 75 parents of children with special needs
- 214 children aged 6 to 12

The responses to questions regarding parents' need for and ability to secure services for their families are summarized in Table 23. Most parents requiring child care are able to secure services that meet their needs, but nearly one-quarter of parents needing child care for children under four are unable to secure the services they need—often because they are unable to afford these services. Child care for older children appears to be more readily available, but providers' hours often do not match parents' needs. Nearly one-third of parents requiring a full day kindergarten program are unable to find one that meets their needs—most often because nearby schools do not yet offer full day kindergarten. Child care subsidies remain difficult to access, with nearly half of respondents who need a subsidy reporting that they are unable to access it due to a waiting list.

Mental health services, behavioural support, special needs support and speech/language therapy are also difficult to secure. Nearly half of respondents who need these services report that they are unable to access them. Many parents are wait-listed for these services, and many do not know where to look for them. Physical/recreational and cultural/arts activities appear to be more accessible to parents who are looking for them,

but affordability is a concern for many parents. Affordability is also a concern for parents looking for tutoring or homework help for their children.

Most parents who need pre or post-natal support are able to find it, but only half of respondents looking for parenting support are able to find it—often because they do not know where to look.

TABLE 23: NEED FOR AND ABILITY TO SECURE EARLY YEARS SERVICES

Service	Uses or needs this service	Able to secure this service, if needed	Most frequently cited reason this service not satisfactorily secured
Child care for a child aged 0-3	83%	76%	I cannot afford the service (43%)
Child care for a child aged 4-5	25%	84%	Providers' hours do not meet my needs (33%)
Child care for a child aged 6-12	31%	88%	Providers' hours do not meet my needs (42%)
Full day kindergarten for a child aged 4-5	23%	68%	The schools nearby do not offer full-day kindergarten (74%)
Child care subsidy	16%	53%	I am on a waiting list for this service (54%)
Health care provider for any children 0-12	89%	92%	I cannot find a service provider near me (31%)
Dentist for any children 0-12	77%	90%	I cannot afford the service (46%)
Mental health services for any children 0-12	8%	53%	I am on a waiting list for this service (32%) I do not know how to find a service provider (32%)
Behavioural support for any children 0-12	8%	51%	I am on a waiting list for this service (29%) I do not know how to find a service provider (29%)
Special needs assessment or diagnosis for any children 0-12	9%	59%	I am on a waiting list for this service (47%)
Special needs support for any children 0-12	9%	55%	I am on a waiting list for this service (38%)
Speech or language therapy for any children 0-12	13%	69%	I am on a waiting list for this service (33%)
Physical activities or recreation for any children 0-12	81%	80%	I cannot afford the service (35%)
Cultural or arts activities for any children 0-12	46%	65%	I cannot afford the service (35%)
Tutor or homework help for any children 0-12	9%	43%	I cannot afford the service (72%)
Pre or post-natal support	6%	76%	No frequently cited reasons

Service	Uses or needs this service	Able to secure this service, if needed	Most frequently cited reason this service not satisfactorily secured
Parenting support	16%	49%	I do not know how to find a service provider (36%)
Any other services	12%		

An open-ended question at the end of the survey allowed respondents to note any early years services they require that were not specifically mentioned in the survey. The services mentioned by parents covered a broad range of areas, for example parents indicated that they need:

- Child care past 6pm
- Funding for special needs
- Grief counseling
- To learn how parents can help child’s schooling
- Income support and job search.

The most frequent type of service that was specified was drop-in centres (e.g., OEYCs, recreation centres) in a specific location or for extended hours for centres that already exist. For example:

- Expanded OEYC hours at Ryerson
- Early years centres near Scenic Woods
- Full-time early years drop-in in Westdale.

The responses to questions regarding parents’ use of and satisfaction with services that are available in Hamilton are summarized in Table 24. Most respondents are at least occasional users of OEYCs and most rate the service as excellent. Those who were not OEYC users often reported that they had no need for OEYC services. Fewer than 10% of respondents use PFLCs at least occasionally—most had never heard of PFLCs. Users of licensed centre-based care and users of licensed home child care are equally satisfied with their child care services, but many more respondents use centre-based care than licensed home child care.

TABLE 24: USE OF AND SATISFACTION WITH SERVICES AVAILABLE IN HAMILTON

Service	Used occasionally or frequently	Users rating service as excellent	Most frequently cited reason for not using
OEYC	74%	59%	I have no need for the services at OEYC (33%)
PFLC	9%	63%	I have never heard of PFLC (70%)
Licensed centre-based care	58%	73%	I do not need the services of a licensed child care centres (47%)

Service	Used occasionally or frequently	Users rating service as excellent	Most frequently cited reason for not using
Licensed home child care	11%	76%	I do not need licensed home based child care services (45%) I prefer other types of child care arrangements (30%)

The responses to the questions regarding children’s participation in various types of activities are summarized in Table 25. Participation rates range from a low of 34% for school-based sports teams to a high of 74% for camp attendance. Among children who are not participating in the specified activities, a majority would like to given the opportunity.

TABLE 25: CHILDREN’S PARTICIPATION IN ACTIVITIES

Activity	Participants	Non-participants who would like to participate
Classes or lessons outside of school	73%	54%
Clubs at school	41%	65%
Clubs outside of school	38%	48%
Sports teams at school	34%	54%
Sports teams outside of school	62%	44%
Ever gone to camp	74%	69%
Get help with homework	81%	31%

Over half of the child respondents (56%) indicate that they attend an after-school care program. When asked how they would like to spend their time in after-school programs, free play, sports, activities (e.g., arts, drama, music, cooking), and board games or card games were the most popular choices. Doing homework was the least popular choice, but reading books was as popular as playing video games or watching TV (see Table 26).

TABLE 26: CHILDREN’S PREFERRED OPTIONS FOR AFTER-SCHOOL CARE

After-school care options	Popularity
Free play	45%
Sports	43%
Activities (arts, drama, etc.)	40%
Board games, card games	37%
Video games, computer time	30%
Watch TV	29%
Read books	28%
Homework	15%



Recommendations

A number of recommendations for future action were derived from the data collected from interviews, focus groups, and surveys. To make sense of these recommendations, they have been formatted within the context of specific challenges they are meant to address.

- 1 Challenge:** Communicating the vision of integrated services to new partners, maintaining the continuity of that vision in the face of change in personnel, and ensuring that partner representatives are ones who can ensure that the decisions made are followed up. This challenge represents a very real threat to the continued success of service integration efforts.

Recommendation: The City of Hamilton develop a memorandum of understanding for use with existing and new Best Start partners that commits the organization to developing a formal process internal to the partner organization to ensure that the:

- organization's representative is at a sufficiently high level that s/he has the capacity to make decision affecting the organization or ensuring that such decisions are made;
- organization's commitment to the vision of integrated services is communicated from the most senior positions to front line staff;
- vision of integrated services is imbedded in the policies and practices of the organization; and
- policies and practices are aligned with those of the Hamilton Parent Charter and the Parent & Family Engagement Framework as it pertains to partner programs.

- 2 Challenge:** Service integration is not happening at the level of individual families.

Recommendation: Explore the feasibility of the expanding case management for families requiring multiple services and ensure that case workers have better information regarding all services that families are receiving and other services that may be available to them.

- 3 Challenge:** There remains a widespread perception that it is difficult to find information about the early years services and parents are unaware of the range of services available, despite the fact that there is an Information & Referral information line.

Recommendation 1: Using existing resources as a foundation to build a coordinated system of care to improve information and access for families in Hamilton.

Recommendation 2: The memorandum of understanding described in #1 should stipulate that service providers participate in training regarding the services available through the Information and Referral line.

- 4 Challenge:** There is a lack of system-wide outcome measures to monitor the progress and success of service integration. Much of the data that are currently available do not measure outcomes and cannot guide the process of integration or inform the development of best practices.

Recommendation 1: Engage members of the Best Start network in the development of a shared set of outcomes measures. Outcomes must be specific enough to allow for meaningful measurement and monitoring.

Recommendation 2: Consider coordinating with the City of Hamilton's Human Services Planning Initiative's efforts on service standards.

- 5 Challenge:** Data are not always able to be shared among different service providers, hindering research and monitoring efforts.

Recommendation: Develop a central data warehouse that links data across different service providers—using appropriate methods to safeguard privacy and confidentiality.

- 6 Challenge:** Enrolment in full day kindergarten means there are fewer 4 and 5-year-olds in child care. This results in a loss of revenue from the less expensive care for older children, which has historically offset the cost of more expensive care for younger children. At the same time, there is overlap and sometimes inconsistent quality among organizations receiving public funding to provide child care services.

Recommendation 1: Develop a pilot project in a single neighbourhood cluster for the integration of service at the neighbourhood level. Build on the existing neighbourhood planning committees and align with the City Of Hamilton Neighbourhood Action Plans.

Recommendation 2: In concert with the recommendation above, develop a neighbourhood map of child care clientele in relation to neighbourhood providers. Invite the Directors of the child care providing organizations and their boards of directors and other early years service providers to participate in a facilitated planning process in which they are provided with the data and asked to consider how child care services within the neighbourhood might be rationalized among existing providers and how providers who might be freed of responsibility for child care might provide other needed early years services. Consider making participation in the facilitated planning process mandatory for any child care program receiving public funding.

Recommendation 3: Work with the community to address the implications from the Ministry of Education's modernization of child care discussion paper results once released.

- 7 Challenge:** Although there is excellent support for children with special needs making the transition from the early years system into the school system, that support does not extend far enough past the initial transition period, nor does it extend beyond the regular school day.

Recommendation: Explore the capacity of recreational programs to provide inclusive after-school programs.

8 Challenge: Children who do not meet special needs criteria may nonetheless require additional support. However, expanding special needs criteria could exhaust the available resources for special needs support.

Recommendation: Build capacity among early years service providers to broaden their scope of practice in order to support children who fall just outside of the special needs criteria.

9 Challenge: Many child care providers are reluctant to accept children with special needs without considerable support from specialized professionals.

Recommendation 1: Provide mentoring and exemplars of successful practices for supporting children with special needs and create opportunities to share individual success stories.

Recommendation 2: Consider requiring that every child care provider receiving public funding develop inclusion policies.

10 Challenge: Service providers are not always sensitive to the needs of specific communities, such as the francophone, Aboriginal and newcomers and culturally diverse communities.

Recommendation 1: Develop a process for ongoing awareness and education relating to the delivery of services to members of the francophone, Aboriginal and newcomers and culturally diverse communities.

Recommendation 2: Develop a process to ensure that individuals working with members of the francophone, Aboriginal or immigrant communities have received sufficient training/education regarding the needs of these communities.

11 Challenge: Commercial service providers feel that their voices are not heard and their contributions to the system are not recognized.

Recommendation: Work with commercial providers to develop a process to address these concerns.

12 Challenge: Build on the strengths of Hamilton's current early years system.

Recommendation 1: Strong relationships and open communication have facilitated much of the service integration work. Build on this in areas where stronger relationships could improve service delivery.

Recommendation 2: Continue to provide more opportunities for inter-professional development.

Recommendation 3: Continue to ensure that high level decision makers are represented at network tables.

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Appendix A: Early Years Study 3

EARLY YEARS STUDY 3: MAKING DECISIONS, TAKING ACTIONS

Families are well supported during the prenatal and perinatal periods, but supports break down and public policy is confused about what to do in the period between the end of parental leave and the beginning of schooling.

Toronto First Duty is a project designed to combine three types of services for young children and their families—child care, kindergarten and parenting support—into a single, accessible early childhood program. This integrated program replaces fragmented administrative and funding structures vying, and often paying twice, for the same children and families. The program combines staff, facilities, equipment, supplies and administration to create a financially efficient program where parents want to send their children.

Canadians have remained ambivalent about the appropriate types and amount of public support for families with young children. But elsewhere the public discourse have moved on from the question of how to care for the children of working parents to the necessity of providing early childhood education for *all* children—based on the massive body of research pointing to the importance of the early years for future health, behavior and learning.

Country-wide data show that more than one in four children arrive in kindergarten with vulnerabilities that make them more likely to fail in school. Poor children face string of disadvantages that middle class children may not confront, but income does not inoculate children against learning disabilities or less than ideal home lives—there are vulnerable children in all segments of society.

The provinces have been experimenting with public education to expand early learning opportunities. Education enjoys widespread public confidence and using our largely underutilized schools is smarter and less costly than creating an entirely new program from the ground up. We envision the transformation of elementary schools into child and family centres, welcoming infants to adolescents and operating year-round. In an era of declining school enrolment, locating early childhood programs in schools helps maintain the viability of the school and, especially in small rural areas, the school can preserve the community.

Researchers have found that parents whose children attend programs that are integrated into their school are much less anxious than their neighbours whose kids are in the regular jumbled system. Children in neighbourhoods with integrated children's services show better social development, more positive social behavior and greater independence/self-regulation compared with children living in similar areas without an integrated program.

Features of family-centred schools that welcome babies to adolescents:

- **Rooted in community:** schools that are at the centre of their neighbourhood nurture social networks that extend inside and beyond the school walls.

- Open to all: public funding means that everyone gets to participate.
- Champions a whole child approach to learning: learning takes place best in meaningful, playful environments rich with opportunities for exploration.
- Democratic: day-to-day involvement that goes beyond electing school trustees and the parent council.
- A strong policy and administrative framework: education already comes with a strong infrastructure of financing, training, curriculum, data collection, evaluation and research. Building on this infrastructure to include early childhood and family services makes more sense than building a new infrastructure.

Early Life and Learning, Behaviour and Health

Brain Development

Gene-environment interactions and early brain and biological development set up lifelong trajectories. Evidence to date suggests that early experiences—particularly experiences related to early nurture and nutrition—have the capacity to leave epigenetic marks that are greater than those associated with later experiences. These early experiences begin before birth. For example, cortisol released by pregnant mothers crosses the placenta and transfers into the blood system of the fetus. When cortisol levels are consistently high, the developing neural circuitries are affected. The fetus responds to cues it receives and builds its emerging neural pathways for a high stress environment with an easily aroused and slow to recover stress response.

Children begin life ready for relationships that drive early brain development: growing up in a responsive environment contributes to successful brain development, while an inadequate environment leaves children with lasting deficiencies that are difficult or impossible to rectify later on.

The construction of neural connections in the prefrontal cortex depends on childhood learning and is not complete until into the 20s. These neural connections govern adult capacities for focus, planning, inhibition (giving considered rather than impulsive responses), mental flexibility, self-awareness and working memory.

Language Development

Early language exposure at home predicts the size of children’s growing vocabulary and later verbal and literacy skills. Joint reading activities from 18 months contribute to the child’s reading performance and family practices surrounding literacy also help to maximize children’s vocabularies. Children’s expressive language prior to school entry is the best determinant of reading performance at the start of primary school.

Learning, Behaviour and Health

Longitudinal research on children in early childhood education programs point to the value of the programs in helping children become lifelong learners. Research on the later school years reveal the difficulty of raising low levels of performance, particularly after age 8. Early childhood education programs that include high-quality staff/child interactions, staff who join in the children’s play and a ‘print-saturated’ environment can prevent the deficiencies that become so difficult to address later on.

Learning, behavior and health outcomes are associated with each other. Low literacy rates are associated with more health problems. Better outcomes at birth and in early childhood are related to better academic outcomes in school. Reducing inequality also reduces the learning, behavior and help gap between the most and least affluent. Greater equality improves the well-being of the whole population and is key to national standards of achievement.

As with learning, the research on health indicates that early experiences have a large impact on later outcomes. Compromised development during the in utero period and infancy can increase risks for adult diseases and behavior problems. Negative early childhood experiences, including child abuse and household dysfunction, are associated with higher incidence of mental health problems, addiction, obesity, type 2 diabetes, high blood pressure and coronary heart disease in adolescence and adulthood.

What we know about developmental neurobiology in early childhood and its effects on health, learning and behavior throughout the life course makes a strong case for organizing our society to better support young children and families.

Creating Spaces and Places for Young Children and Families

Children have a wide range of capacities to adapt to the culture and context of their daily lives. The circumstances under which they learn and grow make a big difference. The new experiences and challenges that early childhood education offers provide them with the learning they need for later competencies.

Early childhood education is not solely concerned with academic goals. Warm physical contact with adults helps build the neural pathways that allow children to manage their emotional responses.

The feeling of being included is a prerequisite for early learning. Children bring their families' practices, values, beliefs and experiences to early childhood programs. Their sense of inclusion increases in environments that allow their full participation and promotes attitudes, beliefs and values of equity and democracy.

Many children negotiate a second language. They benefit when early childhood educators show they value other languages. Children need opportunities to learn in the language they understand at the same time as they acquire a new language.

Children need regular opportunities for vigorous and sustained play.

The components of quality early childhood education

The physical environment:

- Looks and smells good
- Is bright, airy, organized and clean
- Model environmental responsibility (e.g., reduce, reuse, recycle)
- Flora and fauna are major players
- Variety of play materials for children to put together and take apart
- Quiet corners with storybooks and soft seating to cuddle up on

Educators:

- Are knowledgeable and responsive
- Encourage language use to show literacy in daily living
- Encourage language use to enrich exploration and expand problem solving
- Match their interactions and responses to what is required to best assist a child's learning
- Provide scaffolding (assistance that helps children reach further than possible unassisted)

Programs:

- Recognize that children's earliest experience lay the foundation for lifelong learning, behavior and health
- View families and communities as partners
- Respect diversity, equity and inclusion
- Well-planned curriculum (neither dominated by direct instruction focused on academic achievements or lacking active support of educators)

Curriculum:

- Anchored by play
- Addresses the whole child
- Carries specific learning expectations in several domains: physical, social, emotional, communication/language, cognitive
- Promotes a consistently high level of quality across programs
- Facilitates communication between parents and staff

Challenges to early childhood service integration

For schools and community service providers, integration can be difficult, involving real change to culture and methodologies and requiring new skills and ways of working. Change requires leadership at all levels.

Leadership at the highest levels is particularly important and requires high-level political will and direction that goes beyond single ministries. But sustained interministerial collaboration has been difficult to achieve. Education is a critical department with the infrastructure to provide stability for service integration, but these advantages frequently come with a lack of flexibility. Children's and social service ministries often feel compelled to defend their departmental integrities and cultures. Education and social services often have different geographic boundaries and organizational structures that are hard to join up. Recent government cut-backs can exacerbate interministerial tensions as departments and agencies seek to protect their own budgets and employees.

Beyond ministries, other turf wars impede service integration. Deeply ingrained professional and agency ideologies clash over who will lead and who will adapt. Commercial and community agencies claim loss of clients and funding, while unions oppose job redundancies, professional organizations worry about retaining status and members, and school officials oppose taking on new tasks outside of a narrowly defined educational scope.

Combining universal and targeted programs presents another set of challenges. Kindergarten and parent/family support programs are provided universally at no cost to families, while regulated child care is funded by parents and targeted funding. These fractured funding structures complicate the integration of services.

Inadequate transition planning for agencies affected by systems change disrupts related services and creates opposition, while inadequate resources undermines quality. Insufficient supports frustrate staff who must meet new demands. Other staffing issues arise from integrating professionals with similar skills and responsibilities and disparate remuneration and working conditions (e.g., early childhood educators and kindergarten teachers).

Benefits of early childhood program integration

Children in neighbourhoods with integrated children's services are more socially competent; families are more informed about services and find them more accessible; families attend programs more often and participate in a broader range of activities; families have to approach fewer agencies; fewer families fall through the cracks; parents report greater satisfaction with services, less stress, reduced social isolation, more confidence in their parenting and improved communication with service provider staff. Program quality improves with integration: more developmentally appropriate curricula; greater focus on engaged, active learning and whole child development; enhanced parental involvement; expanded community and school links.

New thinking for new challenges

Doing more of the same will not deliver the scale and nature of the changes needed to help families provide their children with opportunity and security. Real integration demands new ways of thinking—a system-wide approach with new measures of success and new resources that include the energy and ideas of citizens, communities and experts. Early childhood program integration needs to move beyond pilot projects and be brought to centre stage.

Early Childhood Education as Economic Development

Three types of analyses have shown that early childhood education carries a very high public return on investment:

- 1** Longitudinal data have quantified the human capital benefits and reduced health and social costs. For example, studies following at-risk children who participated in preschool education show: better cognitive habits, improved impulse control, greater on-time secondary school graduation, higher college attendance, increased earnings and more prosocial conduct as adults, as well as lower rates of substance abuse and fewer felony charges.
- 2** Economic modeling forecasts the payback from the enhanced labour productivity of working mothers. For example, recent analyses of Quebec's universal child care program have found that the province recoups its entire outlay from the additional tax revenue generated by working mothers, and the federal government (which contributes little to the program) enjoys and \$717 million annual windfall.

- 3 Studies examining the early childhood sector itself have shown its multiplier effects on economies. For example, researchers have calculated that investing \$1 million in child care would create at least 40 jobs, 43% more jobs than the next highest industry and four times the number of jobs generated by the same amount spent on construction spending. Every dollar invested in child care increases the economy's output by \$2.30.

The research indicates that universal ECE programs pay for themselves and do a better job of reaching disadvantaged children than do targeted programs. For example, Quebec's universal program reaches a greater percentage of children from low-income homes than do the targeted programs in other provinces. As well, targeted programs fail to reach at-risk children who are not in low-income homes.

These benefits accrue when early childhood programs are:

- Universal: when ECE is offered to all children, the programs reach the substantial numbers of children across the socioeconomic spectrum with behavioural and learning vulnerabilities.
- Available and affordable: when spaces are available and fees do not present a barrier to participation, public costs are recouped through the enhanced labour force participation of parents.
- High-quality: benefits to children and society are only realized through quality early childhood programming
- Integrated: integrating early education and care avoids the added and wasteful expense of service duplication and gaps.

Public Policy Shapes Early Childhood Programs

Canada Assistance Plan (CAP) implemented in 1966 allowed the federal government to match provincial and territorial funding for poverty prevention and alleviation—could be used to fund child care for low-income families. By including child care with other social programs, child care became entrenched as a 'welfare' program. Provinces were obliged to develop standards for child care services as a condition of federal funding.

CAP funding ended in 1996. Replaced by a block grant to each province; quality conditions eliminated.

Early Childhood Development Initiative implemented in 2000 provided \$500 million to promote infant and maternal health, improve parenting and community supports and strengthen early learning and child care, but scant amounts were targeted to early education programs.

The 2003 Multilateral Framework Agreement on Early Learning and Child Care focused exclusively on programs for preschool aged children. Provinces and territories agreed to enhance accessibility, quality, inclusion and parental choice. Funding not targeted to low-income families and included accountability requirements.

Foundations program announced in 2004, called QUAD: quality, universally inclusive, accessible and developmental. \$5 billion in funding committed and bilateral agreements were developed with provinces outlining plans to meet QUAD goals. Cancelled in 2007.

QUAD replaced by the Universal Child Care Benefit and the Child Care Spaces Initiative, which was designed to provide an incentive to employers to create workplace child care. UCCB and CCSI since rolled into the Canada Social Transfer block transfer to provinces and territories.

The federal government has a direct role in funding early childhood programs on First Nations reserves, for military personnel, federal prisoners and refugees and immigrants to Canada. Funding formulas and agreements with First Nation communities involve four federal government departments and their provincial counterparts—impedes service development and provision.

OECD's 2006 examination of early childhood education and care noted Canada's absence of coherent legislative and policy frameworks and need for more public investment. Concluded that divided policy and delivery of education and child care results in:

- Sparse coverage
- Not all families receive the services they are eligible for
- Service location and affordability are barriers to access
- Services' hours and parents' work schedules often conflict
- Families with multiple needs have difficulty fitting services together
- Families lose needed services as children age or their circumstances change

Provinces and territories beginning to adopt a more comprehensive view of the early years. The *Learn Canada 2020: Joint Declaration Provincial and Territorial Ministers of Education* named the pre-kindergarten years as the first of the four pillars of lifelong learning and noted that high-quality early education should be available to all children. One trend is to appoint a lead department responsible for early childhood services.

Prince Edward Island, New Brunswick, Ontario, Saskatchewan, the Northwest Territories and Nunavut have taken steps to combine their education and child care departments. But moving child care under the wing of education departments is not enough: service delivery often remains split between child care and education, and parents still struggle to find affordable, reliable services, and service providers continue to answer to multiple funding and regulatory masters.

Integrating child care and education is not an incremental process: system-making requires a paradigm shift in our understanding of the real circumstances in which young children live and actions to match.

All provinces and territories provide some form of direct operating funding to child care programs. Public funding for regulated child care takes two approaches:

- Funding families – through fee subsidies for low-income parents, or through tax deductions or credits.
- Funding programs – through operating grants to offset wage costs or to support the participation of children with special needs, and grants for capital, equipment and start-up.

Funding through operating grants appears to have a positive impact on wages and program stability, whereas funding through fee subsidies or tax transfers has little or no effect.

Despite provincial/territorial funding, childcare remains within the private sphere. Whether operated by non-profit organizations or private providers, child care is a market service. Some provinces (Quebec, Manitoba and Prince Edward Island) play an activist role in managing children's services, but most governments limit their involvement to regulating healthy and safety standards and using funding to encourage service expansion.

For the child care sector, schools directly operating early childhood programming can be destabilizing. Schools typically take on programming for 4- and 5-year-olds, the age group that is the economic mainstay of child care. Some provinces (Quebec and Prince Edward Island) have managed the introduction of full-time kindergarten with a comprehensive transition plan that refocused child care operators to care for younger children. Child care programs in these provinces now enjoy greater stability and families have more options.

Offering extended hours as part of a seamless day within the school system can also be destabilizing to child care operators. Such efforts in Ontario left child care operators concerned about their viability in the absence of any transitional leadership to deal with the exodus of 4- and 5-year-olds and loss of before and after school care clientele. Child care centres lost qualified ECEs, who prefer to work in the school system rather than the split shifts of child care, and centre closures increased.

Where Are We? How Far Do We Have To Go?

The Early Childhood Education Index provides a tool to measure progress toward achieving quality early childhood education for all children. The index draws on what is known about how public policy supports quality early childhood programming. It provides a snapshot, using 19 benchmarks, of provincial early childhood education services.

In 2011, just three provinces earned a passing grade on the index: Quebec, Prince Edward Island and Manitoba, but there has been measurable progress in many of the provinces over the last few years. Six provinces offer full-day kindergarten, up from three in 2008. Four provinces have combined their departments responsible for kindergarten and child care. The number of child care spaces across Canada has grown by over 20%, despite the cancellation of the bilateral agreements on child care and education. Much of the groundwork has been laid for the provision of high-quality, publicly funded preschool education for all 2- to 5-year-olds.

Appendix B: Report of the Expert Panel on Quality and Human Resources

Best Start was launched in 2004 by the Ministry of Children and Youth Services. Best Start is Ontario's strategy to give all young children in Ontario access to high quality, evidence-informed early learning experiences. Best Start also supports community efforts to develop an integrated system of early learning and care programs that coordinates child care services, related child and family support services (e.g., parenting programs, early literacy programs, early identification and screening, and OEYC) with kindergarten programs.

Building the kind of early learning and care system envisioned by the Best Start strategy requires shifting from a system that views early learning and care programs as a private investment made by parents to enable them to work or study or as a form of enrichment for children to a system that views high quality early childhood education as the most effective way for society to invest in children's development.

In order to make this shift, it is necessary to address a number of quality and human resource issues. These issues are complex and their solutions will be interdependent. For example, campaigns to recruit more people into the early childhood education workforce cannot be successful unless wages and working conditions are also improved. Setting quality standards will not be useful unless funding is provided to support quality improvements. Increasing educational requirements will be ineffective unless appropriate education programs and opportunities for meaningful professional development become available and accessible.

The Expert Panel developed a four-point plan to address these quality and human resource issues. The plan calls for:

- 1 The strengthening of policies, funding and infrastructure;
- 2 Improving education, compensation and career opportunities for practitioners;
- 3 The delivery of high quality, inclusive, evidence-based programs; and
- 4 Forging strong partnerships with parents.

Each of the four points in the proposed plan is multidimensional and designed to address a number of deficiencies that have been identified within Ontario's system of early childhood learning and care.

Strengthen Policies, Funding and Infrastructure

- 1 Develop a regulatory environment that supports high quality, inclusive, integrated early learning and care services.

The current regulatory environment is complex. MCYS is responsible for regulated early learning and care programs, which are managed at the local level by Consolidated Municipal Service Managers. The Ministry of Education is responsible for kindergarten programs, which are managed by local school boards. Child care programs and practitioners are regulated under the *Day Nurseries Act*, which kindergarten programs are regulated

under the *Education Act*. The educational requirements for professionals working in the early learning and care sector are different from those working in kindergarten programs. These differences make it difficult for early learning and care programs to integrate with kindergarten programs.

In addition to the complexity described above, other aspects of the current regulatory system do not support a high quality system. For example, under the *Day Nurseries Act*, qualified practitioners are not required to be present in child cares at all times; the Ontario College of Teachers does not require that kindergarten teachers take any specific courses in early childhood development; and it is often financially more attractive (because of regulatory requirements) for home child care providers to work outside of the regulated system.

In order to address these deficiencies, the Expert Panel recommends the development of **a consistent and common regulatory environment for all regulated early learning and care programs.**

- 2** Increase and transform public funding for regulated early learning and care programs.

Ontario parents currently pay 50 to 80% of the cost of care for children in regulated child care, which is significantly higher than the 20 to 25% recommended by the OECD. Ontario provides funding to subsidize child care spaces for low income families, as well as grants for wage enhancements and resources for children with special needs. But there are not enough subsidized spaces to meet the needs of low and middle income families or enough funding to support the inclusion of all children with special needs.

In order to provide access to affordable high quality early learning and care to all children and families in Ontario, the Expert Panel recommends the development of **a comprehensive, streamlined funding model for regulated early learning and care services that reflects the importance of early childhood education and the costs of providing high quality programs.**

- 3** Develop province-wide quality standards for early learning and care programs and local systems to monitor quality.

Some municipalities have established standards for their early learning and care programs, and researchers have identified a number of quality standards, but Ontario does not have consistent standards for early learning and care services or mechanisms for monitoring quality beyond current licensing inspections.

To build high quality, consistent early learning and care programs, the Expert Panel recommends the development of **province-wide quality standards that will promote best practices and communicate them to practitioners and parents.** The Expert Panel further recommends that Ontario **develop and promote the use of existing quality assurance tools and enhance the ability of municipalities to monitor quality and support programs.**

- 4** Establish education requirements for the profession that reflect the increasingly complex demands of practice.

According to provincial estimates, only about 40% of staff currently working in centre-based programs have the two-year ECE diploma or equivalent. The proportion of home child care practitioners with education in early childhood development is even lower. Recent efforts to contain costs have contributed to further de-skilling of the child care workforce.

In order to ensure that all practitioners who work with young children have the education and credentials to fulfill their roles, the Expert Panel recommends the establishment of **consistent roles, education requirements and practice standards for all early learning and care practitioners.**

5 Provide opportunities for practitioners to obtain education and credentials.

Ontario's publicly funded community colleges and five of its universities offer high quality pre-service programs in early childhood development and related fields. But there are no province-wide standards for apprenticeship and distance programs, and Francophone and Aboriginal communities do not have enough qualified faculty or local leaders to deliver apprenticeship or distance programs. As well, most education programs cannot ensure that all students experience field placements that demonstrate best practices. Unlike teachers in kindergarten programs, early childhood practitioners do not have access to a formal, supported system of ongoing professional education.

To provide access to pre-service education programs, credential assessment, and ongoing professional development, the Expert Panel recommends that Ontario **improve the quality, consistency and capacity of post-secondary education in early childhood development and expand the network of professional resource centres across the province.**

6 Gather data and conduct research to guide workforce and service planning.

Better data and information are essential to planning services and monitoring quality. Although Ontario has accurate data on children and teachers in kindergarten programs, this is not the case for children and practitioners in early learning and care programs.

The Expert Panel recommends that Ontario **develop and maintain a comprehensive service and workforce information system that will support the delivery of high quality early learning and care services across the province and provide research funding and develop a research agenda and partnerships with researchers in post-secondary institutions.**

7 Develop partnerships and collaborations to address quality, human resources and other systemic issues.

Per diem wages rates in the regulated child care sector are significantly lower than in the private market and do not increase with education or experience. Ontario has trouble attracting providers into regulated home child care, and low wages are a significant disincentive. The advantages of being part of the regulated system are not sufficient to attract or retain providers. As well, there are few training or quality assurance requirements even for regulated home child care providers.

In order to ensure that all home care providers have the education and support they need to provide high quality early learning and care, the Expert Panel recommends the

establishment of a **standing interministerial committee on high quality early learning and care and sector council to provide ongoing advice on quality and human resource issues**. The Expert Panel further recommends that Ontario **strike a separate task force on home child care to develop strategies to help home child care providers deliver high quality services for children in their care**.

Improve Education, Compensation and Career Opportunities for Practitioners

- 1** Provide wages, benefits and working conditions that will attract and keep knowledgeable practitioners.

Low wages, limited benefits and the devaluing of the early childhood workforce are the main causes of job dissatisfaction and staff turnover in children care programs. Practitioners move to programs that pay higher wages or leave the field. Low wages also make the field unattractive to new people.

The parts of the early learning and care system that provide appropriate wages (e.g., school-based kindergarten programs) have no difficulty attracting and keeping practitioners—Ontario has no shortage of people willing to work as teachers or assistants in primary programs.

To make early learning and care an attractive career choice, the Expert Panel recommends that Ontario **immediately increase funding for early learning and care services to enable programs to implement substantial wage and benefit increases and provide predictable and sustainable funding that allows for regular annual increases for inflation and maintains legislated pay equity**.

- 2** Invest in the knowledge, skills and competencies of early learning and care directors, supervisors and pedagogical leaders.

Effective directors and supervisors are able to build teams, mentor staff, improve morale and improve the quality of children’s early learning experiences. Strategic investment in leaders will have a trickle down effect, raising standards and improving quality throughout early learning and care programs. To meet the educational requirements of this strategic investment, a large number of directors and supervisors working in the system will have to upgrade their qualifications.

The Expert Panel recommends that Ontario **provide support and incentives for directors and supervisors, such as bursaries and time off to attend programs**. The Expert Panel further recommends **the establishment of a new role in centre-based programs: the pedagogical leader, a degree-prepared practitioner who has experience mentoring staff and students and is responsible for implementing the Early Learning Framework**.

- 3** Invest in the knowledge, skills and competencies of early childhood practitioners.

Based on the proposed changes in education requirements, at least 50 to 60% of the current child care workforce will have to upgrade their credentials, and a number of kindergarten teachers may also need to take courses in early childhood development.

To ensure that all early learning and care practitioners have easy access to the education they need, the Expert Panel recommends that Ontario **provide supports and incentives for practitioners to upgrade their credentials.**

- 4** Attract, recruit and retain knowledgeable, skilled and engaged early childhood educators.

Current working conditions in early learning and care make it difficult to recruit and retain qualified workers. For example, many programs do not give practitioners paid time to plan programs; some programs offer split working schedules; and new graduates are often made responsible for supervising students or untrained staff before they have had time to consolidate their own skills.

The Expert Panel recommends that Ontario **develop recruitment and retention programs that target high school students, guidance counselors and parents, develop mentorship initiatives for new graduates, improve working conditions.**

Deliver High Quality, Inclusive, Evidence-Based Programs

- 1** Provide the resources, environments and supports necessary for inclusive, evidence-based programs.

Most early learning and care settings recognize the value and importance of including all children, but they often lack the skilled practitioners, resources, equipment, materials and supports to provide evidence-based programs for each child. There are also serious gaps in programs for Francophone children, Aboriginal children and children from recent immigrant families who may not speak English or French.

The Expert Panel recommends that Ontario **provide resources to support inclusive programs.**

- 2** Develop learning frameworks and curricula that reflect young children's distinct learning needs.

In recent years, Ontario has made significant progress in evidence-informed early learning programs. Specifically, the revised kindergarten program reflects new knowledge about how young children learn and the Early Learning Framework can guide curriculum development in all early learning and care settings.

To ensure that the Early Learning Framework and other evidence-based programs are used consistently throughout Ontario's early learning and care settings, the Expert Panel recommends that Ontario **provide training and support to implement the Early Learning Framework.**

- 3** Develop integrated programs for four and five year olds.

Many families with four and five year olds make complex arrangements for their children who attend kindergarten and require some other form of early learning and care before and after school hours.

To ensure that four and five year olds have access to integrated programs, the Expert Panel recommends that Ontario **establish an interministerial committee to address current and emerging issues related to integrated programs and develop and common credential that would prepare practitioners to implement both the Early Learning Framework and the kindergarten program.**

Forge Strong Partnerships with Parents

- 1** Develop and support staffing models that enable effective, ongoing communication with parents.

Centre-based programs are currently allowed to have fewer qualified staff at the beginning and end of the day, which interferes with effective staff-parent communication.

The Expert Panel recommends that Ontario **revise the Day Nurseries Act to require programs to maintain a high ratio of qualified staff of key times of day to support parents and develop useful and informative materials that will help parents understand the factors that contribute to healthy child development and assist them in choosing quality programs for their children.**

Appendix C: Report of the Best Start Expert Panel on Early Learning

Early Learning for Every Child Today (ELECT) is a guide to support curriculum and pedagogy in Ontario's early childhood settings (child care centres, home child care, kindergarten, etc.). The ELECT guide is designed to support Best Start's long-term strategy to build a coherent system for young children that includes a single integrated early learning framework for children ages two-and-a-half to six years. The guide complements, rather than replaces, specific curricular and pedagogical approaches, early identification protocols and regulated requirements already in place in Ontario early childhood settings. That is, the guide provides of framework for curriculum development, rather than a specific curriculum.

The ELECT guide presents a series of Guidelines for Practice that are based on:

- 1 Six overarching principles of early childhood learning and care; and
- 2 A detailed analysis of early childhood development from birth to school age across five broad categories of development (physical, social, emotional, language, and cognitive).

The six overarching principles are based on beliefs, values, experience and current researcher findings. The principles recognize that families, communities and cultures hold distinct values about how young children should experience and interact with the world around them, while also insisting on the benefits of a common framework that lays out what and how young children learn most effectively.

Statement of Principles:

- 1 Early child development sets the foundation for lifelong learning, behavior and health. Children begin life ready for the relationships that drive early brain development. Early brain development benefits from interactions with adults who are responsive and from activities that are appropriately challenging. These responsive relationships, along with experience and maturation, help children learn to regulate their own emotions, behaviours and attention—these self-regulatory skills are foundational to the development of physical, social, emotional, behavioural and cognitive competence.
- 2 Partnerships with families and communities strengthen the ability of early childhood settings to meet the needs of young children. Families are the first and most powerful influence on children's early learning and development, and families' participation in their children's early learning and development reaps powerful benefits. Parents and other caregivers who are involved in early childhood settings tend to be more supportive of children's learning and their children tend to have positive outcomes when they reach elementary school. Early childhood settings can reinforce the benefits of direct family participation in children's early learning and development by establishing and maintaining relationships that are respectful of family structure, culture, values, language and knowledge. As well, informal social networks among

families with young children can become valuable resources that promote children's health and well-being: early childhood settings have daily opportunities to connect families with each other.

- 3** Demonstration of respect for diversity, equity and inclusion are prerequisites for optimal development and learning. Young children with different abilities, challenges, resources and cultural backgrounds, and their families, come together in early childhood settings. They and their families benefit most when they are fully included and when they feel that they belong. To include everyone, early childhood settings must encourage healthy dialogue about the principles and shared beliefs that relate to inclusion, diversity and equity. Meaningful participation for all requires: strategies for second language acquisition; efforts to ensure that young Francophone children are exposed to as much French as possible; programming that values Aboriginal languages and culture; programming that ensure that children in rural and remote regions have the same opportunities as children in more urban regions; and strategies to help children with special needs to experience positive interactions with their peer and to acquire new skills.
- 4** A planned curriculum supports early learning. The curriculum includes the organization of the physical space, materials and activities that are designed to encourage learning processes, skills and the acquisition of specific information. A planned curriculum with specific goals for children's holistic development and families' participation benefits children's enjoyment, development and learning.
- 5** Play is a means to early learning that capitalizes on children's natural curiosity and exuberance. Play is how children make sense of the world and is an effective method of learning for young children. Play engages children's attention when it offers a challenge that is within the child's capacity to master. Effective early childhood settings take advantage of play and embed opportunities for learning in the physical environment and play activities. Pretend play is the primary mode of learning during the preschool years, and requires that children use language and thinking skills to compare and plan, problem-solve, negotiate and evaluate. Pretending involves mental representation and can make an important contribution to children's literacy, numeracy and inquiry skills in the early years.
- 6** Knowledgeable and responsive early childhood practitioners are essential to early childhood settings. Knowledgeable and responsive practitioners are reflective. Reflective practitioners use an emotionally warm and positive approach which leads to constructive behavior in children. They figure out how the children in their programs think, learn and make sense of the world, and they know what the children are currently capable of doing and what next steps are possible. Reflective practitioners coach family members and other caregivers on how to participate in play activities in ways that encourage exploration, expand use of language and introduce literacy and numeracy concepts. They also know and respect that families remain the experts on their own children.

Early Childhood Development

Understanding the patterns of early childhood development helps early childhood practitioners plan optimal environments and interact positively with young children and their families. There is considerable individual variation in the rates and patterns of early childhood development, but new learning and skills build on earlier changes so many of the developmental sequences and broad patterns of development are largely universal. Understanding these sequences and patterns helps early childhood practitioners to understand the learning and needs of individual children.

The ELECT guide includes a Continuum of Development that describes predictable sequences of development. The primary purpose of the Continuum of Development is to provide information to plan curricula that are meaningful for children because they are grounded in an understanding of child development.

The Continuum of Development identifies the root skills that predict later learning, behavior and health. The continuum also identifies the indicators marking that a root skill is emerging, being practiced or being elaborated. For example, simple turn taking is a root skill within the social domain and taking turns in simple games like peekaboo is an indicator that a the skill of turn taking is being practiced. When early childhood practitioners observe children’s behavior, they can use indicators to identify underlying skills and then set goals and plan appropriate curriculum to foster learning that builds on those skills.

To help early childhood practitioners in this task, the Continuum of Development also provides examples of interactions that support the child’s accomplishment of the indicators and related skill development. For example, regarding simple turn taking skills, the continuum describes the following supportive type of interaction: “Cover your face with a transparent scarf. Pull it off and say, ‘Peekaboo!’ Pause and repeat. Soon the infant will pull off the scarf when you pause. When he does, say, ‘Peekaboo!’ Repeat so the infant takes turns.”

The full Continuum of development specifies indicators and interactions for root skills organized into five domains of development: (1) social, (2) emotional, (3) communication, language and literacy, (4) cognitive, and (5) physical. To show broad developmental sequences, the root skills are organized into the age ranges during which they typically emerge: infancy (birth to 24 months), toddlerhood (14 months to 3 years), preschool/ kindergarten (2.5 to 6 years), and school age (5 to 8 years). The overlap between successive age ranges illustrates the individual variability in the rates at which children learn and develop.

Practice Guidelines

The Practice Guidelines build on the principles and developmental continuum, and include specific items that are designed to ensure that practice is consistent with the six principles and an understanding of child development.

Assessment, Evaluation and Monitoring

Quality early childhood settings use ongoing assessments and systematic evaluations to gather information on children’s learning and development and the quality of early

childhood programs. This includes assessment, evaluation and monitoring, which are conducted for the following reasons:

- Children are assessed to observe, document and support children’s development and to identify possible developmental problems.
- Programs are evaluated for quality.
- Programs are monitored at the community level for impact and at the provincial level for policy analysis and accountability.

Appendix D: Report of the Expert Panel on the 18 Month Well Baby Visit

There are excellent parenting and family resource programs in the community that provide information and resources that parents can use to enhance their child's development. There are also specialized services to help children who are experiencing speech and language problems, vision problems or other developmental delays. The challenge is linking parents to these resources and services, and to other parents.

The primary care system (family physicians, community pediatricians, nurse practitioners, etc.) provides an effective way to reach parents and children, and help build partnerships with community services because most families with young children have regular ongoing contact with the primary care system. Many primary care providers already use these regular visits as an opportunity to review the child's development, discuss with parents ways to provide warm, rich, responsive environments for their children, and connect them with services in the community. But because this practice is not universal, the Expert Panel recommended that Ontario develop a system where every child in Ontario would receive an enhanced 18 month well baby visit, which would include:

- A developmental review and evaluation by parents and primary care providers using the Nipissing District Developmental Screen and the Rourke Baby Record
- A discussion between parents and primary care providers about healthy child development and behaviour
- Information about parenting and other community programs that promote healthy child development and early learning
- When needed, timely referrals to specialized services
- A measurement and evaluation component that tells us how our children are doing and that our programs are working.

To achieve the desired outcome and successfully implement an enhanced 18 month well baby visit across the province, Ontario will need the right tools, leadership, partnerships, education and other resources, the Expert Panel recommended several strategies to implement a universal enhanced 18 month well baby visit.

- 1 Provide parents and providers with tools to support an enhanced 18 month well baby visit.

The purpose of monitoring child development, focusing on the 18 month well baby visit, is to make primary care providers and parents aware of the importance of healthy child development and how to enhance it. Having access to standard tools and resources make it easier for primary care providers to incorporate the developmental review and evaluation into their 18 month well baby visit. To this end, the Expert Panel recommends that Ontario:

- Acquire province-wide rights to use the 18-month Nipissing District Developmental Screen (NDDS) and make it widely available to parents through their primary care providers, Ontario Early Years Centres, public health departments, libraries,

recreation centres and other parenting and family services in the community.

- Give all primary care providers free, easy access to the revised Rourke Baby Record, which includes a developmental evaluation, and promote its use as a charting tool to monitor child development.
- Fund the Ontario College of Family Physicians to work with the Guidelines Advisory Committee to develop a clinical practice guideline for primary care providers for an enhanced 18 month well baby visit.
- Develop and promote the use of an “18 month visit flow sheet” to assist primary care providers.

2 Build effective partnerships among parents, primary care providers and community resources.

The enhanced 18 month well baby visit is not an end in itself, but the means to enhance child development by creating more effective partnerships among parents, primary care providers and community resources. To encourage strong partnership among parents, primary care providers and community services designed to encourage healthy child development, the Expert Panel recommends that Ontario:

- Ensure all information and education about the enhanced 18 month well baby visit is family-centred, reinforces parents’ role in nurturing healthy children, and encourages primary care providers to work with parents to enhance child development.
- Provide primary care providers with information about healthy child development—including the effectiveness of the NDDS—that they can share with parents.
- Identify a core set of services to which all Ontario families should have access in their communities, regions and provincially.
- Provide easy-to-use information to primary care providers about community services.
- Establish consistent names for similar services across the province and a single branded local phone number that both primary care providers and parents can call for information, resources and referrals to community programs and services.
- Ensure community services that see children referred by primary care providers are able to keep the primary care providers informed about the services provided and the children’s progress.

3 Provide information, education and support for primary care providers.

Any change in practice must be supported with ongoing education and incentives. To provide that support, the Expert Panel recommends that Ontario:

- Develop an awareness/education program that will reinforce with primary care providers the importance of healthy child development and that builds on existing successful models.
- Share and promote the use of successful outreach strategies to involve primary care providers in healthy child development.
- Identify and support peer leaders—pediatricians, primary care providers and child development specialists—who can act as coaches and mentors, and help deliver education programs.
- Provide incentives to compensate/remunerate primary care providers for providing the enhanced 18 month well baby visit.

- Promote collaborative models for delivering the enhanced 18 month well baby visit.

4 Encourage timely access to services and manage wait times.

A more systematic assessment of all children at 18 months may also result in more referrals for services. Most families wait more than six months for preschool speech and language assessments and for other specialized assessment services. To manage wait times and ensure families receive timely referrals, the Expert Panel recommends that Ontario:

- Develop a standard system for collecting data on wait times for child development services across the province.
- Develop a strategy to reduce and manage wait times.
- Support families on wait lists by referring them to universal community services.

5 Describe the developmental health status of our children.

The implementation of a standard enhanced 18 month well baby visit for all Ontario children will provide an opportunity to collect valuable information on the developmental health of our children. To ensure that Ontario is able to describe the developmental health status of our children, the Expert Panel recommends that Ontario:

- Identify how to collect aggregate data from the 18 month well baby visit.
- Analyze and disseminate findings to strengthen services.
- Consider developing a secure system that can collect individual data and link with other early years information systems.

6 Evaluate the impact of the enhanced 18 month well baby visit.

Resources for children’s health and developmental services are limited and must be used wisely. To determine whether an enhanced 18 month well baby visit and other early years services lead to positive health outcomes, the Expert Panel recommends that Ontario:

- Develop outcome measures for the enhanced 18 month well baby visit and evaluate the initiative’s ability to achieve those outcomes.
- Over time establish at least one other point during the early years—likely age 5—when all children are assessed for healthy child development.
- Continue to evaluate the tools, resources and supports for the enhanced 18-month well baby visit, updating them as required to reflect new evidence and best practice.

Finally, achieving the desired outcome—an enhanced 18 month well baby visit for every child in Ontario—will require the support and commitment of the entire system. To that end, the Expert Panel recommends that:

- The Ministry of Children and Youth Services and the Ministry of Health and Long-Term Care dedicate appropriate resources and work collaboratively to implement an enhanced 18 month well baby visit.
- The two ministries establish an implementation group made up of people with expertise in primary care, healthy child development, professional education, and data, measurement and evaluation.

Appendix E: Our Health Counts

Over 60% of Ontario's Aboriginal population lives in urban areas, but public health assessment data for this population is almost non-existent. The data that do exist are not population based. From a population and public health perspective, this near absence of population based health assessment data is extremely concerning and leaves policy makers limited in their abilities to address urban Aboriginal community health challenges and aspirations. Without Aboriginal health information, effective health policy, planning, program/service delivery, and performance measurement are limited.

For the past three years, the Ontario Federation of Indian Friendship Centres (OFIFC), Métis Nation of Ontario (MNO), Ontario Native Women's Association (ONWA), and Tun-gasuvvingat Inuit (TI) have been working with a health research team at the Centre for Research on Inner City Health (CRICH) to develop an urban Aboriginal database.

The goal of the project, called Our Health Counts, was to work in partnership with Aboriginal organizational stakeholders to develop a baseline population health database for urban Aboriginal people living in Ontario that is immediately accessible, useful, and culturally relevant to local, small region, and provincial policy makers.

The project focused on three community sites: First Nations in Hamilton, Inuit in Ottawa, and Métis in Ottawa. The current report focused on First Nations in Hamilton.

All of the core organizations involved in the Our Health Counts project agreed on the following research principles:

- Aboriginal leadership
- Research agreements and data management/governance protocols
- Capacity building
- Respect
- Cultural relevance
- Representation
- Sustainability

Hamilton was identified as a promising First Nations community project site, based on its significant Aboriginal population and strong infrastructure of Aboriginal community health and social services.

Community based participatory research methods were adopted. Community based research takes place in community settings and involves community members in the design, implementation, and documentation of research projects. The approach promoted balance in the relationships between the Aboriginal organizational partners, academic research team members, Aboriginal community participants and collaborating Aboriginal and non-Aboriginal organizations throughout the health information adaptation process, from initiation to dissemination.

Concept mapping was used in the initial development of data collection tools. Key health and social service stakeholders attended a group brainstorming session, which yielded 102 statements about health and health related issues and topics in the Hamilton First

Nations community. Participants then sorted and rated these statements and concept systems software was used to create preliminary point and cluster maps reflecting the overall group sort and rate. Community stakeholders then engaged in two further group sessions to refine these preliminary maps. The concepts maps were then used to develop respectful health surveys for adults and children. These were pilot tested to improve the survey, adjust language to be more respectful, and increase the logic of the flow of questions.

Respondent driven sampling was used to sample the population, as reliable data for a sampling frame were unavailable. RDS began with a small number of “seeds” who agreed to respond to the survey and recruit others to do the same. All respondents were given tickets to pass on to other potential respondents. For each ticket that brought in a new respondent, the original respondent received \$10. Each participant is asked questions regarding their relationship to the person who referred them to the study and the size of their network, which allows the bias in the sampling process to be estimated and unbiased estimates of a population’s composition, behaviours and disease prevalence to be obtained.

In the Hamilton study, long recruitment chains resulted in departure from the original sampling bias and the achievement of a state of “equilibrium” in which the probability of recruitment into the study reflects the demographics of the population.

The OHC project was able to link their data with the Institute for Clinical and Evaluative Sciences, which is able to anonymously link population health information compiled from a number of sources using a participant’s health card number. This enabled OHC to produce, for the first time, urban Aboriginal population based rates of emergency room use, hospital admission and participation in preventative screening programs (e.g., mammography, PAP testing and colorectal cancer screening).

Key Findings

- High levels of poverty: 78.2% of the First Nations persons living in Hamilton earn less than \$20,000 per year.
- Compromised access to housing and food: 90% moved at least once in the last 5 years; 63% had to give up important things (e.g., buying groceries) to meet housing costs.
- Chronic disease and disability: rates of diabetes, high blood pressure, arthritis, Hepatitis C are higher than among the general Hamilton population and high rates mental health disorders.
- Barriers to accessing health care services: long waiting lists, lack of transportation, unaffordable direct costs, doctor availability, lack of trust in health care providers.
- High levels of cultural continuity and resilience: strong sense of First Nations identity and a strong desire to pass on culture and language to the next generation.
- High rates of chronic illness (especially asthma, allergies, chronic ear infections) among children
- Concerns regarding child development
- Long wait lists for children’s health services

Key Recommendations

- Provincial government departments engage with urban Aboriginal communities and organizations to meet needs for affordable rental housing, supportive and transitional housing, and assisted home ownership.
- Mandatory Aboriginal cultural diversity training for local and provincial agencies that offer services to significant numbers of urban Aboriginal populations.
- Provincial governments engage with urban Aboriginal communities to address economic and social conditions affecting Aboriginal health: poverty, homelessness, food insecurity, education, employment, health access, gender equality and social safety.
- Municipal and provincial governments commit to long term funding to address reduction of the burden of chronic disease and disability in urban Aboriginal communities.
- All levels of government engage with urban Aboriginal communities to eliminate barriers to health care access.
- All levels of government provide adequate funding for the development and expansion of culturally reflective, community based, long-term traditional family treatment centres, urban Aboriginal child, youth and adult mental health funded strategies and maternal health, programs and services.
- All levels of government develop policies to implement cultural safety programs
- All levels of government recognize that Aboriginal people must have full involvement and choice in all aspects of health care delivery
- Municipal and provincial governments commit long term funding towards Aboriginal children's language and cultural programming
- Municipal and provincial governments work with urban Aboriginal agencies to reduce urban Aboriginal children's health status inequities
- Municipal and provincial governments work with urban Aboriginal agencies to ensure that urban Aboriginal children live in healthy homes, attend day programs and schools in healthy environments
- All levels of government recognize health status inequities and advocate for funded urban Aboriginal specific applied health services research
- All levels of government support interagency collaboration among urban Aboriginal service providers to deliver services and identify funding and research opportunities
- All levels of government collaborate with urban Aboriginal agencies and gain knowledge of the urban Aboriginal health determinants and inequities, and recognize urban Aboriginal communities' right to self-determination in delivery of culturally specific health services, programs and policy.

Appendix F: Interview Protocols

1 Service Providers

Hello, my name is _____ and I am a researcher with *Directions* Evidence and Policy Research Group. We are currently working with the City of Hamilton to develop an Early Years Service Plan for children aged 0 to 12 and their families. As part of that project, we are consulting with service providers and your name was given to us as a potential interviewee. If you agree, I would like to ask you some questions about your role as a service provider. Is that agreeable to you? I would like to record the interview so that I can take notes later on, rather than during the interview. The recording may be shared with one other researcher, but no one else will hear it. We will destroy the recording after writing up our report. Are you comfortable with that? The interview will last about 30 minutes, but you are free to end the interview at any time. Are you ready to start?

Over the past 5 years, the city of Hamilton has been working toward the integration of early years services for children and their families. Integration involves moving toward a single system in which all services for children and their families come together under one umbrella. Under this single system, stakeholders and service providers form partnerships and make decisions through a collective process. There are multiple funders, but they all contribute to a single system. Ultimately this means that professionals work together to deliver a range of services to families when and where they need those services.

1 Question: What does integrated service delivery mean to you?

Probe for details/examples

What impact has this approach had on your delivery of services?

Does this approach require you to think differently about your day-to-day operations?

2 Question: Has your experience to date of the move toward integrating services been: primarily positive? primarily negative? mixed?

Probe for details/examples

3 Question: What kinds of changes have you and your staff made as a result of the move toward integrated service delivery?

What kind of support was made available to you leading up to those changes? Was this support useful?

Is there ongoing support available to you? Is this support useful?

What other kinds of support would be useful to you?

4 Question: In response to the move toward service integration and implementation of full day junior and senior kindergarten, have you or are you planning to develop a new business model for your program? (funding, merging or integrating with other types of service providers, wait-list)

5 Question: What support and training have you had (within the context of service integration). Is it sufficient?

6 Question: Do you and your staff have the training and support you need to imple-

ment age-appropriate learning programs, such as the new Early Learning Framework? Are you able to successfully implement age-appropriate learning programs?

- 7 Question:** Are you able to provide inclusive services for children with special needs? Do you receive any support to facilitate this?
- 8 Question:** Is your program adaptable (i.e., to the specific needs of families in the community you serve)? What does this look like in practice? Can you give me some examples?
- 9 Question:** Do you participate in collective decision-making with other service providers? What kinds of decisions are made collectively? Are there decisions that should be made separately?
- 10 Question:** Do you have a waiting list at the moment? Has your waiting list been growing shorter or longer in recent years? Can parents go elsewhere to access similar services?
- 11 Question:** Is the demand for licensed child care for preschoolers (infants to 6-year-olds) currently being met in Hamilton? To what extent? Does availability vary across neighbourhoods?

Is the demand for licensed child care for school aged children (6- to 12-year olds) currently being met in Hamilton? To what extent? Does availability vary across neighbourhoods?

- 12 Question:** Are there early years services that parents looking for and that they are unable to find or access? (e.g., recreational activities, parenting programs, specialized services like speech & language programs). **Probe:** What is the extent of the unmet need? Does this vary across neighbourhoods? *If so, what tools would you suggest are needed to help parents navigate the early years system.*
- 13 Question:** In its role as the Consolidated Municipal Systems Manager, how do you expect the City to support you?
- 14 Question:** What do you need to move forward under service integration? What kind of support are you looking for?
- 15 Question:** What are the biggest risks that you see in the transition toward service integration? (E.g., what might be lost?) In the short term? Long term?
- 16 Question:** What opportunities do you see in the transition toward service integration? (E.g., what might be gained?)

Any questions from the interviewee, appreciation, request a brief follow-up interview if clarification is required.

2 School Boards

Hello, my name is _____ and I am a researcher with *Directions* Evidence and Policy Research Group. We are currently working with the City of Hamilton to develop an Early Years Service Plan for children aged 0 to 12 and their families. As part of that project, we are consulting with stakeholders and your name was given to us as a potential interviewee. If you agree, I would like to ask you some questions about your role as a stake-

holder. Is that agreeable to you? I would like to record the interview so that I can take notes later on, rather than during the interview. The recording may be shared with one other researcher, but no one else will hear it. We will destroy the recording after writing up our report. Are you comfortable with that? The interview will last about 30 minutes, but you are free to end the interview at any time. Are you ready to start?

Over the past 5 years, the city of Hamilton has been working toward the integration of early years services for children and their families. Integration involves moving toward a single system in which all services for children and their families come together under one umbrella. Under this single system, stakeholders and service providers form partnerships and make decisions through a collective process. There are multiple funders, but they all contribute to a single system. Ultimately this means that professionals work together to deliver a range of services to families when and where they need those services.

- 1 Question:** What does integrated service delivery mean to you?
Probe for details/examples
What impact has this approach had on your role?
- 2 Question:** Has your experience to date of the move toward integrating services been: primarily positive? primarily negative? mixed?
Probe for details/examples
- 3 Question:** What kinds of changes have you witnessed as a result of the move toward integrated service delivery?
What kind of support has been made available to schools? Is this support proving to be adequate? What other kinds of support might be required?
- 4 Question:** Has the role of school boards changed as a result of the move toward service integration? **Probe for details/examples**
Are school boards more or less effective in this new role? **Probe for details/examples.**
- 5 Question:** Are school boards in collective decision-making with other organizations? What kinds of decisions are made collectively? Are there decisions that should be made separately?
- 6 Question:** Is the demand for licensed child care for preschoolers (infants to 6-year-olds) currently being met in Hamilton? To what extent? Does availability vary across neighbourhoods?
Is the demand for licensed child care for school aged children (6- to 12-year olds) currently being met in Hamilton? To what extent? Does availability vary across neighbourhoods?
- 7 Question:** Are there early years services that parents looking for and that they are unable to find or access? (e.g., recreational activities, specialized services like speech language pathologists). **Probe:** What is the extent of the unmet need? Does this vary across neighbourhoods?
- 8 Question:** Reflecting on the Pascal Report (recommendations on the best way to implement full-day learning for 4- and 5-year-olds) and the new role that school boards fine themselves in, what advice would you give the city in their role as Consolidated Municipal Systems Manager? How do you view the relationship between the Consoli-

dated Municipal Systems Manager and the school boards?

- 9 Question:** Does the move toward an integrated early years system in Hamilton match your vision of what such a system might look like? **Probe:** where are the matches/mismatches? What is your vision?

Any questions from the interviewee, appreciation, request a brief follow-up interview if clarification is required.

3 Stakeholders

Hello, my name is _____ and I am a researcher with *Directions* Evidence and Policy Research Group. We are currently working with the City of Hamilton to develop an Early Years Service Plan for children aged 0 to 12 and their families. As part of that project, we are consulting with stakeholders and your name was given to us as a potential interviewee. If you agree, I would like to ask you some questions about your role as a stakeholder. Is that agreeable to you? I would like to record the interview so that I can take notes later on, rather than during the interview. The recording may be shared with one other researcher, but no one else will hear it. We will destroy the recording after writing up our report. Are you comfortable with that? The interview will last about 30 minutes, but you are free to end the interview at any time. Are you ready to start?

Over the past 5 years, the city of Hamilton has worked toward the integration of early years services for children and their families. Integration involves moving toward a seamless system of care in which all services for children and their families come together to provide care. Under this integrated system of care, stakeholders and service providers form partnerships and make decisions through a collective process. There are multiple funders, but they all contribute to a seamless system of care. Ultimately this means that professionals work together to deliver a range of services to families when and where they need those services.

- 1 Question:** What does integrated service delivery mean to you?
Probe for details/examples
What impact has this approach had on your role?
- 2 Question:** Has your experience to date of the move toward integrating services been: primarily positive? primarily negative? mixed?
Probe for details/examples
- 3 Question:** What kinds of changes have you witnessed as a result of the move toward integrated service delivery?
What kind of support has been made available to service providers? Is this support proving to be adequate?
- 4 Question:** Has your role or the role of your organization changed as a result of the move toward service integration? **Probe for details/examples**
Are you/your organization more or less effective in this new role? **Probe for details/examples.**
- 5 Question:** Do you participate in collective decision-making with other organizations? What kinds of decisions are made collectively? Are there decisions that should be made separately?

- 6 Question:** Is the demand for licensed child care for preschoolers (infants to 6-year-olds) currently being met in Hamilton? To what extent? Does availability vary across neighbourhoods?
Is the demand for licensed child care for school aged children (6- to 12-year olds) currently being met in Hamilton? To what extent? Does availability vary across neighbourhoods?
- 7 Question:** Are there early years services that parents looking for and that they are unable to find or access? (e.g., recreational activities, parenting programs, specialized services like speech & language programs). **Probe:** What is the extent of the unmet need? Does this vary across neighbourhoods? *If so, what tools would you suggest are needed to help parents navigate the early years system.*
- 8 Question:** What do you see as the city's role in supporting the move toward service integration?
- 9 Question:** What are the biggest risks that you see in the transition toward service integration? (E.g., what might be lost?) In the short term? Long term?
- 10 Question:** What opportunities do you see in the transition toward service integration? (E.g., what might be gained?)
- 11 Question:** Does the move toward an integrated early years system in Hamilton match your vision of what such a system might look like? **Probe:** where are the matches/mismatches? What is your vision?

Any questions from the interviewee, appreciation, request a brief follow-up interview if clarification is required.

Appendix G: Focus Group Protocols

The city of Hamilton is working toward the integration of early years services for children and their families. Integration involves moving toward a seamless system of care in which all service providers for children and their families come together to provide care. Under this integrated system of care, stakeholders and service providers form partnerships and make decisions through a collective process. There are multiple funders, but they all contribute to a seamless system of care. Ultimately this means that professionals work together to deliver a range of services to families when and where they need those services.

Does the description just provided match your definition or visions of integrated service delivery? What else would you add?

Has your experience to date of the move toward integrating services been: primarily positive? primarily negative? mixed? **Probe for details/examples**

What kinds of changes have you witnessed as a result of the move toward integrated service delivery?

What kind of support has been made available to service providers? Is this support proving to be adequate?

Has your role or the role of your organization changed as a result of the move toward service integration? **Probe for details/examples**

Are you/your organization more or less effective in this new role **Probe for details/examples.**

Do you participate in collective decision-making with other organizations? What kinds of decisions are made collectively? Are there decisions that should be made separately?

What do you see as the city's role in supporting the move toward service integration?

What are the biggest risks that you see in the transition toward service integration? (E.g., what might be lost?) In the short term? Long term?

What opportunities do you see in the transition toward service integration? (E.g., what might be gained?)

Is there anything else you would like to add?

Appendix H: Survey Tool

City of Hamilton Early Years Community Plan

Parent Questions

What is your home postal code?

How old is/are your child/children?

What is the primary language used in your home?

- English
- French
- Other

Have you recently (within the past 5 years) immigrated to Canada?

- Yes
- No

The next series of questions asks if you use or require early years services and, if so, whether you have been able to secure the services you need.

Do you currently use or require child care for a child aged 0-3?

- Yes
- No

Have you been able to secure child care for this child?

- Yes
- Yes, but this service does not fully meet our needs
- No

What is the main reason you have been unable to secure child care that fully meets your needs? Choose one.

- I am on a waiting list for this service
- I cannot find a service provider near me
- I do not know how to find a service provider
- I cannot afford the service

- Service providers cannot accommodate my child's special needs
- Providers' hours do not meet my needs
- Services are not available in my preferred language
- Language barriers make it difficult for me to access child care services
- Other

Do you currently use or require child care for a child aged 4-5?

- Yes
- No

Have you been able to secure child care for this child?

- Yes
- Yes, but this service does not fully meet our needs
- No

What is the main reason you have been unable to secure child care that fully meets your needs? Choose one.

- I am on a waiting list for this service
- I cannot find a service provider near me
- I do not know how to find a service provider
- I cannot afford the service
- Service providers cannot accommodate my child's special needs
- Providers' hours do not meet my needs
- Services are not available in my preferred language
- Language barriers make it difficult for me to access child care services
- Other

Do you currently use or require child care for a child aged 6-12?

- Yes
- No

Have you been able to secure child care for this child?

- Yes
- Yes, but this service does not fully meet our needs
- No

What is the main reason you have been unable to secure child care that fully meets your needs? Choose one.

- I am on a waiting list for this service
- I cannot find a service provider near me
- I do not know how to find a service provider
- I cannot afford the service
- Service providers cannot accommodate my child's special needs
- Providers' hours do not meet my needs
- Services are not available in my preferred language
- Language barriers make it difficult for me to access child care services
- Transportation between school and before/after school care is a problem
- Other

Do you currently use or require full day kindergarten for a child aged 4-5?

- Yes
- No

Have you been able to secure full day kindergarten for this child?

- Yes
- Yes, but this service does not fully meet our needs
- No

What is the main reason you have been unable to secure full day kindergarten that fully meets your needs?

- I am on a waiting list for this service
- I cannot find a service provider near me

- I do not know how to find a service provider
- Service providers cannot accommodate my child's special needs
- The schools nearby do not offer full-day kindergarten
- I cannot arrange for before and/or after school care
- Full day kindergarten is not available in my preferred language
- Language barriers make it difficult for me to access kindergarten services
- Other

Do you currently use or require a child care subsidy?

- Yes
- No

Have you been able to secure a child care subsidy?

- Yes
- No

What is the main reason you have been unable to secure a child care subsidy? Choose one.

- I am on a waiting list for this service
- I do not know how to access a child care subsidy
- I am not eligible for a child care subsidy
- My childcare provider does not have a subsidy agreement with the city of Hamilton
- Language barriers make it difficult for me to access this service
- Other

Do you currently use or require a health care provider (for example, a doctor or clinic) for any of your children aged 0 to 12?

- Yes
- No

Have you been able to secure a health care provider?

- Yes

- Yes, but this service does not fully meet our needs
- No

What is the main reason you have been unable to secure a health care provider that fully meets your needs? Choose one.

- I cannot find a service provider near me
- I do not know how to find a service provider
- I cannot afford the service
- Service providers cannot accommodate my child's special needs
- Providers' hours do not meet my needs
- Services are not available in my preferred language
- Language barriers make it difficult for me to access this service
- Other

Do you currently use or require a dentist for any of your children aged 0 to 12?

- Yes
- No

Have you been able to secure the services of a dentist?

- Yes
- Yes, but this service does not fully meet our needs
- No

What is the main reason you have been unable to secure dental services that fully meet your needs? Choose one.

- I cannot find a service provider near me
- I do not know how to find a service provider
- I cannot afford the service
- Service providers cannot accommodate my child's special needs
- Providers' hours do not meet my needs
- Services are not available in my preferred language

- Language barriers make it difficult for me to access this service
- Other

Do you currently use or require mental health services for any of your children aged 0 to 12?

- Yes
- No

Have you been able to secure mental health care services?

- Yes
- Yes, but this service does not fully meet our needs
- No

What is the main reason you have been unable to secure mental health care services that fully meet your needs? Choose one.

- I am on a waiting list for this service
- I cannot find a service provider near me
- I do not know how to find a service provider
- I cannot afford the service
- Service providers cannot accommodate my child's special needs
- Providers' hours do not meet my needs
- Service providers are not available in my preferred language
- Language barriers make it difficult for me to access this service
- Other

Do you currently use or require behavioural support for any of your children aged 0 to 12?

- Yes
- No

Have you been able to secure behavioural support?

- Yes

- Yes, but this service does not fully meet our needs
- No

What is the main reason you have been unable to secure behavioural support services that fully meet your needs? Choose one.

- I am on a waiting list for this service
- I cannot find a service provider near me
- I do not know how to find a service provider
- I cannot afford the service
- Service providers cannot accommodate my child's special needs
- Providers' hours do not meet my needs
- Service providers are not available in my preferred language
- Language barriers make it difficult for me to access this service
- Other

Do you currently use or require a special needs assessment or diagnosis for any of your children aged 0 to 12?

- Yes
- No

Have you been able to secure a special needs assessment or diagnosis?

- Yes
- Yes, but this service does not fully meet our needs
- No

What is the main reason you have been unable to secure a special needs assessment or diagnosis that fully meet your needs? Choose one.

- I am on a waiting list for this service
- I cannot find a service provider near me
- I do not know how to find a service provider
- I cannot afford the service

- Service providers cannot accommodate my child's special needs
- Providers' hours do not meet my needs
- Service providers are not available in my preferred language
- Language barriers make it difficult for me to access this service
- Other

Do you currently use or require special needs support (for example, physical therapy, autism program, resource teacher) for any of your children aged 0 to 12?

- Yes
- No

Have you been able to secure special needs support?

- Yes
- Yes, but this service does not fully meet our needs
- No

What is the main reason you have been unable to secure special needs support that fully meets your needs? Choose one.

- I am on a waiting list for this service
- I cannot find a service provider near me
- I do not know how to find a service provider
- I cannot afford the service
- Service providers cannot accommodate my child's special needs
- Providers' hours do not meet my needs
- Service providers are not available in my preferred language
- Language barriers make it difficult for me to access this service
- Other

Do you currently use or require speech or language therapy for any of your children aged 0 to 12?

- Yes

No

Have you been able to secure speech or language therapy?

Yes

Yes, but this service does not fully meet our needs

No

What is the main reason you have been unable to secure speech or language therapy that fully meet your needs? Choose one.

I am on a waiting list for this service

I cannot find a service provider near me

I do not know how to find a service provider

I cannot afford the service

Service providers cannot accommodate my child's special needs

Providers' hours do not meet my needs

Service providers are not available in my preferred language

Language barriers make it difficult for me to access this service

Other

Do you currently use or require physical activities or recreation (for example, camps, sports teams, boys & girls clubs, etc.) for any of your children aged 0 to 12?

Yes

No

Have you been able to secure physical activities or recreation?

Yes

Yes, but this service does not fully meet our needs

No

What is the main reason you have been unable to secure physical activities or recreation that fully meet your needs? Choose one.

I am on a waiting list for this service

- I cannot find a service provider near me
- I do not know how to find a service provider
- I cannot afford the service
- Service providers cannot accommodate my child's special needs
- Providers' hours do not meet my needs
- Service providers are not available in my preferred language
- Language barriers make it difficult for me to access this service
- Other

Do you currently use or require cultural or arts activities (for example, art, music, dance, activities relevant to your family's culture/ancestry, etc.) for any of your children aged 0 to 12?

- Yes
- No

Have you been able to secure cultural or arts activities?

- Yes
- Yes, but this service does not fully meet our needs
- No

What is the main reason you have been unable to secure cultural or arts activities that fully meet your needs? Choose one.

- I am on a waiting list for this service
- I cannot find a service provider near me
- I do not know how to find a service provider
- I cannot afford the service
- Service providers cannot accommodate my child's special needs
- Providers' hours do not meet my needs
- Service providers are not available in my preferred language
- Language barriers make it difficult for me to access this service

Other

Do you currently use or require a tutor or someone who can help with homework for any of your children aged 0 to 12?

Yes

No

Have you been able to secure tutoring or homework help?

Yes

Yes, but this service does not fully meet our needs

No

What is the main reason you have been unable to secure tutoring or homework help that fully meet your needs? Choose one.

I am on a waiting list for this service

I cannot find a service provider near me

I do not know how to find a service provider

I cannot afford the service

Service providers cannot accommodate my child's special needs

Providers' hours do not meet my needs

Service providers are not available in my preferred language

Language barriers make it difficult for me to access this service

Other

Do you currently use or require pre or post-natal support (for example, prenatal classes, home visiting after the birth of a child, breast-feeding help)?

Yes

No

Have you been able to secure pre or post-natal support?

Yes

Yes, but this service does not fully meet our needs

No

What is the main reason you have been unable to secure pre or post-natal support that fully meet your needs? Choose one.

- I am on a waiting list for this service
- I cannot find a service provider near me
- I do not know how to find a service provider
- I cannot afford the service
- Providers' hours do not meet my needs
- Service providers are not available in my preferred language
- Language barriers make it difficult for me to access this service
- Other

Do you currently use or require parenting support (for example, classes or information on effective parenting)?

- Yes
- No

Have you been able to secure parenting support?

- Yes
- Yes, but this service does not fully meet our needs
- No

What is the main reason you have been unable to secure parenting support that fully meet your needs? Choose one.

- I am on a waiting list for this service
- I cannot find a service provider near me
- I do not know how to find a service provider
- I cannot afford the service
- Providers' hours do not meet my needs
- Service providers are not available in my preferred language

- Language barriers make it difficult for me to access this service
- Other

Do you currently need any other services for you or your family?

- Yes. If yes, please specify: _____
- No

Have you ever been to an Ontario Early Years Centre (OEYC)?

- Never
- Once
- Occasionally
- Regularly

Why Not?

What is the main reason you do not spend time at an Ontario Early Years Centre? Choose one.

- I have never heard of OEYC
- There are no OEYCs in my neighbourhood
- I have no need for the services at OEYC
- The services I need are not available at OEYC
- I do not find the OEYC to be very welcoming
- Language barriers make it difficult for me to make use of OEYCs
- OEYC hours are not compatible with my family's schedule
- Other

Satisfaction

The services available at OEYC are:

- Excellent
- Satisfactory
- Not very helpful

Have you ever been to a Parenting and Family Literacy Centre (PFLC)?

- Never
- Once
- Occasionally
- Regularly

Why Not?

What is the main reason you do not spend time at a Parenting and Family Literacy Centre?
Choose one.

- I have never heard of PFLC
- There are no PFLCs in my neighbourhood
- I have no need of the services at PFLC
- The services I need are not available at PFLC
- I do not find the PFLC to be very welcoming
- Language barriers make it difficult for me to make use of PFLCs
- PFLC hours are not compatible with my family's schedule
- Other

Satisfaction

The services available at PFLC are:

- Excellent
- Satisfactory
- Not very helpful

Do any of your children attend a licensed child care centre?

- No
- Occasionally
- Regularly

Why Not?

What is the main reason your children do not attend a licensed child care centre?

- I have never heard of licensed child care centres.
- There are no licensed child care centres in my neighbourhood.
- There are no spaces available in any of the nearby child care centres.
- I cannot find a space in a child care centre that operates in my preferred language.
- I do not need the services of a licensed child care centres.
- Licensed child care centres are not able to meet my child care needs.
- I do not find the licensed child care centres to be very welcoming.
- I prefer other types of child care arrangements.
- Language barriers make it difficult for me to access the services of a licensed child care centre.
- Child care centre hours are not compatible with my family's schedule.
- Other

Satisfaction

The services available at licensed child care centres are:

- Excellent
- Satisfactory
- Not very helpful

Are of your children currently in licensed home child care?

- No
- Occasionally
- Regularly

Why Not?

What is the main reason your children do not attend home based child care?

- I have never heard of home based child care.
- There is no licensed home based child care in my neighbourhood.
- There are no spaces available in any of the nearby home based child cares.

- I cannot find a space in a home based child care that operates in my preferred language.
- I do not need licensed home based child care services.
- Licensed home based child care is not able to meet my child care needs.
- I do not find licensed home based child care to be very welcoming.
- I prefer other types of child care arrangements.
- Language barriers make it difficult for me to access licensed home based child care services.
- Licensed home based child care hours are not compatible with my family's schedule.
- Other

Satisfaction

Licensed home child care services are:

- Excellent
- Satisfactory
- Not very helpful

Child Questions

Parents: Is one of your children between the ages of 6 and 12?

- Yes
- No

Please help one of your children between the ages of 6 and 12 to answer the following questions.

How old are you?

Age in years

Are you a boy or a girl?

- Boy
- Girl

Do you take any classes or lessons outside of school?

- Yes
- No

Would you like to?

- Yes
- No

Are you in any clubs at school?

- Yes
- No

Would you like to be?

- Yes
- No

Are you in any clubs outside of school?

- Yes
- No

Would you like to be?

- Yes
- No

Are you on any sports teams at school?

- Yes
- No

Would you like to be?

- Yes
- No

Are you on any sports teams outside of school?

- Yes
- No

Would you like to be?

- Yes

No

Have you ever gone to camp?

Yes

No

Would you like to?

Yes

No

Do you get help with your homework?

Yes

No

Would you like help with your homework?

Yes

No

Do you attend before or after school care?

Yes

No

What would you like to do in your before and after school program (mark all that apply)?

Free play

Physical activities or sports

Activities like arts, drama, music or cooking

Homework

Play video games or have computer time

Read books

Play board games or card games

Watch movies

Other, specify: _____

Thank you for taking the time to complete the Hamilton Early Years Services Survey. All respondents are eligible to win a family gift provided by the City of Hamilton. If you would like to be included in the draw for a family gift, please provide your email address: