

**Niagara's Best Start  
Integrated Community Plan**

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**Message from the Co-Chairs Niagara Children's Planning Council**

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Thank you, Susan Speck January 31, 2006

## **Introduction**

Niagara has had a long and successful history of developing services and programs to support healthy child development in our youngest citizens. A group of community partners representing the Niagara Children's Planning Council worked with a consultant to create this plan, based on input and advice from parents, Aboriginal, Francophone and multicultural groups, school boards and other community organizations as well as data from available sources. The following represents the Niagara Best Start Integrated Community Plan.

Best Start is about children, families and communities. It is based on the work of the Council of Early Child Development lead by Dr. Fraser Mustard which recognizes that early brain development sets the stage for life and can be promoted through evidenced based strategies provided by parents in supportive environments.

Best Start is a federal/provincial/municipal initiative to:

- assist parents to help their children be successful in school;
- expand licensed child care spaces and introduce innovative approaches to healthy child development and early learning; and
- bring community services together in a comprehensive, flexible, integrated and seamless way, accessible to children and parents at familiar neighbourhood locations.

A key component of Best Start is to strengthen early development, learning and care services so that Ontario's children arrive in Grade 1 ready to learn and excel. Best Start will improve and support the healthy development of children by emphasizing quality child care service that is based on the developmental needs of the child and is accessible both in cost and location for parents. It builds on existing prevention and early intervention programs of Healthy Babies, Healthy Children, Preschool Speech Language and Infant Hearing Programs and Ontario Early Years Centres. It will be delivered over the next ten to fifteen years with Phase 1 emphasizing more quality and affordable child care for children 0 to 4 including Junior and Senior Kindergarten located in schools where ever possible for the 2005 -2008 period.

### **Expert Panels**

The government has established three expert panels to guide the Best Start implementation:

1. The 18 Month Well Baby Expert Panel, chaired by Niagara's Medical Officer of Health and paediatrician Dr. R. Williams, is developing strategies for province wide developmental assessment for every child in Ontario at 18 months of age. This panel will provide recommendations regarding the early identification component for existing services and the development of linkages to primary care providers (family practitioners, community paediatricians and nurse practitioners).
2. The Expert Panel on an Early Learning Program is developing an early learning program for preschool children that can link to junior and senior kindergarten learning programs and ultimately become a single integrated program. Kathy Thompson from the District School Board of Niagara sits on this committee.

3. The Expert Panel on Quality and Human Resources is looking at recruitment and retention of qualified early childhood education professionals and ways to improve quality licensed and informal child care. Donna Cunningham from Niagara College of Applied Arts and Technology and Wanda St. Francois are members of this committee.

The Best Start initiative will form the basis to address the broader determinants of healthy development by

- helping parents to support their children;
- helping children be ready to achieve success in school when they enter Grade 1;
- helping make the transition to Grade 1 as smooth, seamless and successful as possible;
- making high quality early learning and care available for our youngest learners
- providing a variety of parenting supports;
- helping identify and provide support to children who need extra help;
- building on partnership between community service providers and between levels of government.<sup>1</sup>

More information about the determinants of health and their relation to Best Start, please see [www.beststart.org/events/details/bs\\_annualconf06.html](http://www.beststart.org/events/details/bs_annualconf06.html).

### **The Niagara Best Start Integrated Community Plan Phase 1**

The Niagara Best Start Integrated Community Plan will support children by providing a vehicle to plan and develop a comprehensive system of services for all Niagara's children including French speaking, Aboriginal children and those with special needs from birth through the transition to school. It is built on the vision of the Niagara Best Start Network which is:

*“Children in Niagara region will experience a safe, healthy and nurturing childhood, preparing them for an adulthood in which they are responsible and contributing members of their community.”<sup>2</sup>*

An Integrated Community Plan for Niagara is defined as a plan that:

- coordinates and brings into alignment services from diverse providers to children and their parents or caregivers in an effective and efficient manner;
- delivers services from multiple providers and funders in a coordinated manner to the child and family in a convenient neighbourhood location designated as a hub;
- recognizes the authority of identified populations of francophones and aboriginals to plan for their communities within the parameters of the Best Start initiative and incorporates their planning directions into the outcomes of the Niagara Children's Planning Council;
- harmonizes strategic directions of community service delivery agents across service sectors within a common local framework and towards a common goal;

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<sup>1</sup> Best Start Phase 1: Laying the Foundation Implementation Planning Guidelines for Best Start Networks June 28,2005.

<sup>2</sup> Terms of Reference Niagara Best Start Network Appendix 1

- identifies a process to define the concept of integrated services at the community level and examines the opportunities to implement where appropriate.

The Niagara Children’s Planning Council will strive to implement this definition as the Best Start initiative develops over time.

### **Planning Principles**

The principles used in constructing the Niagara Best Start Integrated Community Plan are those of the Niagara Best Start Network and ultimately direct all of the services and supports developed in this initiative.

- **Family Orientation** - children are our priority – parents & caregivers are equal partners
- **Integration and Inclusion** – all children and families regardless of economic status, cultural background or special needs are welcomed to participate
- **Value and Respect** – respect others perspective and learn about others
- **Creativity and Flexibility** – complex nature of the initiative requires ingenuity and willingness to try new ways
- **Integrity** – operate in honesty and sincerity, use evidence based strategies and practices

Additional planning constructs were derived from community consultations with stakeholders and are used in creating the Niagara Plan:

- build on existing service pathways and service partners including existing child care centres, Ontario Early Years Centres, resource centres and other community services and programs to the greatest extent possible
- maintain the element of parental choice when enhancing/expanding the system of services as well as consideration for flexibility of locations and hours of operation to meet the diverse needs of families
- maintain/ enhance the stability of the existing systems supporting children aged 0 to 6, with appropriate emphasis on all stages of a child’s development
- simplify service access for parents and caregivers and create flexible services to meet the needs of families and children with diverse/complex needs
- use a universal non-stigmatizing population health approach in creating hubs recognizing the QUAD principles (Quality, Universality, Accessibility and Development) as defined by the Council on Early Childhood and expected by the Federal government in implementing a national child care strategy
- provide the ability to screen children for identified developmental needs within the hub model as well as existing child care centres and make appropriate and timely service connections for children and parents
- develop neighbourhoods from a community capacity building philosophy where individuals and families take ownership for the creation, implementation and sustained delivery of services and supports.<sup>3</sup>

The Niagara Best Start Integrated Community Plan contains planning processes that will :

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<sup>3</sup> An example of community capacity building can be found in the Town of Fort Erie’s Community Health and Wellness Strategy. More information is available at [www.communityhealth.townofforterie.on.ca/brockconnection.html](http://www.communityhealth.townofforterie.on.ca/brockconnection.html).

- identify and examine gaps in service for children 0 to 6 at the neighbourhood level
- encourage appropriate responses to those identified gaps, relying on the previously indicated guiding principles of family orientation, integration and inclusion for all children and families, value and respect, creativity and flexibility and integrity
- enhances the child care system for the two future years 2006/07 and 2007/08
- establish a “footprint” for early learning and care hubs within the infrastructure planning for child care spaces
- coordinate the *Niagara Region Public Health Department (NRPHD) Healthy Babies/Healthy Children/Parent Child Health Program Alignment with Best Start* and Speech Services Niagara Best Start Plan that includes Infant Hearing Screening along with *Niagara’s Best Start Plan: An Early Learning and Child Care Plan 2005- 2007*
- build a long term vision for the Niagara Children’s Planning Council including a process to define integrated services and the strategies to achieve improved integration of service delivery systems across all sectors that impact the lives of children.

### **Special Role of Parents**

Parents are entrusted with the task of nurturing our greatest resource , our children. “There is no keener revelation of a society’s soul than the way in which it treats its children.” said Nelson Mandel in Toronto in 1999. “Every day, a thousand children are born in Canada. Making sure that they grow up healthy, happy, successful and safe is a key responsibility for parents, communities and society as a whole”.<sup>4</sup> Best Start provides additional strategies to assist parents in raising their children with greater knowledge of early development research and techniques. Communities will be engaged to respond to the needs of parents and children in a more sensitive and participatory manner through local networks. Parents will have the opportunity to be better informed and will have better access to early identification services as Best Start is implemented.

### **Schools First Policy**

In order to maximize opportunities that engage children in the enjoyment of learning and build a transformational Early Years system, the Ministry of Children and Youth Services requires a “Schools First” policy to locate services in neighbourhoods. This means that elementary schools in local neighbourhoods will be considered first as suitable locations for the delivery of services and programs for children and their parents. “School is a key environment for imparting social values, promoting a sense of self worth and teaching a range of relationship and coping skills in addition to the broad range of academic skills required to prepare children for full adult membership in our society.”<sup>5</sup> Schools are a major physical resource in every community as primary locations where children congregate outside the home. As well, “supportive school environments that foster resilience and focus on asset development, protective factors and social

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<sup>4</sup> Canada’s National Agenda 2000

<sup>5</sup> Children First Report of The Advisory Committee on Children’s Services Province of Ontario Nov 1990

connectedness reduce the risk of health-related problems and support the healthy growth and development of children and youth.”<sup>6</sup>

On an exceptional basis, other community facilities like libraries, multi-service centres, recreational facilities, child care centers, resource centres, etc. will be considered, should a neighbourhood school not be perceived as a suitable location for Best Start hubs. When this is the case, a clear rationale will be provided for approval by the Ministry of Children and Youth Services. Some communities may have specific factors that suggest alternative locations for hubs because of the rural nature of the neighbourhood, the natural points that children and families historically have gathered to learn and support each other as well as choosing a neutral location that is accessible to a greater population of children.

### **Background:**

The Niagara Strategy to implement Best Start builds on the following examples of community strength and wisdom:

1. the Niagara Children’s Charter<sup>7</sup> which defines as a statement of principles the fundamental level of rights and freedoms a child is entitled to expect in Niagara. It is the compass star to direct the course of planning services for children.
2. the existing service and programs for children
  - prenatal and early intervention programs to assess healthy development in areas of speech, hearing, physical, dental and mental health and infant development and others
  - licensed centre based and home based child care
  - parent child resource centres and professional resource centre
  - Aboriginal Head Start program\*<sup>8</sup>
  - programs available at the Centre de Sante Communautaire Niagara\*
  - resource teacher supports for children with special needs,
  - children’s mental health services
  - children’s rehabilitation services\*
  - children’s developmental services
  - child welfare services
  - libraries
  - recreational facilities
  - community health centres and
  - faith communities and
  - cultural and multicultural organizations.

These services are detailed in the Early Years Community Resources Inventory 2002<sup>9</sup> which will be updated in 2006 by the Federal

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<sup>6</sup> Niagara Region Public Health Department “Healthy Babies, Healthy Children/Parent Child Health Program Alignment with Best Start Jan 2006” Executive Summary available in Appendix 2

<sup>7</sup> The Niagara Children’s Charter Appendix 3

<sup>8</sup> \* Programs specifically included by Niagara Task Group

Understanding the Early Years Project. Information on Understanding the Early Years is available at <http://www.uey.copperlen.com>.

3. the previous work of the Early Years Niagara<sup>10</sup> movement, a community alliance with education, health, child care and business to develop and sustain a shared community vision for the optimal development of all children. It is based on the research of McCain and Mustard<sup>11</sup> that shows that early brain development sets the stage for lifelong learning, behaviour and health. *“Investing early is vital to the continued success of our children and our communities.”* The guiding vision of the Early Years Action Group has been *“Niagara: a community that ensures every child will reach optimal potential through co-operative investment in Early Years”*.<sup>12</sup>
4. the Ontario Early Years Centres<sup>13</sup>, their commitment to *“develop a partnership model of service development and delivery, ensuring integration of services across the Region”*<sup>14</sup>, sponsoring community organizations and their satellite and mobile programs that provide early learning and literacy programs for parents and their children, parenting programs and educational workshops that support parents and caregivers of young children in all aspects of early childhood development, resource lending library, toy lending library, links to other children’s services in local communities and information and training for new parents about pregnancy and parenting.
5. current service delivery collaboration, coordination and integration in local communities. Child Wellness Drop In Clinics are an excellent example of coordinated service delivery for infants and children by bringing together a speech language pathologist, children’s mental health worker, dental hygienist and a public health nurse in a non-clinical setting like a child care centre, a resource centre or an Ontario Early Years Centre in order to evaluate a child’s development. These services represent coordination across distinct service systems (child care, children’s mental health, preschool speech services and public health) in a coordinated non-stigmatizing, population health approach. Should a need be identified, children and families are connected to the appropriate service delivery agent in or nearest to their local neighbourhood and to the discrete service systems. In the future, opportunity may exist to add an occupational therapist, physical therapist and/or social worker to the clinic.

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<sup>9</sup> The Early Years Community Resource Inventory is available at <http://niagara.cioc.ca/start.asp?useCICVw=36>.

<sup>10</sup> A chronology of Early Years Niagara is available in Appendix 4.

<sup>11</sup> Mustard, J.F. & McCain, M.N. (1999). “Reversing the Real Brain Drain: Early Years Study”.

<sup>12</sup> Early Years Niagara Terms of Reference

<sup>13</sup> An overview of the four Ontario Early Years Centres and their programs offered is available in Appendix 5.

<sup>14</sup> Ontario Early Years Centre Erie Lincoln Three Year Service Plan 2004 - 2007

6. “Niagara’s Best Start Plan: The Early Learning and Care Plan 2005 - 2008”<sup>15</sup> by Niagara Region Children’s Services shifts the system philosophy of childcare from support to employment for parents to a service devoted to healthy child development. It plans for the increase in licensed child care spaces for children in Junior and Senior Kindergarten, the gradual expansion of licensed child care for children from birth to 4 years of age and the broader system of child care services for children from birth to 12 years of age.

Through the Best Start initiative 540 child care spaces will be added by March 31, 2008 to the existing licensed child care system. Of these spaces, 60% of the new spaces will be subsidized for low income families and residents participating in Ontario Works based on past trends. This commitment recognizes the need to make services affordable for families and responds to the well known impact of poverty on the outcomes for children.<sup>16</sup> It strengthens the social and economic health of the children and families participating in the subsidy program and builds self sufficiency and well-being into the neighbourhoods and community as a whole.

7. Niagara Best Start Network and Children’s Planning Council intends “to establish a comprehensive and sustainable integrated system of services that supports families with children from birth through their transition to school.”<sup>17</sup> The Council has two seats for parent representatives and the remainder are representatives from a broad array of community services and funders.

The Niagara Best Start Network also proposes the creation of Community Neighbourhood Networks (CNN) as cross-sectoral groups that share a common geography and reflect the needs and interests of children and families in a specific neighbourhood. CNN’s will examine community data to:

- provide advice as to the best practices that will support service delivery in their neighbourhood;
- provide a forum for information sharing between the Best Start Network and the local neighbourhoods and communities; and
- implement plans and strategies developed and approved by the Niagara Children’s Planning Council.<sup>18</sup>

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<sup>15</sup> The Executive Summary of “Niagara’s Best Start Plan: The Early Learning and Care Plan 2005 -2008” is available in Appendix 6.

<sup>16</sup> McCain and Mustard

<sup>17</sup> Terms of Reference, Niagara’s Best Start Network Sept 30, 2005

<sup>18</sup> Niagara Best Start Network Terms of Reference Diagram Appendix 1

## 1. Needs Assessment

The Integrated Community Plan is complex and multi-layered. Surveys, interviews and focus groups were used to gather information from parents, service providers and other community partners. Service sectors seen as a beginning point for the development of Best Start were contacted for input on relatively short notice. In spite of a short time frame imposed by the Ministry of Children and Youth Services, the process used to develop the Integrated Community Plan has gathered a significant amount of input. However it is recognized that information gathering has not been all inclusive. As the Niagara Children's Planning Council develops infrastructure support, more information and input will be sought from community sectors as the plan and its evolution unfold.

It is important to recognize that *further consultation* with parents, caregivers and community partners and *further consideration* of evidence from current data sources must occur at the neighbourhood level in order to create services and programs that are reflective of the culture, desires and developmental needs of the children and families residing in that neighbourhood. Thus the services and programs provided through the Best Start initiative will be appropriate to the specific families in a local community and will begin the process of local community capacity building where children and families see the Best Start model as one they own.

Local inventories and databases were examined to determine a preliminary sense of the gaps and level of need in Niagara neighbourhoods for children 0 to 6 years of age – Early Years Community Resource Inventory, Understanding the Early Years Research including the Early Developmental Instrument, waiting lists from Contact Niagara, the central point of intake for Children's Mental Health and Developmental Services, Statistics Canada 2001, data from Ontario Child Care Management System (OCCMS) and Integrated Services for Children Information System (ISCIS) for both the Healthy Babies/Healthy Children program as well as Speech Services Niagara. The provincial databases of Assistance for Severely Disabled Children and Special Services at Home were also reviewed. More detailed information is available in Appendix 8.

### 1.1 Environmental Scan

#### a. Niagara Population Profiles

According to the 2001 census data, there were 410,574 residents living in the Niagara region, with 31,185 children aged 0 to 6 . This represents 7.6 % of the total population of Niagara. This is less than the Ontario proportion of 8.5% of children aged 0 to 6 compared to the population as a whole. A negative growth rate was noted in ages 0 to 44 in Niagara while there was a 23% increase of people over the age of 75.

The structure of families with children under 14 in Niagara mirrored Ontario's in that 75% were headed by 2 parents. There were noticeable differences between municipalities within Niagara, specifically

- municipalities where couples with children comprised more than 80% of families were Grimsby, Lincoln, Niagara on the Lake, Pelham, West Lincoln and Wainfleet

- municipalities with the highest proportion of single parent families were Fort Erie, Port Colborne, Niagara Falls, St Catharines and Welland.

Niagara Children’s Planning Council will need to address the issue of Income levels as a significant indicator of potential risk for healthy development when compounded with other factors. Niagara has a lower median income (\$56,787.) compared to the province (\$61,024.) Although there is no definition of poverty in Canada, Statistics Canada’s Low – Income Cut-Off (LICO) identifies low income families as families that spend a significantly higher proportion of their income on food, shelter, and clothing than an average Canadian family of similar size and community of residence. In Niagara 10% of families were categorized as low income. The municipalities of Fort Erie, St Catharines, Port Colborne, Niagara Falls, Thorold and Welland (more than 10%) had twice the number of low income families proportionately than Grimsby, Lincoln, Niagara on the Lake, Pelham, West Lincoln and Wainfleet (less than 5%).

Regionally the median income of single female parents was 36% less than that of their male counterparts (\$30,093. vs. \$46,704.). The gap was most noticeable in Thorold (61%), Fort Erie (41%) and St Catharines (39%) where the gap is greater than the regional median difference of 36%.<sup>19</sup>

In December 2005, 3328 children aged 0 to 6 (approximately 10% of all children aged 0 to 6) in Niagara were in families in receipt of social assistance.<sup>20</sup>

The number of live births per year has remained relatively stable since 2000. Approximately 4000 live births occur each year in Niagara. Typically pregnancies in teenagers have been associated with adverse maternal and infant outcomes. Birth to teen moms represented 5.8% of all births across the region of Niagara in 2003. Welland had the highest proportion of teen moms at 14.4%<sup>21</sup>.

Low birth weight is a risk factor of infants and a determinant of long term health outcomes and learning difficulties. Low birth weight babies comprised 10% of all live births between 2000 and 2003, this figure is partially explained through multiple births which have a lower birth weight.

In Niagara, 98 % of consenting new mothers are screened using the Parkyn postpartum screening tool to identify presence of congenital or acquired health challenges, parenting difficulties, developmental factors, and socio-economic concerns. Between 2000 and 2003, 17% of children tested in Niagara had scored 9 or greater indicating a need for further assessment. St Catharines, Port Colborne, Fort Erie and Welland had a greater proportion of Parkyn scores greater than nine compared to the regional average. Recognizing that all new parents and families could benefit from support and information all parents regardless of risk receive a contact from a Public Health Nurse within 48 hours of leaving hospital.

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<sup>19</sup> Statistics Canada 2001

<sup>20</sup> Social Assistance and Employment Opportunities, Niagara Region

<sup>21</sup> Niagara Region Public Health Department 2003

**b. Early Years Community Resources Inventory (EYCRI) Summary Jan 2005 based on the Early Years Community Resources Inventory 2002**

1. 65% of the agencies identified in the EYCRI reported serving children under 6 only. Only 4% of the programs surveyed indicated that they served the parents and caregivers of children under 6.
2. 44% of the programs that responded to the survey indicated that they provided weekend daytime services. Weekend evening programs were rare, less than 5% of the programs surveyed.
3. 17% of programs surveyed indicated that program demand exceeded the capacity available. Parenting/family supports, counseling and programs for special needs populations were more likely to report service demand exceeding capacity.
4. Programs in Welland and Pelham reported meeting 57% and 59% respectively of the demand on a regular basis.
5. Half of the programs surveyed reported a user fee to access programs.
6. Almost 30% of programs surveyed rated as being physically inaccessible.
7. Half of the programs surveyed indicated resource sharing with another agency or organization.

**c. Understanding the Early Years Research**

In December 2000, the City of Niagara Falls was chosen as one of twelve communities across Canada to be part of the Understanding the Early Years (UEY) Federal Initiative with the objective to gather and disseminate research information to the community to help make informed decisions about children and their families. In 2001 the Provincial government announced the Ontario Early Years (OEY) Initiative, which among other objectives shares the mandate to gather and disseminate research information to the local community to assist with evidence based planning.

An announcement made by the Federal Government in September 2005, that Niagara Region has been approved as a new UEY research site until 2008, will ensure the continued opportunity for Niagara Region to gather information about child development.

Both the UEY and OEY initiatives have afforded the Niagara Region with the unique and enviable situation, where there is both a federal and provincial focus on early years research and a subsequent influx of resources to the Niagara Region.

The Early Development Instrument (EDI) is a tool to gather data for both the UEY and OEY initiatives. The EDI is a questionnaire designed to measure the outcome of a child's early years and subsequent readiness to learn at school. The EDI questionnaire is completed by Senior Kindergarten teachers who use their knowledge and observations to complete the questionnaire based on five domains of child development:

- Physical Health and Well-being;
- Emotional Maturity;
- Social Competence;
- Language and Cognitive Development; and
- Communication Skills and General Knowledge

When interpreting the EDI, children, who scored in the lowest 10% of scores within a domain, are considered to be vulnerable in terms of readiness to learn skills. While scoring poorly on one domain does not necessarily indicate a problem, scoring in the lowest 10% of scores on more than one domain increases a child’s risk for future difficulty at school.

The percentage of children in a population who score at/below ten percent in one or more domains can be interpreted as an indication of how many children are “not ready to learn at school” or have “increased needs” in comparison with the rest of the population. Table 1 shows the percentage of children by municipality who scored in the lowest 10 percent in one or more

Table 1: Percentages of Children Scoring less than 10

Vulnerable Elements	1 Element	1 or More Elements	2 or more Elements
Niagara Region	12.5%	26.3%	13.8%
Fort Erie	15.7	30.6	14.9
Grimsby	8.4	14.0	5.6
Lincoln	5.7	26.2	20.5
Niagara Falls/Niagara on the Lake	12.8	25.4	12.6
Pelham	5.5	14.6	9.1
Port Colborne	18.0	27.0	9.0
StCatharines/Thorold	12.9	26.6	13.7
Wainfleet/West Lincoln	10.5	23.0	12.5
Welland	16.2	35.0	19.6

The Early Development Instrument will be implemented in Senior Kindergarten classes in spring 2006 across all four school boards in the Niagara Region. This next round of EDI data will be analyzed at the neighbourhood level, which will provide more meaningful information as to areas within municipalities that are doing well, and areas with children with increased needs. Currently the municipalities have been broken down into draft neighbourhoods based on criteria and focus groups will be held for community consultation and endorsement of the neighbourhoods. The 2006 EDI results will be coordinated with the planning for services and programs in local neighbourhoods within each municipality.

## 1.2. Community Consultation

Parents and community service providers were informed about the Best Start initiative and responses to specific questions were gathered in several formats. Appendix 8 contains the interview and survey materials used in the community consultation process.

A survey of parents/caregivers within the region was conducted with respect to Best Start, child care and service provision in general by Niagara Region Children’s Services.<sup>22</sup> Through the Niagara Catholic District School Board, municipal libraries and the Regional Municipality of Niagara website, 8,350 surveys were distributed. Broader distribution through additional partners to Best Start was hampered by a variety of factors. A total of 2,426 were completed and returned representing a 29% response rate. The questionnaire is included in Appendix 8. Of the total respondents, they were equally split between those who currently use child care and those who do not.

“Highlights from respondents who currently have children, including children with special needs in the child care service system include:

- 92% responded that child care located in schools would work for them and their children while 8% responded that it would not
- In relation to challenges that might arise from school based child care, this group responded – no problems (56%), hours of care offered (40%), transportation (10%) and “other” (9%) including extended hours of care (16%), cost (15%), availability of space/waiting lists (13%), flexible hours (11%) and summer and holiday child care (11%)
- Additional services this group would like co-located included schools (70%), OEYCs (49%), Public Health Services (37%), Speech Services (34%), Parenting Workshops (34%), “other” (8%) including – daycare/childcare (19%), before/after school programs (14%) and recreation facilities (11%)
- Of this group, 52% would like to continue receiving information about Best Start through newsletter (74%), email (26%), website (12%), newspaper/radio (10%), other (2%) – including school flyer/newsletter (50%), mail/flyer (30%), telephone (10%), library (5%), OEYC (5%)

Highlights from respondents who currently do not use the child care service system many of whom chose to answer the entire questionnaire:

- 16% responded that child care located in schools would work for them
- In relation to challenges that might arise from school based child care, this group responded – no problems (53%), hours of care offered (39%), transportation (12%) and “other” (7%) including extended hours of care (15%), cost (15%), flexible hours (15%) and summer and holiday child care (15%)
- Additional services this group would like co-located included schools (67%), OEYCs (45%), Public Health Services (37%), Speech Services (37%), Parenting Workshops (36%), “other” (5%) including – daycare/childcare (20%), before/after school programs (20%), parental involvement in school (20%), learning assessments (10%), occupational therapy (10%), reading services/books (10%) and library programs (10%)”<sup>23</sup>

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<sup>22</sup> Niagara’s Best Start Plan: The Early Learning and Child Care Plan 2005 – 2008 p.27.

<sup>23</sup> Ibid, p. 27.

Input from additional parent surveys acquired through the Parent Talk Help Line of the Niagara Region Public Health Department, community interviews, a community service provider retreat, and focus groups is summarized as indicated in Table 2. More detailed summaries are available in Appendix 8.

Table 2 Community Consultation

<b>Consultation Source</b>	<b>Needs of Best Start Model</b>	<b>Program Components Suggested</b>
Parent Surveys (26 completed during Parent Talk Line)	<ul style="list-style-type: none"> <li>▪ Child care located in schools</li> <li>▪ Easy access throughout all areas of Niagara including rural</li> <li>▪ Accurate information about services available, well advertised</li> <li>▪ Play groups</li> <li>▪ Flexible service and extended hours</li> <li>▪ Transportation described as the number one barrier to use</li> <li>▪ Cost must be affordable – subsidy available</li> <li>▪ Can accommodate children with special needs including children with chronic conditions</li> <li>▪ Respite for parents</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ontario Early Years Centres</li> <li>▪ Public Health Services</li> <li>▪ Speech Services</li> <li>▪ Parenting Workshops</li> <li>▪ Before and after school child care, infant &amp; toddler spaces</li> <li>▪ Recreational programs</li> <li>▪ Learning assessments</li> <li>▪ Occupational Therapy</li> <li>▪ Library Programs</li> <li>▪ Reading /Literacy programs and supplies</li> <li>▪ Creative parenting without anger</li> <li>▪ Prenatal classes</li> <li>▪ Opportunity to socialize and make friends with young children</li> </ul>
Child Care Sector Executive (4 members)	<ul style="list-style-type: none"> <li>▪ Better advertising of Early Id services</li> <li>▪ Access to Early Id Service when needed as well as consultative</li> <li>▪ Timeliness of Delivery</li> <li>▪ Multiple needs of children and families</li> <li>▪ Flexibility of services to meet diverse needs of children and families</li> <li>▪ Parental Choice must be maintained</li> <li>▪ Enhance and maintain professional training resources and support services for ECE staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Preschool Speech &amp; Language</li> <li>▪ Parenting</li> <li>▪ Public Health Programs</li> <li>▪ Care for sick child for working parents</li> <li>▪ Programs for the emotional issues of child and parent/caregiver</li> <li>▪ Services for Children with Special Needs</li> <li>▪ Services for families with complex needs and children with special needs within the child care setting</li> <li>▪ Programs for those communities considered “hard to serve”</li> <li>▪ Programs for the emotional needs of child and parent/caregiver linked to child care centres</li> </ul>
Ontario Early Years Lead Agency Managers and Coordinators (8 participants)	<ul style="list-style-type: none"> <li>▪ Engaging parents</li> <li>▪ Inclusive approach</li> <li>▪ Early Identification provided in a manner that is sensitive to parents and non stigmatizing</li> <li>▪ Placing the services in a location</li> </ul>	<ul style="list-style-type: none"> <li>▪ Fathers Programs</li> <li>▪ Prenatal Programs</li> <li>▪ Post partum Depression Awareness</li> <li>▪ Space for individual counseling or programming</li> <li>▪ Space for group presentations</li> </ul>

<b>Consultation Source</b>	<b>Needs of Best Start Model</b>	<b>Program Components Suggested</b>
	<p>that will support their mutual development</p> <ul style="list-style-type: none"> <li>▪ Numbers alone cannot determine the success of the model</li> <li>▪ Transportation for parents</li> </ul>	<ul style="list-style-type: none"> <li>▪ Literacy and Reading Programs</li> <li>▪ Toy Lending Library</li> <li>▪ Child Development Resource Library</li> <li>▪ Specialized programs like Early Years Family and Schools Together</li> </ul>
Early Intervention Services (5 participants)	<ul style="list-style-type: none"> <li>▪ Families need one single connection to the systems of service for their child</li> <li>▪ Integration of existing services into a seamless system</li> <li>▪ Accessibility to services i.e. waiting lists for treatment, navigating the systems</li> <li>▪ Resources available to support the development of more services</li> <li>▪ Ability of the service providers to create flexibility of service delivery given labor contracts</li> <li>▪ Post partum depression treatment services are rare</li> </ul>	<ul style="list-style-type: none"> <li>▪ Family Health Teams linked to sites</li> <li>▪ Parenting programs offered at site</li> <li>▪ Child and Adult Mental Health Services linked to site</li> <li>▪ Occupational and Physical Therapies Social Work added to Child Wellness Drop In Clinics</li> </ul>
Libraries (9 participants)	<ul style="list-style-type: none"> <li>▪ Appropriate space to provide services</li> <li>▪ New funding to enhance services</li> <li>▪ Transportation for parents</li> <li>▪ Engage Home schooled and private school children</li> <li>▪ Attract stay at home parents</li> <li>▪ Keep libraries in the planning loop</li> <li>▪ Create equity across communities</li> <li>▪ Language barriers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Socialization and parenting programs</li> <li>▪ Make existing community resources available to parents</li> <li>▪ Provide a non-judgmental environment for families</li> <li>▪ Provide high quality early literacy program</li> <li>▪ Provide parenting/health/developmental resources for parents</li> <li>▪ Provide non traditional hours of operation</li> <li>▪ Promote new services to the community</li> </ul>
Special Needs Steering Committee (11 participants)	<ul style="list-style-type: none"> <li>▪ Clarification of Resource Teacher role &amp; responsibilities across the range of programs operating in Niagara</li> <li>▪ Flexibility of the model</li> <li>▪ Security of tenure for child care programs in schools</li> <li>▪ Community input into the model</li> <li>▪ Resources to respond to greater identification of need</li> <li>▪ Resolution of the differences</li> </ul>	<ul style="list-style-type: none"> <li>▪ Involve child care programs and Resource teacher programs in the planning and implementation process</li> <li>▪ Integrated planning – school boards and child care programs and respective Ministries’ staff</li> </ul>

Consultation Source	Needs of Best Start Model	Program Components Suggested
	between Early Childhood Educators and teachers, <u>Day Nurseries Act</u> and Education Act	
Quality Child Care Niagara (7 participants)	<ul style="list-style-type: none"> <li>▪ Engaging Parents, guardians, early childhood educators and school teachers caregivers to participate</li> <li>▪ Integrate the continuum of child development within complimentary social policy frameworks</li> <li>▪ Reinforce the development of One Child One Plan ( coordinated service planning for all children, not only children with special needs)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop a marketing strategy that focuses on early educational programming within a systematic developmental framework</li> <li>▪ Continuous monitoring and evaluation</li> <li>▪ Joint service education/collaboration/planning</li> <li>▪ Build on programs like “40 Assets An Early Childhood Developmental Framework”</li> <li>▪ Professional development in a systematic process</li> </ul>
Healthy Babies/Healthy Children Program Nurses, Family Home Visitors and Managers (25 participants)	<ul style="list-style-type: none"> <li>▪ Resources to expand services to meet the demand</li> <li>▪ Greater specialized professional support</li> <li>▪ Linkage to medical services</li> <li>▪ Relationship of Best Start to Early Years</li> <li>▪ Awareness of the service needs of children 0 to 4 population</li> <li>▪ Clearer referral paths across sectors</li> <li>▪ More in-home hands-on support to parents regarding home making skills</li> <li>▪ Parenting mentors for young moms who have no local support</li> <li>▪ Transportation</li> <li>▪ Use of volunteers and youth in mentoring/role modeling for children</li> </ul>	<ul style="list-style-type: none"> <li>▪ Continue to provide the existing range of Population Health programs like parenting programs like Baby Talk, Breast Feeding, Post Partum Depression, Nurture your Newborn, Kids Have Stress Too, Right from the Start, etc.</li> <li>▪ Continue preschool speech screening</li> </ul>
Fort Erie Newcomer’s Centre and Health and Wellness Committee (2 participants)	<ul style="list-style-type: none"> <li>▪ Grounded in a philosophy of inclusion and family support</li> <li>▪ Develops using community capacity building practices</li> <li>▪ Addresses issues of poverty</li> <li>▪ Culturally appropriate services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Adult and children mental health services</li> <li>▪ Easy clear access to the services and other service systems</li> <li>▪ Ability to include all children including those with special needs, chronic diseases</li> <li>▪ Appropriate fit with medical services – avoid duplication</li> </ul>
Resource Centres	<ul style="list-style-type: none"> <li>▪ Needs to address issues of poverty,</li> </ul>	<ul style="list-style-type: none"> <li>▪ Professional development centre can</li> </ul>

<b>Consultation Source</b>	<b>Needs of Best Start Model</b>	<b>Program Components Suggested</b>
ECCDC, Fort Erie Friendship Centre, Centre de Sante, Bethlehem Place (3 participants)	<p>single parenting, low academic achievement, violence against women, high risk children, child welfare</p> <ul style="list-style-type: none"> <li>▪ Model must meet the needs of the population served</li> <li>▪ Funding for Year round full time service</li> <li>▪ Resources must be accessible to a diverse population over a large geography and responsive to the needs of families with highly complex needs</li> <li>▪ Year round and summer supports for families with complex needs</li> <li>▪ Information management system</li> </ul>	<p>provide research, training and education, program resources and technology and information management support to Best Start</p> <ul style="list-style-type: none"> <li>▪ Recommends coordinating the research and community planning related to Early Years and Best Start in Niagara and include parent child resource centres in the process</li> <li>▪ Use existing service delivery paths for specialized populations</li> </ul>
Aboriginal Groups (7 participants)	<ul style="list-style-type: none"> <li>▪ Model must fit within the Aboriginal Healing and Wellness Strategy</li> <li>▪ Must support whole family</li> <li>▪ Dedicated staff to engage the parents and caregivers to use the services</li> <li>▪ Transportation</li> <li>▪ Appropriate marketing and communications</li> <li>▪ Address issues of poverty/hunger/domestic violence</li> <li>▪ Address transient nature of the population</li> </ul>	<ul style="list-style-type: none"> <li>▪ Build on existing services and programs offered</li> <li>▪ Must have a vehicle to bring children and families to services</li> <li>▪ Provide a meal</li> <li>▪ Linkage to adult services</li> <li>▪ Linkages to reservations and other aboriginal networks</li> </ul>
Francophone Community 2 parents 4 child care providers 2 schools 8 community partners	<ul style="list-style-type: none"> <li>▪ Transportation to programs difficult</li> <li>▪ Lack of French speaking professionals</li> <li>▪ Lack of information and publicity about programs</li> <li>▪ Rural regions underserved</li> </ul>	<ul style="list-style-type: none"> <li>▪ Free day care for parents attending the hub</li> <li>▪ Service model must reflect the needs and realities of Francophones, not an Anglophone model</li> </ul>
School Boards (3 boards, 6 participants)	<ul style="list-style-type: none"> <li>▪ Transportation</li> <li>▪ Coordination with other provincial initiatives</li> <li>▪ Ensuring school staff are on board</li> <li>▪ Appropriate school sites – aging schools and declining enrollment in Niagara</li> </ul>	<ul style="list-style-type: none"> <li>▪ Pre School Speech Language</li> <li>▪ Parenting</li> <li>▪ Early Literacy</li> <li>▪ Early Numeracy</li> <li>▪ Social Skills training for parents as well as Children</li> <li>▪ Speech services in French</li> <li>▪ Behavior management</li> </ul>

### 1.3. Child Care System

Significant observations from *Niagara's Best Start Plan: The Early Learning and Child Care Plan 2005 -2008* are:

- “Infants (birth to 18 months) are served by 144 spaces – an 8.2% reduction in infant spaces from 2004. **Six of 12 municipalities do not have infant care** – of those, three of the four municipalities experiencing the highest rates of growth in the Region (Grimsby, Pelham and West Lincoln) do not have infant care available.
- Toddlers (18 – 30 months) are served by 570 licensed spaces available in ten of the twelve communities of the Region – this represents a 4% reduction in licensed toddler spaces. **Of the four fastest growing municipalities, West Lincoln does not have toddler care available**
- Preschoolers (2.5 – 5 years) are served in all communities where 2,966 spaces are broadly distributed – the highest concentration of spaces are in St Catharines, Niagara Falls and Welland. There has been a 17.1% decrease in licensed preschooler spaces over 2004. However, this decrease can be explained in large part by the creation of the new reporting category of JK/SK.
- School aged children (6 – 12 years) are served in nine of 12 municipalities – Niagara on the Lake, Wainfleet and West Lincoln being without such programs – total space availability is 2,306
- MCYS has introduced a new reportable/trackable age group JK/SK with a total of 837 spaces throughout the region – no such spaces are available in Niagara-on-the-Lake, Port Colborne, Wainfleet or West Lincoln. This is a significant gap in creating an early learning and care system that supports a child’s readiness to learn in Grade 1.
- Population of children <6 years of age is 31,180
- Within the current licensed centre-based system there is capacity for 14.4% of all children <6 years of age
- Total pre-school spaces comprise 43.4% of the entire licensed centre-based system
- Population of children 0-12 years of age is 63,865
- Within the current licensed centre based system there is capacity for 10.6% of all children <12 years of age”.<sup>24</sup>

### 1.4. Children with Special Needs

- Infants identified to be at risk of healthy development are currently waiting up to 4 months for **Infant Education Parent Teaching Services** to make an initial appointment for service.<sup>25</sup> This delay is in part a result of the mandate change for this program (serving children up to 5 years of age) as well as the perception that a significant number of children with special needs may not be accessing child care.
- **Children’s Mental Health** There is a significant lack early identification and treatment programs for children with behavioural/emotional issues. Some children

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<sup>24</sup> Niagara’s Best Start Plan: The Early Learning and Care Plan 2005 - 2008 p. 18

<sup>25</sup> According to the Manager Infant Education and Parent Teaching Program.

cannot be accommodated in child care or other community resource because of their behaviour and the lack of trained staff/resources. According to Contact Niagara information<sup>26</sup> for the period April 1, 2005 to Nov 14, 2005, psychiatric services are the most frequently identified future priority for children. Opportunities for greater service collaboration /integration, use of existing staff intensive models like Family and Schools Together or You Make the Difference – A Hanen Early Learning Program as well as the development of an integrated community strategy using evidenced based models of intervention and service delivery is required.

Co-ordination with Niagara Health Services and integration into the primary health care system is also necessary to maximize services and provide the range of programs and treatment types required across all communities in Niagara.

- **Children’s Rehabilitation Services** indicate that the consideration of “Critical Mass”<sup>27</sup> of children requiring a particular service is important in order to create service efficiencies with limited resources while providing intervention and treatment services. Resources for intervention and treatment services are limited and as such create an imbalance in services to children.
  
- **Speech Services Niagara** is identifying and providing treatment to up to 13% of children aged 0 to 5 which is greater than the provincial projection of 10%. However, two major gaps are a. children are waiting up to 6 months for their first intervention service and b. the salaries of speech language therapists are falling behind colleagues in other sectors which may result in excess staffing turnover, potential reduction in quality and difficulty filling vacant positions. in order to provide equitable and timely service for children attending 4 school boards.<sup>28</sup>
  
- The *Niagara’s Best Start Plan: An Early Learning and Child Care Plan 2005 – 2008* indicates the following for **Special Needs Resource Teacher Child Care Support**:
  - “High number of children with multi-complex needs in JK/SK continue to be expelled and returned to licensed child care programs requiring additional supports and services (particularly children exhibiting behavioural challenges)
  - Niagara has limited mental health resources particularly tertiary and residential services
  - There continues to be a disproportionate number of children with complex needs enrolled in the Region’s six directly operated licensed programs

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<sup>26</sup> A Referral Status Report, Community Service Plan Children’s Services and a Community Service Plan Developmental Services from Contact Niagara is contained in Appendix 9.

<sup>27</sup> Critical Mass – the minimum number of children for whom specialty intervention services can be provided in a cost effective manner

<sup>28</sup> Speech Services Niagara’s Best Start Plan is available in Appendix 10.

- Current funding formula does not address increased social supports required for children whose parents have complex needs including adolescents and those involved with child protection”<sup>29</sup>

### **1.5. Parent Child Resource Centres**

Comments from *Niagara’s Best Start Plan: A Plan for Early Learning and Child Care 2005- 2008* indicate the following regarding Resource Centres:

- “There continues to be a demand for year-round supports, including summer months. However funding provided for these services remains available for these services on a one-time basis only
- Francophone and Aboriginal populations are not concentrated within the region and represent challenges with respect to service delivery models and sites
- Niagara’s geography and ensuing lack of a region-wide transit system sometimes necessitates families traveling great distances for services
- There is a funding disparity between provincially managed Early Years services and regionally managed Resource Centres, the latter of which is under funded
- Because these centres serve unique populations there is a higher concentration of families with complex needs requiring increased social supports placing an increased burden on limited funding
- Furthermore, cost sharing is also disparate in that the Regional tax base is required to contribute 20% funding to support Resource Centres

#### Overlaps

- Two systems of Early Years Centres/Resource Centres managed by two levels of government has created ... funding inequities within the community”<sup>30</sup>

While the Best Start initiative will allow the OEYC’s and resource centres the opportunity to contribute jointly to the Integrated Community Plan and its outcomes, the Ministry of Children and Youth Services needs to respond to the funding inequities of resource centres. The stability of the system of support to children 0 to 6 and their families requires recognition of this inequity and its resolution at a provincial level.

### **1.6. Identified Populations**

The Planning model for identified populations was examined from a perspective of responsiveness to the needs of aboriginal and francophone communities. Recommendations to improve the responsiveness of Niagara Children’s Planning Council have been developed.

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<sup>29</sup> Niagara’s Best Start Plan: The Early Learning and Child Care Plan 2005 – 2008 p. 32.

<sup>30</sup> *ibid*, p.32.

## **Aboriginal Groups**

It is estimated that at any one point in time there may be 9000 to 12000 aboriginal people living in Niagara. The number has a wide spread because Native people tend to migrate across and within geographic areas. Niagara is on the route between Six Nations Reserve in Brant County and the Reserves of the Tuscarora's and Seneca's in Western New York State. If the 0 – 6 population is estimated to make up 7.6% of a total population, then we can estimate that there are approximately 684 to 912 children between 0 to 6 in the aboriginal community.

Aboriginal agencies in Niagara include Fort Erie Native Friendship Centre, Niagara Chapter of Native Women, Niagara Regional Native Centre and Metis Nation of Ontario – Welland which provide services to children 0 to 6 that include licensed child care, Aboriginal Healthy Babies, Healthy Children, Aboriginal Head Start, Prenatal Nutrition, Community Action Program for Children family support and parenting programs and transportation to attend programs.

The needs of children and families identified in discussions with leaders of these organizations indicate that aboriginal people are difficult to engage. Transportation is a required component for any program as families may not have the motivation to participate or the resources for transportation to attend. The service design for Best Start in this community is more appropriately planned, developed and delivered by the aboriginal community in order to engage participants in a meaningful manner that incorporates traditional values and practices. A distinct planning approach for Aboriginal organizations may also allow the groups to more effectively and strategically use the resources available.<sup>31</sup>

## **Francophones**

In Niagara there are approximately 14250 people whose primary language is French. They reside mainly in the major urban areas of Niagara with more concentration in the Welland community. The spread of a small population density across Niagara will provide challenges for service provision in French across a large area of geography.

The francophone community is supported by several licensed child care agencies in Niagara as well as the Centre de santé communautaire de Hamilton/Niagara, a multi-service agency which includes a community health centre, a parent child resource centre, violence against women services and mental health services for children, youth and adults. The Program Director indicates that they serve an “at risk” population. The recruitment and retention of French-speaking professionals has been an on-going challenge.<sup>32</sup>

Current early identification service providers have French speaking capacity to accommodate the needs of Francophone children 0 to 6 and their families. Speech language pathology for school aged children is often not available in French language public schools.

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<sup>31</sup> A listing of the programs provided by Aboriginal agencies for children 0 to 6 is provided in Appendix 12

<sup>32</sup> The programs for children 0 to 6 provided by the Centre de sante communautaire Niagara are available in Appendix 13.

The Ontario Early Years Centres have the ability to provide services in French: however the utilization of those services has been low in some sites. This issue may need further review to determine the variables that are affecting utilization rates for Francophone children 0 -6 and their parents.

### **Other Multicultural Groups**

Niagara is a gateway for newcomers to Canada, particularly through the entry points in Fort Erie and Niagara Falls. Statistics Canada 2001 census indicates that the majority of newcomers tend to live in Fort Erie and St Catharines. French speaking newcomers tend to live in Welland. Multicultural groups and newcomers services will be encouraged to participate in the local community development opportunities as the Best Start initiative moves forward.

The Peace Bridge Newcomer Centre has seen an exponential increase in families crossing at the Peace Bridge border in Fort Erie. These families are either immigrants or refugees fleeing countries of origin due to war or persecution. In 2005, approximately 500 children between the ages of 0-15 accompanied their parents across the border. Extensive partnerships have evolved over the past two years with organizations including Literacy Link Niagara, Business Education Council, Brighter Futures, Early Childhood Community Development Centre, Ontario Early Years Fort Erie-Lincoln, Fort Erie Native Friendship Centre, Fort Erie Multicultural Centre, Port Cares, Public Health and Children's Services in providing supports and services to these families. This group of individuals represents an opportunity to address our community's labour shortage and contribute to the economy of Canadian society.

There are four Multicultural Centres in Niagara that assist newcomers to Canada and their families: the Fort Erie Multicultural Centre, the Folk Arts Council/Multicultural Centre of St. Catharines, the Multicultural Network of Niagara Falls and the Welland Heritage Council and Multicultural Centre. Niagara is the largest port of entry for refugees and a large growing destination of choice for immigrants. All centres provide assistance to newcomers children and their families through assessment, referrals, information, orientation, translation and employment services. They assist with issues such as housing, referrals to child care, enrolment in school and community resource referrals. Some sites offer child minding services that provide preschool children with opportunities to learn and develop in a positive environment while allowing parents to attend English classes. These programs prepare newcomer children with language and other school readiness skills. Consideration should be given to include multicultural centres as Hubs.

### **1.7 Summary of Gaps Identified**

Most frequently identified needs were:

- **Program Capacity** The information indicates need for additional programs for caregivers and parents offered in accessible locations with extended hours. The communities of Welland and Pelham could benefit from additional program

capacity for children. The capacity of the community resources to support children with special needs suggests that these children and their families are under serviced. The EYCRI will be updated in 2006 to provide more current information for the planning process.

- **Intervention and Treatment Services** The Niagara community envisions a comprehensive universal system of supports and services for children and families and substantiates the need to identify children at risk for healthy development earlier. At the same time, children's rehabilitation and mental health treatment and intervention services for children are seriously under-funded compared to the demand for service. The Best Start initiative must be balanced with similar opportunities to enhance the intervention and treatment services not only for children 0 to 6 years of age but also for the transition to school and school aged supports. Once children are identified as needing additional support, that support must be provided when the child needs it, in the amount and frequency that the child needs and in a manner that sensitive to the culture and language of the family in order for the child and family to thrive.
  
- **Child Care** Niagara Region Children's Services will consider the child care gaps identified in *Niagara's Best Start Plan: An Early Learning and Child Care Plan 2005 -2008* as new child care spaces are allocated over the course of the initiative. Consideration of the critical periods of development from birth to three years and the need to maintain a flexible system of child care support that respects parental choice will inform the location of future child care spaces, especially as they relate to infant and toddler spaces.  
As well, serious consideration must be given to stabilizing the child care system in two ways: consideration of existing child care operators must be prioritized in the allocation of new spaces and wage enhancement for staff through out the existing child care system as well as the new space allocation must be realized.
  
- **Parenting Education Programs** Although an array of parenting programs and program providers exists, it is unclear if specific parenting programs or greater frequency of the current, broad range of programming are needed. Parenting programs need to address the universal needs of new parents as well as more targeted topics like discipline, parenting for single parents, parenting in times of separation and divorce, lifestyle choices and parenting, etc.  
The Early Years Community Resource Inventory (EYCRI) Summary Jan 2005 and the Niagara Region Public Health Department's (NRPHD) Healthy Babies Healthy Children/Parent Child Health Program Alignment with Best Start contain greater descriptions of the variety of parenting programs available. NRPHD has recently completed a review of parenting programs currently available that will be useful in developing a community strategy. Niagara needs to identify and quantify access, use and outcomes of parenting programs and supports.
  
- **Preschool and School Aged Speech Services** – Additional resources are required to increase the number of speech language therapists in order to reduce the time

children wait for their first intervention. Existing salaries need to be enhanced to levels similar to colleagues in other sectors in order to maintain consistent service delivery of preschool speech services.

- **Mental Health Services for Children and Adults** Children with behavioural and psychological/psychiatric needs and parents with mental health, addictions and related disorders are identified frequently in discussion with community partners as well as review of existing databases. Existing early identification and treatment programs are not sufficient to meet the needs of this group. Post partum depression (PPD) is a significant problem with major impact for infants in critical developmental stages and “is an under served issue that is caught between the Adult Mental Health System and the Children’s Mental Health System.”<sup>33</sup>
- **Identified Populations** It is recommended that the Niagara Children’s Planning Council develop
  - a mechanism to allow the Niagara Aboriginal community and the Niagara Francophone community to develop and recommend plans specific to their respective community’s services and needs
  - an appropriate allocation of the Best Start Niagara’s resources for the development, planning and implementation of their respective Best Start plans.

The Niagara Francophone Children’s Planning component would be supported and informed by the work of the Regional French language Best Start Network, the French language child care centres, the Centre de Sante Communautaire, the 2 French language school boards and the French language resources of the Niagara Health System as well as parent participation and consultation with the Francophone parent councils, child care agencies and community services.

The Niagara Aboriginal Children’s Planning component would be supported and informed by parent consultation as well as the Provincial Organizations of the Ontario Native Women’s Association, the Ontario Federation of Indian Friendship Centres and the Ontario Metis Association, all of which sit on a Provincial Best Start Committee. Also the Program Consultant, Aboriginal Children’s Programs Unit, Public Health Agency of Canada, Ontario and Nunavut Region is also available for consultation.

Both populations have small densities across Niagara. Success of programming provided cannot be measured in the same manner as the larger population. Data elements measuring outcomes of the program participants contained in funding service contracts should be modified to reflect the difference in population density.

- **Transportation** Niagara lacks public transportation outside of the major urban centres of St. Catharines, Niagara Falls and Welland. The distance required to

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<sup>33</sup> Niagara Region Public Health Department, “Healthy Babies, Healthy Children/Parent Child Health Program Alignment with Best Start Jan 2006”

travel in order to receive services in rural areas is difficult without access to an automobile.

In order to support more children and families in rural locations, other strategies must be employed. Mobile programs should be considered within the objectives of the Best Start initiative. A similar service delivery model exists in other support service systems: Toy Mobile, OEYC mobile programs, Health Bus. A vehicle with the appropriate branding and logos can not only provide service to children and families but also promote Best Start by its presence in community and neighbourhood sites and parks.

## **2. Plan for Early Learning and Care Hubs:**

The definition of a Hub has the following elements:

- partnership with elementary schools providing Junior and Senior Kindergarten;
- on site licensed child care;
- provision of parenting programs; and
- other community services and programs.

Hubs are designated meeting places for professional to coordinate services and programs for children and parents in local neighbourhoods. Additional supports available at hubs could include a broad range of community health and recreation based programs as well as speech language services, hearing testing and others as identified in the neighbourhood community capacity building process.

Below are “Parenting Centre” principles as defined by the Council of Early Child Development identified in Niagara Region Public Health Department’s “*Healthy Babies, Healthy Children/Parent Child Health Program Alignment with Best Start Jan 2006*”. They are evidence-based and consistent with Best Start and should guide the development of hubs for Niagara<sup>34</sup>.

### ***“Centre Principles***

Community-based – Centres will be located in or linked to neighbourhood schools  
Quality – Support optimal child development  
Relationships – Respond to children’s cues and nurture connections  
Parent-oriented and child-oriented – Engage children and their parents or other caregivers  
Universality – Access to affordable and inclusive options for all children, from conception to age six, and their families  
Diversity – Respect for cultural diversity  
Accountability – Meet the needs of families, communities, and society

### ***Centre Components***

Problem-based play – Environments that offer children opportunities to explore, discover, and promote learning. Regular, consistent play provides rich sensory input that stimulates core brain development.

Parenting – The parent-child relationship is the most powerful influence on children's early brain development, particularly in the first two years.

Resources – Centres can be linked to the Healthy Babies Healthy Children home visiting program and home care satellites. They can also provide a platform for the delivery of early identification and intervention services.

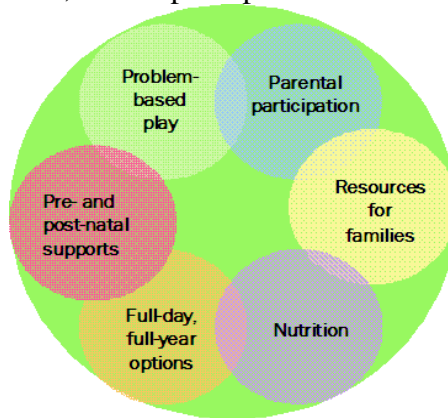
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<sup>34</sup> Niagara Region Public Health Department’s “Healthy Babies, Healthy Children/Parent Child Health Program Alignment with Best Start Jan 2006” p. 8&9.

Prenatal & postnatal supports – Expecting and new parents will have access to childbirth and child development information, group discussions, workshops, and neighbourhood and community resources.

Nutrition – Optimal early child development begins with adequate nutrition from conception onwards.

Full-day, full-year options – Families require a range of care arrangements including part-time, full-time, occasional, and respite options.



Retrieved from [www.councilecd.ca/cecd/home.nsf/pages/centres](http://www.councilecd.ca/cecd/home.nsf/pages/centres)”

Hub programs and services are provided through a partnership between:

- Schools (or community organizations as an exception)
- A service coordinating organization to provide the facilitation of the services and supports provided at the Hub
- Community Neighbourhood Networks comprised of parents, schools, Ontario Early Years Centres/Resource Centres, child care operators, community organizations to support the planning and development and ongoing implementation of Early Learning and Care hubs.

The services provided within each hub will be dependent on the needs of the local neighbourhood as defined by the Community Neighbourhood Network. However it is anticipated that basic services appealing to the majority of children and families could include:

- Parenting workshops and programs including pre and post natal programs, problem based play and parent participation
- Toy lending libraries,
- Child development and parenting resource lending,
- Nutrition programs,
- Infant hearing screening and preschool speech services,
- Child Wellness Drop In Clinics
- Immunizations and Flu shots
- Early identification screening and linkages to primary health care professionals especially at the 18 month well baby checkup
- Post Partum Depression support
- Dad’s groups

- Active Healthy Schools Community initiative
- Interactive parent child play groups
- And others

### Implementation Timeframe

Since Best Start Phase 1 has the expansion of child care spaces as its focus for 2005 - 2008, Early Learning and Care hubs will be implemented after March 31 2008. However, it is important to consider existing sites that meet the Best Start criteria, how new hubs will be planned and where there are opportunities to integrate existing services into the Best Start model.

### Schools First Policy

A “Schools First” policy is required by the Ministry of Children and Youth Services in the development of Early Learning and Care hubs in order to support the connection with the transition to school process and to better connect with children and families. An inventory of elementary schools in Niagara is given below and demonstrates the range of potential locations for early learning and care hubs:

Table 3: Elementary Schools in Niagara

Municipality	DSBN	NCDSB	CSDCCS	CSDCSO
Fort Erie	8	5		
Grimsby	6	2		
Lincoln	6	3		
Niagara Falls	16	13	2	1
Niagara-on-the-Lake	5	1		
Pelham	5	2		
Port Colborne	4	3	1	
St. Catharines	29	14	2	1
Thorold	4	2		
Wainfleet	2	1		
Welland	9	6	2	2
West Lincoln	3	1		
TOTAL	97	53	7	4

DSBN – District School Board of Niagara

NCDSB – Niagara Catholic District School Board

CSDCCS – Conseil scolaire de district catholique Centre-Sud

CSDCSO – Conseil scolaire de district du Centre-Sud-Ouest

However because of a declining child population and the presence of older school buildings (many were built in the 1950’s), not all schools are considered appropriate for development of Best Start child care spaces nor hubs.

In Niagara there are two existing sites which appear to meet the criteria for an Early Learning and Care hub – Mary Ward School with the Ontario Early Years Centre in Niagara Falls and Edith Cavell School with Bethlehem Place Parent Child Resource Centre in St Catharines.

## **2.1 Hub Planning Process**

The draft process described below is being suggested to the Niagara Children's Planning Council for potential amendment, adoption and implementation. It is intended to be a flexible process which may be changed or adjusted as implementation proceeds. It is assumed that organizations desiring to become a part of the Best Start hub plan in Niagara will be directed to participate with the Niagara Children's Planning Council and Best Start Network.

### **a. Best Start Working Group – Existing and Future Opportunities**

A Best Start Working Group reporting to Niagara Children's Planning Council (NCPC) would be formed of Ontario Early Years Centres (OEYCs), Resource Centre Agencies, School Boards, Niagara Child Care Sector and other community organizations to consider where opportunities exist to integrate existing services into the Niagara Best Start initiative. OEYCs and Parent Child Resource Centres closely approximate the service model of Best Start Early Learning and Care hubs. The expertise and resources of the OEYCs and Resource Centres are seen as intrinsic to the development of Best Start Early Learning and Care hubs.

Although the implementation of Best Start Early Learning and Care hubs is not expected until after March 31, 2008, the Best Start Working Group would consider recommendations that will capitalize on existing opportunities (examples are Mary Ward School and Edith Cavell School) meeting the hub criteria as well as new sites where existing services could be shifted. A review of the current OEYC and parent child resource centres would need to occur in order to clearly align those services with the Best Start initiative. Clarification and resolution of the funding disparity between OEYC's and resource centres is critical to incorporate existing services into the Best Start initiative.

The Best Start Working Group would also provide informed support, coordination and program development to the hub site. The role of other community resources will need to be explored by the group in the context of each community and its neighbourhood resources as hubs are developed. Terms of reference for the Best Start Working Group should be developed prior to beginning their work.

### **b. Number of Early Learning and Care Hubs**

The process to identify new Early Learning and Care hub sites is preceded by the child care site selection process identified in the *Niagara Best Start Plan: An Early Learning and Child Care Plan 2005-2008 Section 6.7 Service Provider and Site Selection Process* p.57. It is important to recognize that a critical mass of children and families is required to create/maintain viable child care service which is a required element of a hub. Although some neighbourhoods may indicate high need in one criterion, the ability to create and sustain child care operations that are financially feasible is limited by the number of preschool children in that community or the number of existing child care operators in that community.

In Niagara 32 preliminary<sup>35</sup> neighbourhoods have been identified based on:

- dissemination areas (DA) defined by Statistics Canada,
- a minimum of 30 preschool children residing in the DA and
- neighbourhoods are reflective of natural and artificial boundaries
- minimum population of 4000.

The ideal would be to locate a hub in each of the 161 elementary schools in Niagara. However it is difficult to project at this stage of preliminary development, the suitability of each school to house an Early Learning and Care hub, the available resources to renovate or build suitable sites nor the capacity of the families and children to maintain viable child care within each Early Learning and Care site.

It is projected that Niagara could mount from 4 to 6 new Early Learning and Care hubs plus the 2 proposed existing sites across the peninsula in local communities within the current resources available. Hubs would be expected to provide service to a grouping of schools in nearby neighbourhoods. For Aboriginal and Francophone communities, hubs may be expected to support larger geographic areas.

Existing services like Ontario Early Years Centres, parent child resource centers and the professional resource centre that mirror a part of the Best Start model, will be considered for inclusion into Niagara's Best Start Community Plan targets. The parent child resource centres in the Aboriginal and Francophone communities, namely Under the Rainbow Fort Erie Native Friendship Centre and the Centre de sante communautaire Niagara also have similarity to the Best Start model and may be considered by their respective planning groups for inclusion into the targets for Niagara. Once planning advances, more resource requirements are identified and longer term resource information is known, this projection may be revised.

### **c. Physical Design Elements to be considered within the Foot Print<sup>36</sup> of a Hub**

In discussions with a variety of community stakeholders, information describing the space design elements of the hub model was collected:

- welcoming & inviting appearance that is clearly visible to the community using a healthy development, “come in to play” approach
- location is barrier free for everyone: sensory as well as physical limitations, language & cultural differences are accommodated and used in the child development curriculum where possible
- a clean and carpeted multipurpose room for 15 pairs of parents & infants or children with privacy considerations that can be divided to allow interactive play or drop in facilities
- one smaller quiet room dedicated for one to one work,

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<sup>35</sup> Verification and endorsement of neighbourhoods required through community focus groups is currently being planned

<sup>36</sup> Definition of ‘foot print’: the blue print to create physical space in a location connected to JK/SK wrap around child care with potential to serve as a hub.

- office space for staff,
- telephone /computer & internet access for parents and community partners,
- staff, materials and supplies that are appropriate to the children and families in the neighbourhood,
- computer for staff
- locked storage area for supplies and equipment
- access to a kitchen large enough for cooking in groups
- access to barrier free bathrooms,
- non denominational decorations
- ample, well lit parking close to the main access door
- mobile units considered as community engagement tool as needed
- offers extended/non traditional hours
- child care available
- outdoor play space
- others as determined by Niagara.

#### **d. Hub Neighbourhood Identification**

The proposed model for the identification of neighbourhoods for new Early Learning and Care hubs would be determined by a panel of Niagara Best Start Network Members with no financial or organizational interest in the outcome of the decisions using a criterion based transparent process. The community mapping process used by Regional Planning Department can be used to assist in the neighbourhood selection process.<sup>37</sup>

Consideration for hub neighbourhood selection could include:

- the number of children 0 to 6 residing in the neighbourhood or attending the identified child care centres and elementary schools,
- the Early Development Instrument findings for the neighbourhoods
- the current service delivery patterns for Early Intervention Programs and other relevant socio economic data related to the determinants of health
- the grouping of schools in nearby neighbourhoods that could be supported by a hub and
- the community resources and other service providers in the neighbourhood.

Francophone and Aboriginal communities are expected to develop plans for Best Start that are in keeping with the language and culture of their individual populations. Placement of hubs outside of schools may be more appropriate for either or both of these groups.

#### **e. Proposed Hub Site Selection Process**

School boards will consider the physical requirements of a hub, the “Foot Print”, and recommend schools as hosts in the identified neighbourhoods where hubs could be

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<sup>37</sup> A sample map of the Niagara Region is available in Appendix 14 noting the children’s services resources available.

developed. Should a school not be suitable in an identified neighbourhood, a community facility would be selected through a public expression of interest process.

Early Intervention Service partners (Public Health Division representatives, Speech Services Niagara, Niagara Region Children's Services, Niagara Children and Youth services, Niagara Peninsula Children's Services) and other community partners as identified will review the proposed school(s)/facilities and confirm the appropriateness of the proposed site for hub development. Should it be recommended that a hub be located outside a school, the group would provide the required rationale.

Confirmation of the neighbourhood and school/community site selected for a hub will occur through a community consultation process prior to any further planning for the hub site. This process is necessary to demonstrate integrity in the community capacity building process.

The Best Start Working Group will identify existing services which could be integrated into the Early Learning and Care hub for that neighbourhood site, after confirmation by the local parents and community members.

Hub Sites are recommended to Niagara Children's Planning Council for inclusion in the Integrated Infrastructure Plan in preparation for future development as Best Start Early Learning and Care hubs.

#### **f. Creation of an Integrated Infrastructure Plan**

Once the identification of host schools/community facilities for Early Learning and Care Hubs is completed, infrastructure design plans will be developed and tenders would be sought for individual sites to reflect the hub 'footprint' for that neighbourhood.

Approval of the infrastructure plan will be obtained from Niagara Regional Council and the School Board/ Community Organization hosting the hub.

The identified school board/community organization and Niagara Region Children's Services will negotiate a contract for the projected cost of the renovations/additions.

#### **g. Individual Hub Site Development**

It is anticipated that a site development team would be formed for each location to design and oversee the construction of hubs. The Early Childhood Development Centre is able to provide support in design and material resource acquisition to the overall hub development initiative.

This team would include:

- Architect/ Construction Manager
- School Principal/Community Facility Manager
- School Board Representatives (Plant Manager, Planning Manager)
- Child Care Operator
- Program Advisor for Licensing
- Parent Council Representative from the host school or

Community Advisory Member from a Community Facility  
Niagara Region Children's Services Manager  
Best Start Working Group Member  
Others as required.

## **2.2 Future Implementation Strategy**

In preparation of the work required after March 31 2008, the following implementation strategy for Early Learning and Care hubs is proposed:

### **a. Selection of a Coordinator for an Individual Hub**

Selection of Hub Operator/Coordinator will be developed as resources are reviewed and existing services are examined.

Using a community panel similar to the Neighbourhood Selection Process for Early Learning and Care hubs, an expression of interest will be sought from existing community service agencies for the operation of specific hub locations. The panel will recommend the agency that is best positioned to coordinate programs and services in a local neighbourhood Best Start hub based on the applicant's demonstration of:

- Knowledge of the neighbourhood
- Demonstration of experience in providing resource centre services to parents and children in a "hub" model based with a family support philosophy and modeling the principles of the Best Start Network
- Experience in developing collaboration of parents, child care operator, school, service providers and hub coordinator to engage the local neighbourhood
- Identification of responsiveness of the proposed model to the outcomes identified in the EDI
- Existing in kind and/or financial resources available to enable the creation of the hub.

Recommendations for the operators of hubs will be made to Niagara Children's Planning Council. The applicable school board will be informed of the recommendations when hubs are located within schools.

### **b. Implementation of the Hub and Community Neighbourhood Networks**

Hub coordinators for Best Start initiatives will be assigned and a projected implementation budget will be developed for the first 6 months of operation. Should existing opportunities for hubs be identified that could be implemented sooner than 2008, a hub coordinator would take on the same tasks identified here.

Using a community capacity building approach through the facilitation of the hub coordinator, neighbourhoods will create Community Neighbourhood Networks (CNN) as a primary engagement tool for parents and caregivers. CNNs will be a cross sectoral group which shares a common geography and reflects the needs and interests of children and families in a specific neighbourhood. Early Development Instrument results for that neighbourhood will be shared as one piece of information with parents and caregivers.

Community Neighbourhood Networks will:

- provide advice as to the supports and services they need that will support service delivery in their neighbourhood;
- provide a forum for information sharing between the Best Start Network and the local neighbourhoods and communities; and
- implement plans and strategies developed and approved by the Niagara Children's Planning Council.

Projected operating budgets for the remainder of the fiscal (calendar) year that reflect the directions of the Community Neighbourhood Networks will be developed and submitted to the applicable funder for approval.

### **2.3 Mechanisms for Service Integration**

Service would be coordinated at several levels within the Niagara Best Start model.

#### **a. Best Start Working Group**

The Best Start Working Group made up of OEYCs, Resource Centres, Niagara Child Care Sector and school board representatives would examine existing services and provide direction in migrating identified services currently operating into the Best Start Early Learning and Care hubs where possible. Both "in kind" contributions as well as financial resources will be considered in the examination of existing services. Should opportunities exist to develop Early Learning and Care hubs before 2008, recommendations to the Niagara Children's Planning Council will be made to do so. Otherwise planning for this shift in current services will be carried out in preparation for 2008 implementation.

When new Early Learning and Care hubs are implemented after March 31, 2008, a coordinator will be hired to facilitate the creation of the Community Neighbourhood Network (CNN) and to engage the identified services to provide programs at the hub. The hub coordinator would seek feedback from the participants and stakeholders in order to evaluate the effectiveness of the presented programs and services to meet the needs of the parents and children. The hub coordinator would also communicate with the child care centre, the school or other facility where the hub is housed as well as with the CNN and stakeholders to facilitate the further co-ordination/integration of programming/resources available at the neighbourhood hub.

The hub coordinators would coordinate their activities through the Best Start Working Group as well as existing committees – Ontario Early Years Centres (OEYC) Coordinators Committee or Niagara Child Care Sector. Niagara Child Care Sector as well as OEYC's are members of the Best Start Network and would provide input to the Niagara Children's Planning Council regarding the development and on going operations of the Best Start Early Learning and Care hubs.

Consideration should be given to the creation of a Best Start Hub Manager as the initiative unfolds and the number of Early Learning and Care hubs increase. This position

would facilitate the consistent development of all hubs in local Niagara neighbourhoods by:

- streamlining and linking the work of individual hub coordinators;
- providing planning support to the work of the Community Neighbourhood Networks;
- coordinating input into the Niagara Children’s Planning Council;
- linking with regionally funded resource centres, provincially funded Ontario Early Years Centres and federally funded Brighter Futures and Aboriginal Head Start programs; and
- assisting to monitor and evaluate the performance of hubs.

#### **b. Early Identification Service Provider Co-ordination/Integration**

Early Identification Services are jointly planned and coordinated by the service providers’ existing subcommittee – Joint Integration and Planning Subcommittee<sup>38</sup> (JIPC) which is made up the following services: Speech Services Niagara, Healthy Babies Healthy Children Program, Infant Education and Parent Teaching Program, Children’s Mental Health Services, Niagara Peninsula Children’s Centre and Contact Niagara. This group maintains communication, creates a forum for problem solving and coordinates service delivery including assessment, scheduling, goal development and transitioning of children to school aged services within the region of Niagara.

The Child Wellness Drop In Clinic, a product of the Joint Integration and Planning Subcommittee, is an excellent example of coordinated service delivery as described previously. This subcommittee plays a pivotal role in the early identification and integration of services for infants and young children as their staff are often the first community professionals engaged with families. It is expected that hubs will become sites for the delivery of a Child Wellness Drop In Clinic along with existing service delivery pathways. The group is continuing to explore service intersections and opportunities for service clarification/integration beyond the screening phase of service delivery.

The Joint Integration and Planning Subcommittee members are members of the Niagara Best Start Network as well as the Niagara Children’s Planning Council. The sub committee members report to the Joint Advisory Committee for Infant Education Parent Education and Healthy Babies Healthy Children, Public Health Division and the Community Advisory Committee for Speech Services Niagara.

#### **c. Service Quality, Consistency and Coordination between Child Care and Hub**

It is anticipated that the children and families accessing child care services in the identified neighbourhood will also access the services and programs available at the hub.

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<sup>38</sup> Terms of Reference for Joint Integration and Planning Committee are available in Appendix 15.

Therefore services offered at the hub will coordinate and integrate with the programming determined to be appropriate for the children enrolled in local child care centres.

**Quality Child Care Niagara (QCCN)** is a standardized research based training initiative designed to enhance the skills of Early Childhood Educators and the quality of service to children and families in licensed child care centres across Niagara. QCCN has provided training for Early Childhood Educators on a range of developmental and environmental screening tools to assist in the provision of developmentally appropriate programming. Developmentally appropriate programming ensures that children's developmental norms are in alignment with their chronological age.

The initiative has created a systematic developmental focus that ensures that all children's developmental needs are met including children with identified special needs or those "at risk" for healthy development. The approach will include a transition to school process and facilitate further alignment between early childhood education and the public education system. Speech Services Niagara and Niagara Child and Youth Services are participants with QCCN developing the speech/language/early literacy and behaviour management components of the initiative.

QCCN has the capacity to mobilize the program directions of the Niagara's Children's Planning Council for the child care sector through the provision of evidenced based training creating a standard of programming practice for all child care operators in Niagara.

Subsequent training phases of QCCN include the use of developmental program planning guidelines and a social/emotional framework as outlined in the 40 Developmental Assets. The QCCN initiative has been successful based on the commitment and mobilization of a community-based advisory committee with representation from front line early childhood educators, child care service delivery agencies, child care specialized support agencies, Niagara College, Brock University, both the municipal and provincial levels of Government, the Niagara Region Public Health Department and most importantly parents within Niagara's community.

A Training Support Implementation and Research/Evaluation team created standardized training manuals, provided the training, mentored and coached participating child care centres in the training implementation plans and documented the training and support outcomes. In excess of 575 Early Childhood Educators voluntarily participated in the standardized training sessions representing 135 licensed child care service providers who have promoted and supported their employees' participation in the standardized training sessions.

Niagara's Child Care Community and partners are working collaboratively to raise the developmental standards of practice in licensed child care across Niagara in order to optimize developmental outcomes for young children.

### **Professional Resource Centre**

The Early Childhood Community Development Centre (ECCDC), one of just three organizations of its kind in the province, occupies a unique role within the system of Child Care and Early Learning in Niagara. The ECCDC can enhance the level of quality service these hubs provide by ensuring that Niagara's child care and early learning programs have access to state-of-the-art, play-based learning equipment and that the personnel employed by these programs are able to easily and conveniently keep their skills up-to-date. The ECCDC is also a pioneer in information management systems and technology support for child care and early learning programs and has the capacity to support service coordination. This is particularly the case in the area of tracking the types of learning resources used to address specific issues related to a child's development. This is important in order to offer families the type of highly customized service experience that fosters their confidence and trust in the system.

#### **d. Role of the Resource Teacher**

The role of the Resource Teacher supporting the child care centre affiliated with the hub will be determined in relation to the services and programs provided at the hub. It is assumed that there will be opportunities for collaborative staff experiences between resource teachers and service providers at the neighbourhood hub. Much of the interaction will depend on the particular needs of the children who are attending the child care centre and the hub.

The Special Needs Steering Committee<sup>39</sup> is the coordinating body for the nine resource support programs currently operating in Niagara. This committee reports to Niagara Region Children's Services and will also provide an opportunity for coordinated service relationships with hubs.

#### **e. Children with Special Needs**

It is expected that **all** Niagara's children will be welcomed to a neighbourhood hub. Children with special needs and their families will have the opportunity to provide input into their local hub development and the programs and services provided there.

- The actual structure will be designed to be barrier free for children and their families who may have a sensory or motor impairment.
- Physical space will be provided at the hub so that individual or group activities or programming by resource teachers, personal support workers, behaviour therapists, infant therapists, speech language therapists and other programming professionals can be conducted there, depending on the number of children requiring the same or similar services i.e. "critical mass".
- Materials and resources will be available or will be obtained so that more specialized information is available. Internet connectivity will be required at the hub.
- Children and families will be connected/referred to available resources and services to meet their needs.

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<sup>39</sup> The Terms of Reference for the Special Needs Steering Committee are available in Appendix 16.

#### **f. One Child One Plan**

As a means to simplifying the service systems for parents of children, it is suggested that a common child and family service plan format is accepted for use by all service providers (one child – one plan for a family that contains all of the individual service provider’s assessment and program/intervention plans). This includes program plans for children attending child care as well as intervention plans for children with special needs. The benefit of this common child and family service plan is that it provides consistency in the information collected, structure for an individual planning process (life plan) for children and parents and coherence for the service providers in coordinating services. It is also anticipated that it would reduce the bureaucracy for the client and provide input into broader planning at the Community Neighbourhood Network and Niagara Children’s Planning Council levels.

A parent could choose to have electronic format or hard copy of the child’s plan. Parents would be given assistance in collecting and maintaining the range of assessment reports, file documents etc that result from service. Parents would be given access to their electronic file if they do not have computer connectivity. Hubs should contain computer access for parents.

A summary of the service needs of children and families by neighbourhoods would be provided by the Early Identification service providers as one piece of planning information for the Community Neighbourhood Networks as well as at the agency and region level. This common child and family service plan concept would require the willingness of the service partners as well as resources to explore, develop and evaluate the methodology. Current provincial databases<sup>40</sup> need to be reviewed in order to allow this concept to be implemented to its fullest across service partners without concern for loss of confidentiality.

The Joint Integration and Planning Subcommittee has been developing this model for several years and has experience to guide the inclusion of other service sectors in using the one child one plan concept. Early Intervention Programs are required to have a child and family service plan for each child served. Contact Niagara is currently piloting an electronic model of shared intake documents using a WebTracker software with two of their service partners. It is possible to develop this software for a common service record as a shared child and family plan. Opportunities and willingness currently exist to pursue this concept in a meaningful manner at the present time.

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<sup>40</sup> ISCIS is used by both Healthy babies Healthy Children as well as Speech Services Niagara.

### **3. Plan to Implement Child Care**

#### **3.1 Site Identification Process**

The site identification for 2006/07 and future years will follow a similar process as identified for the year 2005/06.<sup>41</sup>

##### **a. Licensed Child Care Site Selection**

The site selection process for the placement of new licensed child care spaces will be approved by Niagara Region Council and will rely heavily on the consultative process. Niagara Children's Planning Council members not involved in children's services service delivery and who do not have a conflict of interest in the areas of education, child care or municipal government will be asked to sit on a panel to make site and operator selection decisions. The panel will review the criteria against regional demographics including child care vacancies (currently at approximately 9%) to determine the most suitable sites for the new licensed spaces. Resource staff will be available to provide subject matter expertise to assist in the process.

Sites will be selected based on:

1. Child population distribution
2. Child bearing age population distribution
3. Licensed child care service distribution
4. Distribution of adjunct/support services
5. Cost efficiencies – based on site availability (renovation versus construction)
6. *early years research* – data analysis and finding
7. Input from the four local school boards

##### **b. Licensed Child Care Service Provider Selection**

In choosing the operators for the newly developed licensed child care sites, expressions of interest will be called from interested existing child care Service Providers within the Region. Given that Service Providers range in size, structure and supporting infrastructure, a process will be put in place to support all Service Providers interested in submitting a standardized expression of interest to the Panel. Training and support will be provided through a contracted consultant to assist interested Service Providers in preparing submissions.

The same Panel used to select sites will assess the submissions from existing interested licensed child care Service Providers based on defined criteria to match operators to those schools in which licensed spaces have been located. The defined criteria, as set out below are congruent with the four key priorities in Niagara Region Children's Services and can be determined from the MCYS Business Case Criteria submission as provided by an applying Service Provider. Selection criteria

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<sup>41</sup> Niagara Best Start Plan :An Early Learning and Child Care Plan 2005-2008 p. 57.

taken from *Niagara's Best Start Plan: The Early Learning and Care Plan*<sup>42</sup> to be used are as follow:

#### *System Stability*

- The operator demonstrates a history of viable service delivery that meets the needs of the community/neighbourhood in which it is offered
- The plan demonstrates an understanding of the Local Child Care Plan and Community Plan including a connection between the operator and Children's Services planning
- Financial statements demonstrate a financially viable entity

#### *Quality*

- Governance, accountability and structure of the organization demonstrate strong connection to the local community
- Staffing plan demonstrates clear intention to hire qualified personnel, maintain training and pay a living wage
- Plan for proposed site indicates clear understanding of requirement to meet health and safety requirements (other sites operated by Service Provider have regular licenses without provisions from MCYS)
- Plan demonstrates a current commitment to and intention to maintain staff trained through Quality Child Care Niagara and understanding of MCYS Expert Panel on Early Learning and Care

#### *Partnerships*

- Plan demonstrates an understanding of the need for collaborative working relationships with CMSM, MCYS (licensing) and other organizations within the community (i.e. special needs service providers) in order to meet the needs of children and families

#### *Business Process Improvements*

- Plan demonstrates consideration of cost saving measures including other sources of revenue, alternative service delivery models, infrastructure alternatives (renovation versus construction)"

The Business Case Criteria defined by MCYS align with the selection criteria to be used by the Panel. Throughout this process, the Panel will be provided technical supports by resource staff.

Each project selected will be assigned a file number and tracked as a discrete project itemizing deliverables, construction/renovation costs, number of new licensed spaces, work plan, operating costs and all other relevant requirements.

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<sup>42</sup> Niagara's Best Start Plan: The early Learning and Child Care Plan 2005 -2008 p.58.

Aboriginal and Francophone communities will plan for Best Start child care spaces in locations that meet their needs.

### **2006/07**

Based on information received from Niagara's four school boards, 3 schools are expected to be renovated in 2006/07. Assuming alignment of Children's Services priorities including community need, demographics, and the site chosen by the school board, the schools will be considered as appropriate locations for many of the 85 spaces identified for this year. It is expected that the spaces will be a mix of infant, toddler, preschool, jk/sk and after school spaces in order to provide a range of supports to families. Note that it is probable that the number of new spaces created may exceed the projected target as was the case in 2005/06. Information from Aboriginal and Francophone communities is currently being developed and is not available for inclusion in this plan for submission to the Ministry of Children and Youth Services. The Niagara Best Start Preliminary Space Allotment 2005 – 2008 is available in Appendix 17.

The cost of capital construction for the renovations is expected to be a part of the School Boards' capital plan submissions to the Ministry of Education. The Ministry of Education has indicated that the infrastructure costs for child care spaces in newly constructed schools will be funded by the Ministry of Education through Grants for New Pupil Places. The Ministry of Education will pay for building the space while CMSMs/DSSABs will be responsible for the provision of funding for furnishing and equipment.

Most schools boards have policies governing the selection of child care providers in schools. The Ministry encourages the expansion of child care within the non-profit sector located in schools.<sup>43</sup>

### **2007/08**

The 2007/08 site identification will follow a similar process as identified for the year 2005/06 as previously identified. Both the Niagara Catholic District School Board and the District School Board of Niagara expect to build one new school each and open Sept 2007 in Grimsby and Niagara Falls respectively. Again construction costs of child care facilities within new schools will be assumed by the school boards through their submissions to the Ministry of Education. Allocation of spaces for Francophone and Aboriginal communities will be determined in the future as planning develops.

## **3.2 Infrastructure Plan 2006/07 and 2007/08**

### **a. Planning and Approval Process**

Prior to submission to and approval by the Ministry of Children and Youth Services, the updated Local Child Care Plan for each future period will be endorsed by the Community Services Committee of Council and by Regional Council.

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<sup>43</sup> Best Start Infrastructure Guidelines p.27

## b. Community Consultation Process

Plans for 2006/07 and 2007/08 will rely on the most recent available data, primarily from *Niagara's Best Start Plan: The Early Learning and Child Care Plan 2005-2008*. Community consultation processes and information will be updated in preparation of the next year's allocation of spaces.

## c. Environmental Scan and Demographics

“Child demographics for Niagara include:

**Figure 6.4.1**  
**Child Population Statistics Canada 2001**

<i>Ages Group</i>	<i>Total</i>
<i>Birth – 18 months</i>	<i>10,188</i>
<i>18 – 30 months</i>	<i>4,325</i>
<i>30 months – 5 years</i>	<i>16,678</i>
<i>JK/SK</i>	<i>**</i>
<i>6 – 12 years</i>	<i>32,675</i>
<i>Birth – 12 years</i>	<i>63,865</i>

*\*\* included in 30 month – 5 year category*

- English is spoken as the primary language of 80% of Niagara's population with 3.5% speaking French as it's first language
- Three known distinct urban Aboriginal organizations support this population throughout Niagara
- Unemployment rate increased to a high of 9.1% in 2004 signaling a potential increased demand for subsidized child care. Labour force participation continues a downward trend.

### *Service Data*

The following table provides a summary of services managed by Niagara Region Children's Services and is based on data provided by MCYS as at September 15, 2005.

Programs & Services	Number
Number of Licensed Private Home Day Care Agencies*	3
▪ Number of Approved Homes	143
Number of Licensed Child Care Centres**	149
▪ Number of Not-for-profit Licensed Child Care Centre (including Regionally operated)**	123
▪ Number of For-profit Licensed Child Care Centres**	24
Number of Child Care Resource Centres	4
Number of Special Needs Resource Agencies	9
Range of services available (detailed in Chapter 2 of the 2005 Local Child Care Plan)	

\* All PHDC Agencies are not-for-profit

\*\*Numbers do not total – provided by MCYS Hamilton-Niagara Regional Office as at September 15, 2005

**Spaces:**

Number of non-profit and for-profit child care spaces

Non-Profit Child Care Spaces	For-Profit Child Care Spaces
5,941	935

Licensed capacity for all age groups, i.e. number of new spaces

Infant	Toddler	Preschool	JK/SK	School-age	School-age	Total
< 18 Months	18-30 Months	2.5 – 5 Years	3 Years 8 Months – 5 Years	6-9 Years	6-12 Years	
144	555	2,978	903	156	2,140	6,902

\* Includes Best Start allocation 2005/06

**Agencies/Centres/Programs/Services:**

Number of licensed private-home day care agencies and number of approved homes

# Licensed PHDC Agencies	# Approved PHDC Homes
3	143

Number of non-profit and for-profit private-home day care agencies

Non-Profit PHDC Agencies	For-Profit PHDC Agencies
3	0

Number of licensed child care centres = 149

Number of non-profit and for-profit child care centres

Non-Profit Child Care Centres	For-Profit Child Care Centres
123	24

\* Data provided by MCYS as at September 15, 2005

**School Related:**

Number of licensed before and/or after school programs = 89

Number of licensed spaces in schools, by school board

District School Board of Niagara	Niagara Catholic District School Board	Conseil scolaire de district du Centre Sud-Ouest	Conseil scolaire de district catholique Centre Sud
1,985	1,064	0	171

Number of licensed programs in schools by school board, including the number of stand-alone before and after school programs, JK and SK stand-alone programs and programs serving infants, toddlers, preschoolers and school-age children

District School Board of Niagara	Niagara Catholic District School Board	Conseil scolaire de district du Centre Sud-Ouest	Conseil scolaire de district catholique Centre Sud
40	21	0	4

- ❖ Data provided by MCYS as at September 15, 2005 – includes new spaces since April 1 2005
- ❖ 70 additional Best Start spaces to be added once operator and location are confirmed

**Fee Subsidy**

Children	Infant	Toddler	Preschool	JK/SK	School Age	School Age	TOTAL
Number of children subsidized in licensed child care centres**	72	277	1,489	473	78	1,070	3,459
Number of children subsidized in licensed private-home child care**							
Number of children enrolled in licensed child care centres	144	555	2,978	903	156	2,140	6,902

\*\* Subsidized children – estimated based on current trend of 60% of new spaces being in subsidized

#### **d. Service Priorities**

In keeping with the Province's "Best Start" approach, the Children's Services 2005/06 Operational Plan and extensive community consultation, service priorities continue to fall within the four broad categories established within the 2004 Local Child Care Plan. They include:

(i) Service System Stabilization:

- Improve wages for Early Childhood Educators;
- Increase program and administrative staffing for Children's Services;
- Continue to provide cost of living increases for Service Providers;
- Increase space for infants and toddlers in areas of population growth; and
- Seek opportunities to provide Health & Safety funding for licensed child care providers.

(ii) Quality Enhancements:

- Improve quality of child care through QCCN (licensed centre based) and Partners in Quality (licensed home based); and
- Increase supports for children with special needs and/or behavioural challenges.

(iii) Partnerships with priority for

- Niagara Children's Planning Council and Best Start Network;
- Four school boards;
- Child Care Sector;
- Parents; and
- Francophone, Aboriginal, newcomer and ethno-cultural communities.

(iv) Business Process Improvements

- Support licensed child care services with business case development for service provider selection for newly created Best Start spaces; and
- Enhance use of technology for web based attendance submission and ongoing communication.

#### **e. Financial Strategies**

The Best Start allocation for Niagara Region is detailed in the following chart.

It is important to note that Niagara succeeded in an overachievement of the target number of Best Start child care spaces by 57 spaces. It may be anticipated that the same will occur in the following years with the final year leveling out, pending the number of Francophone and Aboriginal spaces.

**Niagara Best Start Allocation\***  
**Increased Ministry Funding 2005 – 2008 for Phase 1 Child Care and Planning for Phase 2**

Fiscal Year	Admin. Funding	Program Funding	Wage Enhancement Funding	Planning Funding	<b>Total Operating Funding</b>	Total Capital Funding	Total Funding	#New Licensed Child Care Spaces by March 31st
2005/06	\$350,000	\$2,770,000	\$382,000	\$108,000	<b>\$3,610,000</b>	\$3,000,000	\$6,610,000	257**
2006/07	515,000	3,761,000	876,000	108,000	<b>5,260,000</b>	1,340,000	6,600,000	85
2007/08	775,000	5,503,000	1,474,000	108,000	<b>7,860,000</b>	4,000,000	11,860,000	255
Totals	\$1,641,000	\$12,033,000	\$2,732,000	\$325,000	<b>\$16,730,000</b>	\$8,340,000	\$25,070,000	
					<b>Total New Spaces</b>			593

\*Figures provided by MCYS, Totals may not add due to rounding; 100% Provincial Funding – Cost Sharing Not Required By Regional Municipality

\*\* A greater number of new child care spaces were created than previously indicated (200) in Niagara’s Best Start Plan: The Early Learning and Child Care Plan 2005 - 2008

Based on past patterns and current realities, it is estimated that 60% of the new Best Start spaces will be fee subsidized for families that qualify for financial assistance. As noted in the Niagara Children’s Services Best Start Plan, 7.5 staff will be hired in support of Children’s Services administration and delivery to ensure accountability requirements are met. Children’s Services provincial funding for administration is presently at 4.7% of its approved budget. With the inclusion of Best Start it brings the cost sharing of administration to 5.5%, significantly lower than the allowable 10%.

Functions required by the CMSM to be fulfilled under Best Start administration include:

- Financial Eligibility- maintaining caseload ratios of 250 clients per Subsidy Worker (it is projected that 60% of the 540 new Best Start licensed child care spaces will require financial assistance, necessitating a minimum of two subsidy staff)
- Program Monitoring and Quality Assurance- program and financial monitoring; maintaining rapidly changing policies and procedures; licensed home child care, one worker to 25 homes (approximately 3 positions)
- Administrative Supports/ Invoice payments- required to ensure payments are made in a timely manner to service providers; co-ordination of capital projects; management of expanded system of services ( approximately 2.5 positions)

Finally, it is important to note that the child care system in Niagara is still under funded by \$2.3 million with the shortfall being offset with funding from the National Child Benefit and sources through Social Assistance and Employment Opportunities (Supports to Employment, Learning Earning and Parenting, and Advance Child Care); see page 47 of *Niagara’s Best Start Plan: The Early Learning & Child Care Plan 2005-2008* for further details.

Therefore it should be noted that given the fragility of the child care system due to a lack of base funding sources, any alterations cannot be made without annualized replacement to ensure ongoing stability. In time, should funding sources become more stable, all additional funds will be applied towards reducing Niagara's shortfall in wage subsidy. This approach is considered to be pivotal to developing a base-funded system, achieving the goal of recruiting and retaining high quality trained early childhood educators, while offsetting parental contribution towards the cost of licensed child care.

## **Capital Planning - Assumptions**

### **Capital Costs (One Time)**

The average cost to renovate an existing elementary school classroom and necessary outdoor fencing is \$51,000 (based on input from Niagara Catholic School Board, District School Board of Niagara, and Niagara Region Public Works Department). This cost increases with new builds or additions with the cost being \$220 per square foot. When combined with the one Ministry of Education new build, Niagara is projecting a minimum of five large capital projects.

### **Minor Capital (One Time)**

The cost of equipment and furnishings has been calculated using \$3000 per child for infants, \$2000 per child for toddlers, and \$1200 per child for preschoolers. Additionally, allocations have been made for a six week staffing start up (average) and four months base funding for the initial months using a staggered staffing approach to assist with viability during the start up of operations. It is recommended that two key times lend themselves to higher initial enrolment, ideally September, with a second option of January to maximize parent utilization. This could reduce costs by accessing parent revenue at the outset, potentially assisting towards a greater number of programs able to expand under Best Start.

### **Annualized Operating Costs**

Figures used for ongoing operating costs include a wash per diem of \$42.42 per space which has factored in an annual cost of living adjustment. This figure has been used to calculate estimated fee subsidy costs payable to Service Providers for eligible families in receipt of fee subsidy.

Wages and benefits combined have been calculated as follows: \$12 cook/cleaner, \$16 Early Childhood Educator (ECE), \$20 Supervisor. The current formula of \$9,029 for wage subsidy has been used to apply towards all of the previous stated staff positions for Best Start and is included in operating costs.

The balance of revenue to sustain Best Start licensed child care spaces would rely on parent user fees. It is therefore integral that every opportunity be used to minimize costs including occupancy and utility costs, of which will need to be negotiated with each respective School Board. Ideally, if these costs could be waived, there would be a better opportunity for financial viability of all Best Start licensed child care spaces. It is

recommended that the Ministry of Education and Ministry of Children and Youth Services come to an agreement on this important issue across the Province.

Infrastructure Components

Considering the unique needs of Niagara’s Aboriginal and Francophone populations among the potential services available, it is anticipated that a hub model will be recommended for each of these communities.

Meetings with Niagara’s four school boards have resulted in identification of significant space availability in all Boards. These schools will be considered by the Panel according to the previously defined selection process.

Infrastructure Work Plan 2005/06, 2006/07 & 2007/08

Projects identified through the process articulated within this plan are projected to be completed by March 31, 2008 with a number having been identified through expansion of existing sites. Sites are currently being identified for 2006/07 and 2007/08 for renovations and capital projects. Where confirmation has been agreed upon, details are identified in Appendix 17. Timelines are based on best estimates available at time of printing.

**Infrastructure Work Plan – 2005/06**

Requirement	Feb	Mar
Site approvals	X	
Service Provider Business Case training	X	X
Service Provider Business Case Submissions, Selection & Approvals	X	X
Site Drawings	X	
Building Permits	X	
Tenders	X	
Renovations	X	X
Licensing		X
Child Care Operational		X

### Infrastructure Work Plan 2006/07

Requirement	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Site approvals	X	X										
Service Provider Business Case training	X	X										
Service Provider Business Case Submissions, Selection & Approvals	X	X										
Site Drawings		X	X									
Building Permits			X									
Tenders		X	X									
Renovations				X	X	X	X	X	X	X	X	X
Licensing												X
Child Care Operational												X

### Infrastructure Work Plan 2007/08

Requirement	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Site approvals	X	X										
Service Provider Business Case training	X	X										
Service Provider Business Case Submissions, Selection & Approvals	X	X										
Site Drawings		X	X									
Building Permits			X									
Tenders		X	X									
Renovations				X	X	X	X	X	X	X	X	X
Licensing												X
Child Care Operational												X

## Challenges and Solutions

### Timelines

The unrealistic timelines of Best Start are incongruous with the multiple levels of approval required for infrastructure projects of this nature. The involvement of several levels of government and many agencies and boards requires cooperation and legal approvals. Schedules of these bodies often operate monthly, making these approvals difficult to obtain in such abbreviated timeframes.

To expedite this process Children's Services has taken the following steps:

- Meeting with 12 Municipal Planning & Zoning Departments and one Regional Planning Department
- Meeting with Niagara Region Public Works staff regarding opportunities and supports for capital projects
- Meetings with four school boards

Additional strategies include meetings to be scheduled in consultation with the MCYS Program Advisor for licensing with:

- Public Health

- 12 municipal Fire Coordinators

#### Operational Impact

Timing for construction (renovations and additions) needs to take place with minimal disruption to existing school and/or child care programs (holiday periods – March Break, summer). In addition, availability of trades people may impact the completion and timing of projects identified.

### **3.4 Human Resources**

Niagara’s vision for Best Start is a licensed child care program and hub in every elementary school. There are currently 161 elementary schools in Niagara, of which 64 have a licensed child care centre. Best Start growth projections for the next three years contain a minimum expansion of ten new child care programs. Service Providers operating these sites will be given wage subsidies to be paid to early childhood educators in their employ. This will contribute to three key principles of stability, affordability, and quality; stability for the service provider by contributing to their cost of operation, affordability for parent users who would otherwise bear the full cost of operations, and quality by contributing to moving towards a living wage for early childhood educators and hopefully their retention in the child care system.

To achieve the Best Start vision, there is an estimated cost factor of \$ 1,963,808.<sup>44</sup> This is complicated by an under funded wage subsidy system in Niagara which was inherited at the point of transfer from the Province in 1998 and has grown with the expansion of licensed child care. The current “pressure” list of unfunded wage subsidy in Niagara is presently at \$2 million +. Contributing to the complexity of this pressure is the funding formula as established by the Province in the 1980’s which has “commercial” or “for-profit” service providers receiving less than their counterparts in the “non-profit” system.

Niagara’s figures for Best Start growth would have early childhood educators receiving the same amount of funding, irrespective of auspice of centre in which they are employed. This is based on an over-riding principle of equity for early childhood educators, and would be accountable through an audit process to which service providers would have to agree.

The ultimate challenge goes beyond finances however, and is in the area of human resources. As outlined earlier, when combining the number of early childhood educators required for new “Best Start” child care spaces (approximately 85) with the community vision of a child care in every school, the demand for early childhood educators would be over 300. With current salaries at \$10 to \$12 an hour and little benefits, there is presently no incentive to enter or remain in this profession. Wage subsidies will begin to contribute to this but base funding similar to health and education is the solution to a long term, sustainable system.

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<sup>44</sup> Based on 161 schools – 64 (existing child care programs in schools) – 10 new child care programs in schools through Best Start = 87 schools x 2.5 ECE’s per school (est.) x \$9029. wage subsidy per year based on 1820 hours).

Niagara has two academic institutions that offer training in the field of early childhood education. Niagara College is the key provider of Early Childhood Education (ECE) programming in the Niagara region. The college offers post secondary, continuing education and post graduate ECE programs which include student field placements in the majority of early childhood centres and licensed day care, including Niagara College's Day Care Centre, a campus "lab" school.

In partnership with Six Nations Polytechnic (SNP), the ECE diploma program has been offered to Aboriginal students in Oshweken for several years. The ECE faculty and staff at Niagara College participate in local, provincial, national and international forums, committees, events and research projects relevant to child care. Several members of the Niagara Children's Planning Council also serve on the ECE Program Advisory Committee.

Marketing, recruitment and vocational counseling are also provided by the college for the public interested in a career in early childhood education. Advanced education pathways for ECE graduates are available through articulation agreements with several universities (see website [www.niagarac.on.ca](http://www.niagarac.on.ca)).

Additionally, the Child Studies program offered at Brock University provides expertise from a wide range of academic disciplines pertaining to early childhood education which have benefited the Niagara community. In the development of a recruitment retention strategy, it is recommended that the Children's Planning Council draw upon this expertise (both academic institutions have membership on the Council) to develop a made in Niagara solution. One of the issues affecting Niagara is the inability to secure sufficient Early Childhood Educators who are Aboriginal to meet the demand.

### 3.5 Budget

The following chart depicts the number of early childhood educators required to expand the licensed child care system, as well as dollars required for annual operating and one time start up expenses for the new licensed child care Best Start spaces.

Table Best Start Phase 1 2005- 2008

<b>Program</b>		<b>2005/2006</b>	<b>2006/2007</b>	<b>2007/2008</b>
<b>Fee Subsidy</b>	<b>New Spaces</b>			
<b>Annual</b>	Centre Base - Fee Subsidy	\$1,698,495	\$2,569,802	\$3,055,087
	Home Base - Fee Subsidy	\$0	\$239,200	\$540,800
	Sub-total Fee Subsidy	\$1,698,495	\$2,809,002	\$3,595,887
<b>One-Time</b>	Best Start - Start-Up	\$355,000	\$495,122	\$180,855
<b>Total</b>	<b>Fee Subsidy + One-time Start-Up</b>	<b>\$2,053,495</b>	<b>\$3,304,124</b>	<b>\$3,776,742</b>
<b>Wage Subsidy</b>				

<b>Annual</b>	<b>New Spaces</b>	<b>2005/2006</b>	<b>2006/2007</b>	<b>2007/2008</b>
	Centre Base - Wage Subsidy	\$388,255	\$677,186	\$835,195
	Home Base - Wage Subsidy	\$0	\$30,300	\$68,680
<b>Total</b>	<b>Wage Subsidy Funding</b>	<b>\$388,255</b>	<b>\$707,486</b>	<b>\$903,875</b>
<b>Capital</b>				
<b>One-time</b>	Best Start - Capital Available	\$255,000	\$2,581,000	\$550,982
<b>Total</b>				
<b>Annual</b>	<b>Program + Wage Subsidy</b>	<b>\$2,086,750</b>	<b>\$3,516,488</b>	<b>\$4,499,762</b>
<b>One-Time</b>	<b>Capital + Start-Up</b>	<b>\$610,000</b>	<b>\$3,076,122</b>	<b>\$731,837</b>
<b>All</b>	<b>Program + Wage Subsidy + One-time</b>	<b>\$2,696,750</b>	<b>\$6,592,610</b>	<b>\$5,231,599</b>

<i>Data Used in Calculations</i>	Total 2006	Total 2007	Total 2008
<b>Projected New Spaces - Centre Base</b>	257	389	462
<b>Projected New Spaces - Home Base</b>	0	38	86
<b>Total Projected Spaces</b>	<b>257</b>	<b>427</b>	<b>548</b>
60% Fee Subsidy	154	256	329
Days in the Year	260	260	260
ECE's	43.00	75.00	92.50
Wage Subsidy - Centre Base	\$9,029	\$9,029	\$9,029
Wage Subsidy - Home Base	\$2,020	\$2,020	\$2,020
<b>Allocation of New Spaces for Centre Base</b>	<b>257</b>	<b>Add 132</b>	<b>Add 73</b>
Infant	7	33	49
Toddler	8	48	73
Preschool	88	144	176
JK/SK	154	164	164
School Age	0	0	0
<b>Total Centre Base</b>	<b>257</b>	<b>389</b>	<b>462</b>

**Assumptions:**

- The allocation of new centre based services are based on estimates of recommended licensed child care space expansion with percentages as outlined in the following chart. Should resources permit, or demands shift, changes to expansion of age categories will be made.

<b>Allocation of New Centre Base Spaces</b>	<b>'05/'06</b>	<b>'06/'07</b>	<b>'07/'08</b>
Infants	2.73%	8.48%	10.60%
Toddlers	3.11%	12.34%	15.80%
Pre School	34.24%	37.02%	38.10%
JK/SK	59.92%	42.16%	35.50%

<i>School Age</i>	0.00%	0.00%	0.00%
	100.00%	100.00%	100.00%

2. *Wage Subsidy*

New - All calculated wage subsidy will be based on service providers at the non-profit rate of \$9,029/ECE for Centre Base Care.

New - All calculated wage subsidy will be based on Provider Enhancement rates of \$2,020.

Existing - Any surplus in Program or Wage Enhancement funding will be applied to existing licensed child care programs identified on Children's Services pressure list.

3. *Cost of Fee Subsidy for New Spaces*

The cost for all new spaces is based on a washed per diem of \$42.42, with a cost of living allowance included for Centre Base.

The cost for all new spaces is based on an hourly rate of \$4/hr per 10 hour day, with a cost of living allowance included for Home Base.

## **4. Integrated Plan to Enhance Key Early Identification and Intervention Program**

### **4.1 Funding and Provincial Targets**

Recent restoration funding for both Healthy Babies Healthy Children and Speech Services Niagara does not allow for service expansion in any of the programs, including Infant Hearing Screening. Budget pressures for both staffing as well as operating costs persist while programs strive to meet service requirements. The creation of Early Learning and Care hubs will require that Early Identification programs shift service delivery sites in order to align with the Best Start Plan.

### **4.2 Integration**

The Niagara Region Public Health Department and Speech Services Niagara have developed program plans to reflect their commitment to the Best Start model in Niagara. The following describes how individual programs will be delivered in the community as well as how programs will be integrated in to Early Learning and Care hubs.

### **4.3 Speech Services Niagara**

Preschool Speech and Language Initiatives across the province are required to submit individual plans to address mandate changes and directives from the Ministry of Children and Youth Services that are in line with the philosophies of Best Start. The following is a summary of what the plan will entail and is not inclusive of all points.<sup>45</sup> The sections that are required in this plan are very detailed and involve a number of different stakeholders. The plan itself must be approved by the Advisory Committee of Speech Services Niagara before submission to the Ministry of Children and Youth Services.

#### **a. Extension of Speech Services to Entry into Grade 1**

This is an exciting opportunity to continue preschool speech services and create stronger transitions from preschool to school for children with speech and language delays/disorders. Existing services in all four boards are to remain status quo and pending the availability of new funding, preschool speech services will be enhanced to fill gaps in service. Preliminary meetings with three of the four boards have already taken place. Service enhancements for Speech Services Niagara may potentially include training and education for JK and SK teachers in

- speech, language and literacy and
- information regarding preschool speech services in conjunction with Board Speech Language Pathologists and Early Years Designates, and
- small intensive language programs for severely delayed children in a hub location.

This section of the proposal includes a budget request for 3 Full Time Speech Language pathologists at \$224, 925. annualized.

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<sup>45</sup> Speech Services Niagara Best Start Phase 1 Plan for Preschool Speech, Language, Literacy and Infant Hearing is available in Appendix 10.

b. Promotion of Healthy Literacy Development for all Preschool Children

Speech Services Niagara's mandate is expanding to include promotion of literacy skills for all preschoolers and acquisition of their literacy skills simultaneously with their language skills from a developmental learning perspective. The Ministry is requiring an increase in the number of educational sessions offered to parents and Early Childhood Educators. Quality Child Care Niagara will be a major vehicle for Speech Services Niagara to provide a literacy strategy to childcare professionals with the initiation of the phase II plan for Literacy beginning February 2006. Work is currently underway with Literacy Link Niagara to create an agreement for the provision of services where mandates cross.

c. The Need to Enhance Existing Services

Pressures within existing services are tight with increasing expenses and salaries. While Speech Services Niagara believes that there are few children left in the Region to identify in need of speech and language services, they are struggling with moving the children off their waiting list in a timely manner. The current wait time between identification and first intervention is six months. Speech Services Niagara will be requesting additional funds to increase speech language therapy services to preschool children. Restoration funding was insufficient to restore services to previous levels. Current services will continue to be provided in community settings like child care centres, Ontario Early Years Centres and community facilities. It is anticipated that service locations will be shifted in Early Learning and Care hubs as they are implemented. A request is being made for 2.5 Full Time Speech Language pathologists at \$188,430. annualized to enhance existing services.

d. Infant Hearing Program

Children identified with some level of permanent hearing loss through the Infant Hearing Program (IHP) will now be eligible to have intervention services extended until entry into grade 1. Again, existing services in the school boards for these children are to be protected, however, preliminary meetings have already commenced with some boards to address the needs of these children from both a parental and educational perspective. With the IHP being only three years old, the first cohort of identified children are reaching junior kindergarten age. This section of the plan will have less specifics as children will transition to school aged services on a case by case basis. With committed collaboration from both the school boards and the preschool sector, a collaborative treatment approach and a comprehensive transition package can be designed. This program is requesting \$235,000. to enhance services across the South Central Region which includes Niagara, Hamilton, Brant and Haldimand Norfolk.

#### **4.4 Niagara Region Public Health Department's Alignment with Best Start Summary**

This plan takes a holistic approach to the discussion of the programs within the Public Health Department that could align with and strengthen Best Start, particularly the Population Health Division. The complete *Niagara Region Public Health Department's Alignment with Best Start* report is available as a companion document to this community plan. The Executive Summary is available in Appendix 2.

The Niagara Region Public Health Department (NRPHD) delivers services that touch families and children across all the divisions: The Population Health, Chronic Disease Prevention Division, and the Clinical Services Divisions in particular provide programs and services to children and families. The Population Health Division delivers services that are largely universal, population health based and aimed at improving the health and well being of the entire population of Niagara. The integration of program strategies across Divisions and creative approaches including healthy eating and active living promotion to families and caregivers for example demonstrates that collaborative efforts could offer a breadth of opportunity to Best Start hubs to have the greatest effect on health and well-being. The Population Health Division has developed a web site that further describes programs and services at [http://www.regional.niagara.on.ca/living/health\\_wellness/default.aspx](http://www.regional.niagara.on.ca/living/health_wellness/default.aspx)

The Population Health division recognizes the diversity of the Niagara community and strives to meet the needs of the clients by offering programs and services that are culturally sensitive. For example Healthy Babies Healthy Children program has two staff positions that are able to provide services in French (Public Health Nurse and Family Home Visitor) and although not mandated, the Population Health Division has several program staff that conduct programs and services in French. Also, many resources are either purchased in French or internal documents are translated. The HBHC/PCH and Youth Connection programs in particular, work collaboratively with Francophone community partners, such as the Centre de santé and School Boards, and will continue to develop opportunities. The HBHC program is also sensitive to the immigrant population and specifically employs a Spanish speaking Family Home Visitor and is also able to offer services in Chinese and German. Currently, the Aboriginal population oversees the implementation of their own HBHC program, however, the NRPHD HBHC program links and refers with the various Niagara Aboriginal communities and responds to specific programming requests.

#### Reproductive Health Program

The Reproductive Health program offers prenatal classes in Niagara that have been integrated into Ontario Early Years Centres (OEYC's) wherever possible as a core service. In Niagara approximately 75% of first time parents attend prenatal classes. Prenatal classes are a strategic touch point with parents to provide support, information and linkages to community resources. It is assumed that Early Learning and Care hubs located in schools would be easily accessible locations for parents to participate in similar programs.

#### Healthy Babies Healthy Children Program

Healthy Babies Healthy Children (HBHC) is an integrated program delivered through Public Health Departments, introduced jointly through the Ministry of Health and Long-Term Care and the Ministry of Community, Family and Children's Services (now Ministry of Children and Youth Services {MCYS}).

HBHC was originally funded to serve "high-risk" families, but in 1999 evolved into a program that offers both universal (i.e., services available to all families in Ontario) and targeted services (i.e., services available to families who meet certain criteria). HBHC

has both direct client service and systems management responsibilities. The direct client service components of HBHC—prenatal, postnatal and early identification screening as well as home visits will continue to occur in the community and largely in the family home. The systems accountabilities regarding an integrated approach to promoting optimal health and well-being of children, promoting integration and avoiding duplication are consistent with the Best Start (BS) vision.

Linkages with hubs of Best Start will consist of Public Health Nurses (PHN) and Family Home Visitors (FHV) ensuring that families are aware of hub resources in the community. In 2004, PHN's contacted 3,924 mothers of newborn infants within forty eight hours of leaving hospital and also offered them a home visit. Just over half (or approximately 2,000) of new mothers/families accept this home visit every year. During the telephone contact/home visit, PHN's routinely inform new parents of resources within the community and at this time could educate families about Best Start and hubs. The new parents who don't accept the visit receive a mail out package from HBHC/PCH where information regarding Best Start and hubs could be included. The service planning schedule for 2006 outlines screening and assessment, postpartum home visiting, and network of service provider targets.

Generally, HBHC in Niagara is meeting many target expectations, but falls short in various areas. Prenatal screening, postpartum home visiting, and postpartum depression screening fall below target expectations. Recent restoration funding does not allow the expansion of service targets as budget pressures continue in 2006 and as HBHC strives to maintain current service requirements. The creation of Best Start hubs may result in the need for the HBHC/PCH program to revise locations to deliver parenting groups, screening, breastfeeding clinics, etc., providing the site is suitable to the program/service. HBHC/PCH and other Niagara Region Public Health Department programs are already well invested in Ontario Early Years' Centres. Current service delivery locations would require revision to align with Best Start sites and to ensure equitable distribution of programming and services are provided across the region.

The 18 month expert panel "*Getting it Right at 18 months, Getting it Right for a Lifetime*", chaired by Dr. Robin Williams, is the scaffold on which the Early Identification component of the HBHC program will be built. The HBHC program currently utilizes several strategies to promote early identification and these will be reviewed once the expert panel recommendations are released to ensure that they meet the recommendations. The primary care system provides an effective way to reach parents and children, and help build partnerships with community services. Most families with young children already have regular ongoing contact with the primary health care system. They see their primary care provider at regular intervals during the first few months of their children's lives for well baby visits and immunizations (i.e., two, four, six, 12, 15, and 18 months). Many primary care providers (i.e., family physicians, community paediatricians and nurse practitioners) are already using these well baby visits as an opportunity to assess 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 this practice is not universal.

The high risk home visiting component of HBHC utilizes Family Home Visitors (FHV) and Public Health Nurses (PHN) to offer support to families. FHV often accompany high risk families to community resources. High risk families may be encouraged to attend a HUB for a first visit if there is a trusted person available to introduce them to the experience. 75% of high risk families are referred for other service interventions.

#### Screening for Developmental Needs

Universal screening and assessment of healthy child development should be available to all parents. The Nipissing District Development Screen™ (NDDS) is a self-report parent tool designed to assist in the identification of children ages one month to six years who may require intervention to reach growth and development milestones. It is suggested that hubs provide the NDDS tools to parents and provide knowledgeable, trained staff to answer their questions or refer them to the Parent Talk Information Line. The Early Identification component of HBHC requires that parents be provided with a phone number to access if they have questions about the screening tool. In Niagara the HBHC program utilizes the Parent Talk Information Line at 905-688-8248 ext 7555 staffed by a PHN for this purpose.

To achieve universal screening and assessment, prenatal to school age, primary health care providers - the physicians, nurses, nurse practitioners and midwives along with early childhood educators, social service providers and educators, who have regular contact with families and children - must play a more significant role. They have opportunities to observe the child during routine office or clinic appointments, like the 18-month immunization and all well-baby visits/clinics. Screening by health professionals is an important strategy in helping families at risk access HBHC.

All PHN's in the HBHC program as well as Early Childhood Educators are skilled to complete the DISC Preschool Screen (DPS) which is often administered following inconclusive results of the NDDS. The DPS is a first stage developmental diagnostic screening tool for children from 5-60 months where the objective is to determine if additional assessment/referral is required. In the new year, PHN's will be routinely screening HBHC home visiting program clients with the DPS at 6, 12, and 18 months, 3 years of age, and if appropriate upon admission. This approach, coordinated with the ability to complete this assessment in hubs, will help to identify growth and development issues earlier so that appropriate services can be coordinated .

The HBHC program offers limited capacity for Post Partum Depression screening and identification through the 48 hour contact, however; symptoms typically begin within four weeks postpartum and up to twelve months afterwards. The home visiting component of HBHC can be utilized to offer some supports however the lay (Family Home Visitor)/professional ratios (PHN) is three to one respectively, and the criteria required to qualify for home visiting can be a barrier to more complex or acute PPD clients. Adequate resources such as physician and primary health care, counseling, and access to tertiary health care continues to be a gap in service and a significant risk to optimal infant/child development.

### Accountability

The HBHC program is mandated to maintain an advisory board with broad representation and participation from a wide array of service providers and consumers. When HBHC was announced in 1997, it was determined that because of the relationships with the Infant Education and Parent Teaching (IEPT) program mandate it would make sense to expand the mandate of the existing IEPT board. The HBHC/IEPT advisory board implementation and planning subcommittee involves members of the HBHC/IEPT advisory board and the Preschool Speech and Language Program in Niagara—SSN (Speech Services Niagara). This committee was formed following a review of potentially combining SSN, HBHC and IEPT into one advisory board. The final recommendation from the board representatives was to maintain IEPT/HBHC and SSN as separate boards with cross over membership and the development of the Joint Implementation and Planning Committee to focus on service coordination.

### Service Coordination

Niagara has creatively developed a “Child Wellness Drop-in Clinic” (CWDC) model. These clinics are a partnership made up of the services of a Public Health Nurse, Behaviour Specialist, Speech-Language Pathologist, a dental hygienist and other children’s rehabilitation professionals. This team provides a brief consultation, recommendation, or referral to other community agencies, and information and education on various growth and development aspects. The clinics are open to parents/caregivers with children 0-4 years. The utilization, referral rates and age and gender of children attending the CWDCs have been tracked for 2004 and 2005. The HBHC program is currently funded to provide early identification initiatives with the equivalent of two Full Time Equivalents which does not adequately address the needs of the community. The CWDC is only one of the strategies used in the HBHC program to promote healthy early child development and identify problems early. HBHC also devotes a portion of its base budget to other Early ID activities.

The *Parent Child Health* program of the *Child Health* Mandate included in *Family Health* in the MHPSG is a population health based and health promotion component. This program has the capacity to support evidenced based parenting programs to HUBS and participate in community approaches to support positive parenting. The PCH team offers two hour information sessions often held at Ontario Early Years Centres and other community agency sites. Topics include:

- Healthy Eating
- Breastfeeding
- Physical activity promotion at 18 months
- Physical activity promotion at 3 years
- Growth and development at 18 months
- Growth and development at 3 years
- Postpartum Depression (PPD)
- Fetal Alcohol Spectrum Disorder (FASD)
- Temperament and behaviour
- Communicating with your child
- Limit setting

- Healthy sleeping habits
- Helping young children deal with emotions
- Toilet learning

The Parent Child Health (PCH) program is already well invested in the OEYC's regarding parenting programs and could provide similar services in Early Learning and Care hubs. Resource and funding issues are a concern as hubs develop as the demand for parenting groups and supports to community agencies currently surpasses available resources. The PCH has entered into collaborative partnerships with OEYC's to streamline delivery, build on strengths, and avoid duplication. It is expected that the PCH program would similarly partner with Early Learning and Care hubs.

Parenting programs currently offered by PHN's of the PCH program include (See Appendix 2, Parenting Workshops, Courses, Clinics, and Groups):

- *Nurture Your Newborn* in collaboration with OEYC's (attachment based)
- *Baby Talk* (post-partum until 6 months)
- Moms Offering Moms Support (M.O.M.S.) group (post-partum depression)
- *Nobody's Perfect* (for high risk families-currently under review)
- *Kids Have Stress Too* (an evidenced based program focused on educating parents on the experiences of three to nine year olds and how they experience stress).
- Right From the Start (RFTS)

The PCH program has just completed a review of evidenced-based parenting programs including the investigation of parenting programs offered in other jurisdictions regarding their menu of parenting groups. Programs reviewed included *The Incredible Years*, *Triple P*, *Systematic Training for Effective Parenting (S.T.E.P.)*, and *Coping with Toddlers*. Results will be offered to the community through sessions in 2006 and implementation/training recommendations are being developed.

The vision of *Best Start* can be realized if sectors, communities and individuals think about how their programs, services and skills can be integrated to impact holistically on the health and well-being of our children.

## 5. Community's Long Term Vision to Implement Best Start

Niagara Children's Planning Council is in its early stage of development and requires a facilitated process of dialogue and discussion amongst its members to create a planning model that is sustainable and effective. Niagara, compared to many other parts of the province, has no community planning capacity currently existing within which to create a children's planning component. The Planning Council will need to nurture and "grow" their long term vision as well as the ability to plan effectively across multiple service partners in an integrated manner.

Rules of engagement between the members will be key to achieving sustainability and effectiveness of the planning council design. It is suggested that the Council develop team building skills and build in small incremental steps using existing examples (without overburdening those examples) of integrated successful planning.

### **Immediate and Near Future Tasks**

The following are tasks identified for the immediate future:

- **Review/revise Terms of Reference (TOR)** to reflect current configuration, determine the nature of the relationships between the Council and Network members, to reflect a mechanism to allow Aboriginal and Francophone communities to self determine their Best Start objectives, to include a process to annually compile service/operational plans from all Best Start Network members. It is suggested that all Niagara Best Start Network members demonstrate their commitment to the Best Start initiative by including a statement to that effect in their individual organization's annual service/operational plan.
- **Align Early Years Niagara and Best Start** Develop a process to align Early Years Steering Committee - Niagara and Early Years Action Group Niagara Region with the Best Start Niagara Network and the Niagara Children's Planning Council. Coordinating the research of the Understanding the Early Years project with the monitoring and evaluation of the Niagara Best Start initiative would be seen as one of the tasks within this process. The 2006 update of the Early Developmental Instrument for Niagara region through the Understanding the Early Years research currently being conducted by the Early Childhood Community Development Centre is an existing opportunity for integration with Best Start planning. However, coordination of this project with Best Start needs to occur to avoid duplication of effort. As well, the role of the Early Years Data Analysis Coordinator within the Niagara Region Public Health Department should be reviewed to include Best Start as a component of the job description for this position. The outcomes of the Early Years Challenge funded projects should be included in this discussion.
- **Early Learning and Care Hubs** Initiate a process to implement planning for Early Learning and Care Hubs that builds on existing positive examples. The

Best Start Working Group could be formed as soon as possible to identify existing sites that meet the hub criteria. The experience of the demonstration sites will be of significant value to the Best Start Working Group as well as the existing service delivery models and patterns of the early identification services in the development of hubs in Niagara. As relevant community information is loaded into the planning database, the ability of the mapping process to assist the development of hubs will increase.

- **External Communication** An external communication strategy to inform the community at large about Best Start in Niagara to promote understanding and to eliminate confusion with other initiatives.
- **Internal Communication** An internal communication strategy to define how the Council will receive information from and provide information to the Niagara Best Start Network and the Community Neighbourhood Networks as they develop.
- **Other Sectors** Linkage/coordination/clarification with other sectors supporting children 0 to 6 like the primary health care providers, Niagara Health System, Child Welfare, Family Violence, Ontario Early Years Centres and other planning tables like Local Integrated Health Network and Understanding the Early Years research.
- **Outcome Definition** Performance Outcomes expected of the Best Start initiative in Niagara need to be defined to ensure that all partners are moving in concert. It will be important to define “integrated planning and service delivery” since services are currently organized into multiple funding streams that support the needs of the child and family. The range of service system intersection moves along a continuum from
  - collaboration – independently run organizations working in association with others through informal links,
  - coordination – adjustment of relations between organizations or parts of organizations to harmonize goals and plans; this implies relinquishing some ability to act unilaterally
  - integration - the merger or amalgamation of functions, which could involve consolidating management, planning, administration or services or all of these functions.<sup>46</sup>
- **Monitor and Evaluate** Processes to monitor, evaluate and report the effectiveness of Best Start in Niagara as input into the annual redevelopment of the Early Learning and Child Care Plan and the Integrate Community Plan.
- **Advocacy Deployment** Ability to effectively raise awareness about the effectiveness of the system of (early) learning and care for children as well as

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<sup>46</sup> Children First

to advocate for change/improvements to the supports and services for children in Niagara.

### **Challenges and Strategies**

Challenges are:

- Maintaining the momentum of the initiative given limited resources, competing priorities and multiple relationships
- Barriers to integrating programs and services
- Lack of critical numbers of children to efficiently provide service in many locations given the resources available, especially intervention and treatment services
- Lack of appropriate physical space at certain sites
- Geographic and transportation issues
- Lack of capacity to implement certain components (i.e. lack of the appropriate resources both human and financial capital, lack of technology).

Strategies to overcome the challenges are:

- Securing and nurturing leadership for the Niagara Children’s Planning Council that champions the vision and its continuance
- Creating rules of engagement by clearly defining the expectations in a collaborative manner, reinforcing the goal of integration and paying attention to maintaining the relationships between the Best Start Network members
- Consideration of streaming children with similar needs to a mutually convenient location for service delivery
- Consider the use of modular buildings that are more stable than “portables” but are also moveable should locations of child population change over time
- Broaden acceptable service delivery modality to include a van with specialty staff and equipped with appropriate resources and materials to visit designated existing community locations similar to Ontario Early Years Centres
- Develop a coordinated recruitment effort to attract appropriate professionals like child psychiatrists and French language speech language pathologists to Niagara.
- Review the efficacy of other models of service delivery – tele-health and use of video communication, mentor/mediator models, peer support groups, evidenced based alternative therapies and programs
- Continued advocacy to priority’s prevention and early identification, treatment and rehabilitation services for children.

During the course of the implementation of Best Start, the need for parenting and preschool programs is expected to be maintained, even though Niagara has an aging population with a declining child population. Parenting and preschool programs have yet to reach all of the parents needing and wanting services.

### **Long Term Vision 2006 - 2016**

In the longer term, Niagara Children's Planning Council, guided by the Niagara Children's Charter<sup>47</sup>, will continue the fulfillment of the community action plan envisioned in *Strengthening Tomorrow: A Community Action Plan Early Years Steering Committee March, 2002* in the following activities:

- **Creating the Blueprint** Define a “children’s blueprint that will ensure a seamless flexible and accessible service system” as indicated in the work of the Early Years Steering Committee<sup>48</sup> and create an overarching Integrated Planning Framework using developmental norms of children, evidence based service practices and the priorities identified by consumers. The role of each Best Start Network member in providing the resources/activities to implement the strategies would be clarified. The planning capacities of the Aboriginal and Francophone communities will be solidified within the overall framework. The framework would be flexible and able to respond to shifts in policy and service directions. It is intended that planning capacity would be extended to all children 0 to 18 over the course of time. Examples of existing frameworks can be found in the United Kingdom’s “Every Child Matters” Strategy<sup>49</sup> and the 40 Developmental Assets of the Asset Alliance previously mentioned. The Integrated Planning Framework is then used by Best Start Network members to guide individual agency service plans as the members respond to the service needs identified through the Community Neighbourhood Networks and summary information from individual child and family plans. The bridge between the natural and social sciences as envisioned by the Early Years Steering Committee Niagara is created.
  
- **Rationalize Service Systems** Service/organizational plans required by the Best Start initiative to be compiled will be an opportunity to review the current service delivery system against the planning framework developed. In this review organized by sectoral affinity, NCPC will build on existing strengths, search for service linkage and intersections, think in holistic terms and map out the long term vision for children beginning with children aged 0 to 6. Services for children with special needs will be clearly defined and easily accessible in a timely manner. Service providers will have success in providing “One Child One Plan” for parents. Consideration should be given to seeking skilled facilitation in the development of this process because of the complexity of the task.

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<sup>47</sup> Niagara Children's Charter Appendix 3

<sup>48</sup> Early Years Steering Committee – Niagara “Strengthening Tomorrow: A Community Action Plan”

<sup>49</sup> ‘Every Child Matters’ can be found <http://www.everychildmatters.gov.uk>

- **A Community Plan for Niagara** could be created from the compilation of the Best Start Network member's service/organizational plans as well as directions from the Council itself. The Community Plan could be used by all funders to direct their allocations in a targeted and systemic manner, which assumes that the combined integrated strategies would have greater effectiveness. The Community Plan would also reflect the integrated strategies of individual members of the Network to meet the needs of children, including Aboriginal, Francophone and children with special needs. NCPC informs and is informed by other planning bodies as well as a broader Community Planning Network that is currently being considered for Niagara. An opportunity is currently being developed to review the community planning resources available in Niagara as an initial process for the development of community planning network. NCPC can benefit from participating in this project.
- **Information Management for Planning** The capacity could exist to provide need based information from Community Neighbourhood Networks and summary information from One Child One Plan for children into agency specific and community service plans that use the preferred strategies identified in the planning framework. The ability to monitor and influence changes in the health of Niagara children would be achieved through the regular and continuous application of social determinants of health tools such as the Early Development Instrument.
- **Broad Array of Programs for Parents and Children** A range of quality, evidenced based parenting programs, including programs for children with special needs will be consistently provided in locations convenient for families by child care and early identification sectors using an integrated quality monitoring mechanism. Quality Child Care Niagara and the Joint Integration and Planning Subcommittee are two committees that have potential to provide this monitoring mechanism.
- **Human Resources** Wage disparities will be resolved and resourced so that the human resources required to sustain a transformational system of early learning and care are available and valued.
- **Niagara's Mental Health** A community strategy to address the mental health needs of children and families will be available, comprehensive and represents involvement of all service sectors that touch children and families. It will engage all levels of the community, public and private, in identifying the issues, the strategies and the resources to support this strategy.
- **Schools as Community Resources** Schools are incorporating community activities into their expected operations as well as academic classes. The creation of 4 to 6 Early Learning and Care hubs primarily located in schools will be a beginning of conveniently located services and programs for

children and their families. Schools are increasingly becoming the site of other service sectors like Child Welfare and can provide an opportunity for more intense integration of services.

- **Expert Panels** The implementation of the outcomes of the three Expert Panels are in place and resourced appropriately
  - a. all children at 18 months are assessed for developmental achievement through linkage to primary health care providers
  - b. an early learning program is in place as part of a single integrated learning program for preschool and junior and senior kindergarten children. Early Childhood Educators and kindergarten teachers in elementary schools are both parts of a range of professionals supporting young children.
  - c. recruitment and retention strategies for early Childhood Education professionals are developed and successfully implemented so that .

Niagara is well positioned to implement the Best Start Integrated Community Plan Phase 1 and create a viable planning council so that “*Children in Niagara region will experience a safe, healthy and nurturing childhood, preparing them for an adulthood in which they are responsible and contributing members of their community.*”<sup>50</sup>

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<sup>50</sup> Terms of Reference Niagara Best Start Network Appendix 1