Ontario

Ontario's Investments in Early Childhood Development Early Learning and Child Care

2005/2006 ANNUAL REPORT

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Message from the Minister of Children and Youth Services

This annual report is part of our commitment to publicly report on the initiatives and investments we make each year under the Early Childhood Development (ECD) and the Multilateral Framework on Early Learning and Child Care (ELCC) agreements with the federal government.

Ontario's investments in early childhood development, early learning and child care that stem from these agreements are part of a much broader commitment we are making to children and families through our Best Start plan. Best Start is Ontario's multi-phased strategy to help children arrive at school ready to achieve success in Grade 1.

Since the November 2004 launch of Best Start in Ontario communities, we have seen significant progress throughout the province in implementing its key components. In 2005/2006:

- We established three demonstration communities – the District of Timiskaming, east end of Hamilton and the rural areas of Lambton & Chatham-Kent. These communities are implementing the full Best Start vision at an accelerated pace.
- We created 47 Best Start Networks and four Regional French-language Best Start Networks to lead the planning and implementation of Best Start at the local level.
- We expanded the early learning and care system. In partnership with municipalities, we created almost 15,000 new licensed child care spaces by September 2006.
- We began work on an income test model to determine eligibility for child care fee subsidies. The new model will allow more families access to regulated child care.
- To guide the implementation of Best Start, we established three expert panels – an Expert Panel on an Enhanced 18-Month Well-Baby Visit, an Expert Panel on Quality and Human Resources and an Expert Panel on an Early Learning Framework.
- We strengthened infant hearing and preschool speech and language programs that identify, treat and support children with communications disorders.
- We screened consenting mothers and newborns. We also provided home visits for mothers of newborns with developmental or other risk factors.

We look forward to continued progress on these initiatives as Best Start continues to make a difference in the lives of Ontario's preschool children and their families.

Sincerely,

Mary Anne Chambers
The Honourable Minister of Children and Youth Services

Introduction

The Government of Ontario established the Ministry of Children and Youth Services (CYS) to better integrate services for children, youth and their families and to put the best interests of children and youth at the forefront of all government programs. It envisions a province where all children and youth have the opportunity to succeed and reach their full potential in school and in life.

Our Best Start plan for Ontario's child care, early childhood learning and healthy development will help convert that vision into reality.

Best Start

Best Start is Ontario's plan to help better support children (from the prenatal period through to age 6) and their families, and to help more children arrive in Grade 1 ready to learn. An ambitious long-term strategy, Best Start is proceeding in phases and will take at least ten years to fully implement. Its key components will include:

- An integrated, seamless approach to early learning and care for children and families;
- An expansion of licensed child care;
- An income test to determine eligibility for a child care subsidy; this test will make more families eligible for child care cost assistance;
- A preschool early learning program, cost-free to parents, for children aged 2½ to 4 years;
- Early and ongoing screening of all children to help identify potential issues, needs and risks, and make appropriate referrals for intervention;
- A comprehensive, Ontario-wide 18-month well-baby visit; and
- Early learning and care hubs that integrate screening, assessment and access to services with child care and parenting programs.

Best Start has already begun reshaping and integrating Ontario's existing system of services, programs and resources. It is supporting crucial relationships between and among children, their families, caregivers and the community while at the same time helping children receive specialized services and supports as needed.

To support Best Start, the Ministry of Children and Youth Services is funding the analysis and administration of the Early Development Instrument (EDI) for Senior Kindergarten children. This population level tool is a province-wide readiness to learn instrument.

A provincial baseline for children's school readiness is being established in order to measure changes in children's school readiness over time. This will inform the local planning process related to the implementation of the Best Start Plan.

Federal-Provincial Territorial Agreements

Ontario's commitment to children far exceeds the federal funding provided for early child development and early learning and child care programs. The Ministry of Children and Youth Services budget for 2005/2006 was $3.3 billion – considerably more than the federal funding it received during this same timeframe.

Early Childhood Development (ECD)

In September 2000, Ontario joined Canada's First Ministers in signing the First Ministers' Communiqué on Early Childhood Development (ECD). The ECD was the federal, provincial and territorial governments' long-term commitment to help young children reach their full potential and to help families and communities support their children. It committed the federal government to transferring incremental and predictable annual funding to the provinces. It committed the provinces to allocating this funding to children from the prenatal period up to 6 years of age. It thereby improved and expanded Canada's early childhood development programs and services for young children and their families. Ontario received $194 million in 2005/2006 through this initiative.

In addition, as a result of the May 2002 First Ministers' Meeting Communiqué on Early Childhood Development, Ontario along with all other provinces and territories agreed to begin reporting every two years on 11 child-related outcome indicators of health and development. Ontario collects data yearly for some of the 11 indicators and biennially for others. This Ontario Child Outcomes information will help determine whether new ECD programs are making a difference in the lives of children and their families.

> This report accounts for Ontario's expenditure of $194 million ECD funding during the 2005/2006 fiscal year. It reports on the Child Outcome information every two years. The ministry will update this data in the 2006/2007 report.

Multilateral Framework on Early Learning and Child Care (ELCC)

In March 2003, federal, provincial and territorial ministers responsible for social services agreed to the Multilateral Framework on Early Learning and Child Care – an investment in regulated early learning and child care programs for children under the age of 6 years. The federal government committed $1.05 billion to provinces and territories over five years[1] for this initiative beginning in 2003/2004. Ontario's annualized share of this funding grew to $58.2 million for 2004/2005 and $87.4 million for 2005/2006. It will receive annualized funding of approximately $137.3 million by 2007/2008.

[1] The federal government also committed to invest an additional $45 million in Aboriginal ELCC programs over four years beginning in 2004/2005. These funds go directly into programs on reserves; they are not dispersed as a transfer payment to the provinces/territories.

This report accounts for Ontario's expenditure of the $87.4 million in federal funding allocated to Ontario through the Multilateral Framework on ELCC for the 2005/2006 fiscal year. It also provides an update on indicators of quality, availability and affordability.

Ontario-Canada Bilateral Funding Agreement on Early Learning and Child Care (ELCC)

In the February 2005 federal budget, the Government of Canada agreed to The Ontario-Canada Bilateral Funding Agreement on Early Learning and Child Care which committed the Government of Canada to invest $5 billion over five years[2] in enhancing and expanding early learning and child care in collaboration with provinces and territories.

On May 6, 2005, Ontario signed the Ontario-Canada Bilateral Funding Agreement-in-Principal on ELCC with the federal government. Four months later, on November 25, 2005, Ontario signed the five-year $1.9 billion Ontario-Canada Bilateral Funding Agreement. Ontario based its participation in both agreements on a common vision and shared principles for high quality and accessible child care including a commitment to public reporting and accountability.

Funding for the period ending March 31, 2006 has been allocated to Ontario.

Federal Government Cancellation of ELCC Agreement

Regrettably, the federal government has given notice that it will terminate the 2005 Early Learning and Child Care (ELCC) Agreement, thereby withdrawing approximately $1.4 billion earmarked for future Best Start investments. Without this sustained federal support, the province cannot enhance and expand the child care system as originally planned. As the 2005 Ontario Budget points out, "Without these federal transfers, Ontario will not be able to move aggressively in investing in this important area."

The elimination of federal ELCC funding after 2006/2007 will not deter Ontario from supporting its significant Best Start progress to date. Ontario will use the final federal payment to support the child care expansion that has taken place under Best Start. It will also allocate $63.5 million per year over the remaining life of the original agreement, from 2006/2007 to 2009/2010.

In addition, the province will work with municipalities to continue urging the federal government to reconsider its decision and honour the ELCC agreement.

This report accounts for the expenditure of the $271.9 million in federal funding allocated to Ontario by the 2005 Ontario-Canada Agreement-in-Principle on ELCC for the 2005/2006 fiscal year.

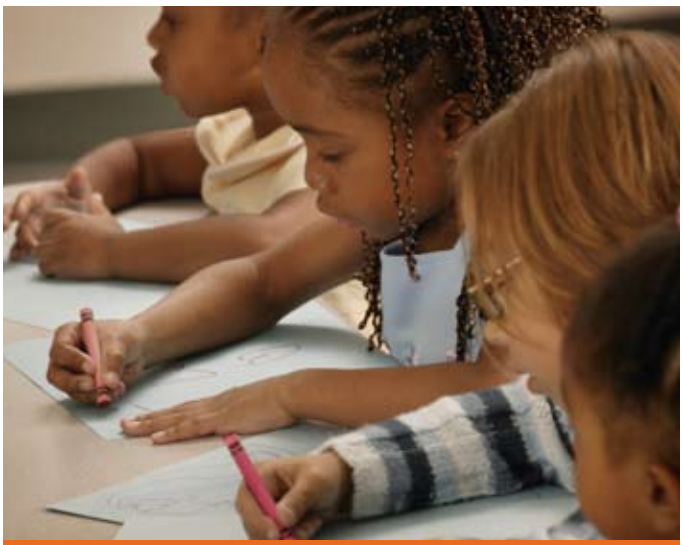
[2] The federal government will set aside $100 million over four years out of this $5 billion for early learning and child care programs for First Nations on-reserve.

Ontario's Early Childhood Development (ECD)

The Ministry of Children and Youth Services, along with the Ministry of Health and Long-Term Care and the Ministry of Community and Social Services, has invested its share of federal ECD funding in initiatives that complement or expand upon existing programs and services. These initiatives include universal programs available to all children as well as programs and services that support the healthy development of children with special needs.

Ontario is currently focusing its efforts and directing its $194 million in federal ECD funding on four key action areas based on Ontario's Best Start strategy and the federal-provincial ECD framework:

- **Promoting healthy pregnancy, birth and infancy** to help families and children get the best start in life.
- **Improving parenting supports** to provide parents with the support and information they need to become the best parents possible.
- **Strengthening ECD, learning and care** to help children develop the competencies and coping skills they need to reach their full potential.
- **Strengthening community supports** to provide evidence and research that informs policy and program decisions about children and youth.



2005/2006 ECD programs and services in each action area

Promoting healthy pregnancy, birth and infancy

Pregnant women who take care of their health are more likely to experience healthy pregnancies and give birth safely to healthy babies. These programs help parents, caregivers and their infants access the help they require thereby increasing the number of healthy births in Ontario and lowering the province's infant mortality rate.

Aboriginal Fetal Alcohol Spectrum Disorder (FASD) and Child Nutrition (CN) Programs

FASD and CN programs support Aboriginal children and their families in 180 Aboriginal communities located on- and off-reserve. Nineteen Aboriginal organizations deliver these programs. Both FASD and CN programs draw upon the strength of traditional Aboriginal teachings about pregnancy, birth and parenting. They provide health promotion, FASD prevention education, family support services and advocacy, prenatal and new mother supports. They also provide school, child care, health care, justice and social service agency staff with resource information about FASD and its effects.

2005/2006 activities:

- Provided FASD early intervention services for new mothers and counselling supports for FASD-affected children, youth and their families.
- Enhanced service coordination, linkages, networking and FASD staff training.
- Promoted FASD prevention and increased awareness of supports and services in communities through activities such as displays at community events, fairs, shopping centres and schools and hosting activities for families, teens and at risk mothers.
- Promoted FASD Day on September 9, 2005 to increase community awareness and participation.

- Provided interactive nutrition, healthy lifestyle education and counselling on food and menu preparation.
- Provided healthy breakfasts and lunches for children at schools and daycares as well as workshops and support groups to promote positive parenting practices.
- Continued to support parents and families and increase awareness of the important role of good nutrition in healthy child development.
- Conducted family nutrition risk assessments through screening, assessment and monitoring services.

Healthy Babies Healthy Children (HBHC)

The Healthy Babies Healthy Children program, delivered by the province's 36 public health units, is available to all pregnant women and families with newborns in Ontario.

HBHC funds universal prenatal and newborn screening to identify risk factors, early identification and screening of children aged 6 weeks to 6 years for risks to healthy child development and outreach to primary care providers.

HBHC services include:

- A phone call to families within 48 hours of discharge from hospital offering a public health nurse visit to the home.
- Intensive home visiting services and service coordination by a public health nurse and trained lay home visitor.
- Referrals to breastfeeding, nutrition, prenatal and infant health services and other community programs.
- Information on healthy child development.
- Widespread distribution of developmental screening information to day care centres, schools, Ontario Early Years Centres and physicians' offices.

2005/2006 activities:

- Provided prenatal screening to approximately 24,000 pregnant women.
- Screened 122,000 (93%) live births to identify risk factors.
- A public health nurse telephoned 116,300 (96%) of consenting families shortly after they left the hospital with their newborns.
- A public health nurse visited 554,000 (45%) of consenting families shortly after they left the hospital with their newborns.
- Continued providing prenatal and family care for families with children aged 6 weeks to 6 years.

Infant Development (ID)

Infant Development programs are part of Ontario's continuum of prevention and early intervention services for children. The role of ID programs is to enhance the growth and development of infants and young children (from newborn to 5 years old) who have developmental disabilities or are at risk for developmental delay(s) and to promote quality of life for these children and their families.

ID services include:

- Screening and assessment of children who are identified with, or are at risk of, developmental delays.
- Home visiting and early intervention for children who are disabled or delayed in one or more of the full range of

developmental domains (gross and fine motor, social and emotional, adaptive functioning, language and cognitive).

- Play based therapeutic intervention plans.
- Supportive counselling for families diagnosed with a developmental delay or analogous medical condition.
- Community wide planning with other service providers.
- Consultation with other supports and service providers.
- Service coordination for families accessing several agencies.
- Transitional planning for children moving to child care and school settings.

2005/2006 activities:

- Served 12,274 children aged 0 to 5 years and 5,751 children aged 3 to 5 years. This included new referrals and children who had turned three years of age within the program.

Ontario's Maternal, Newborn and Early Child Development Resource Centre

This centre supports health promotion initiatives that enhance the health of mothers, babies and young children. It trains, counsels, educates and brings together health care providers and community professionals from across the province, including staff and volunteers at public health units, non-governmental organizations, community health centres, Ontario Early Years Centres, hospitals and First Nations. ECD funding allowed the centre to expand its ECD services. Program priorities under the ECD initiative include postpartum mood disorders, fetal alcohol spectrum disorder, prevention of violence against women, coping with poverty and reproductive health.

2005/2006 activities:

- Provided customized, timely and responsive consultation and advice in French and English to 300 clients.
- Revised and reprinted existing resources
- Developed and distributed new resources related to the environment and children's health, Aboriginal healthy child development, prenatal health, physical activity for preschoolers, postpartum mood disorders and health promotion, early learning and child care settings and other topics.
- Distributed over 200,000 resources (including 18,800 written in French) to more than 700 clients.
- Conducted major surveys (of the general public and physicians) on postpartum mood disorders to support the development of effective campaign messages and provider training.
- Developed resources, in collaboration with the Centre for Addiction and Mental Health, the Society of Obstetricians and Gynaecologists of Canada, the Ontario College of Family Physicians and the Canadian Partnership for Children's Health and the Environment.
- Organized and hosted an annual conference for 250 participants on health promotion and the early years, physical activity and the early years, environment and child health, social paediatrics and the current status of children in Canada.
- Delivered 11 regional workshops and 14 sessions at conferences, reaching 1,000 clients in a variety of sectors.

Prenatal and postnatal nurse practitioner services, support for at risk pregnant women

These initiatives, led by public health units, provide health services for young children and women at risk of poor prenatal and postnatal care. Many factors could place these children and women at risk: they could be highly transient, live in geographically isolated areas or reside in regions with relatively few family physicians or obstetricians/gynaecologists.

2005/2006 activities:

- Provided services to more than 2,400 clients across the province.
- Supported direct treatment for pregnant women and women with young children.
- Conducted a comprehensive evaluation of prenatal and postnatal nurse practitioner services. Interim report findings indicated that client satisfaction was high and that these services were helping significant numbers of pregnant women and their young children – individuals who might not otherwise have been able to access services.
- Implemented specialized substance abuse treatment services for pregnant women.
- Served homeless women, pregnant women and young mothers.
- Evaluated program delivery to determine how best to deliver services.

Pregnant Women with Addictions

This initiative serves pregnant women and/or mothers of children up to the age of 6 years across Ontario. Its funding goes to existing addiction treatment agencies to provide specialized substance abuse treatment and other services such as child care, life skills and parenting skill development. In 2005/2006, it supported 18 different projects, ranging from direct services to community development to needs assessments, all developed through community input and tailored to community needs.

This was a five year pilot program managed by the Ministry of Health and Long-Term Care (MOHLTC) and 2005/2006 was to be its final year. The evaluation report indicated that these kinds of services were meeting the needs of pregnant and parenting women with addictions. MOHLTC has therefore committed to ongoing funding which will sustain this initiative.

2005/2006 activities:

- 2,150 women received addiction services.
- More than 8,000 women received outreach services.

Prenatal Human Immunodeficiency Virus (HIV) testing

This program for pregnant women, women contemplating pregnancy and prenatal care providers increases awareness of the importance of HIV testing in pregnancy as a part of routine prenatal care. It also promotes early HIV intervention for mothers and infants. In addition, it supports public awareness campaigns, program evaluation and research into strategies to reach the 10% of pregnant women in Ontario who do not currently receive HIV testing.

2005/2006 activities:

- Distributed promotional materials designed to educate health care providers and the public. The materials increase awareness of and promote early HIV diagnosis in pregnant women and infants.
- Commenced research on two studies that explore the HIV experience of women in Ontario.
- Increased provincial prenatal HIV testing rates from 90% in 2004/2005 to 91% in 2005/2006.

Improving parenting and family supports

These programs support parents and children so they can build strong families and vibrant communities. Workshops and programs for parents and caregivers improve our children's physical health and emotional well being while strengthening their language, social and cognitive skills.

Child and Youth Mental Health

This program provides children, youth and their families with services and supports designed to alleviate a range of social, emotional, behavioural and/or psychiatric problems.

Mental health services are available to children and youth up to 18 years of age.

Sixty-three community-based transfer payment agencies deliver specific services to enhance early identification, intervention and treatment for children up to the age of 6 years. Activities focus on:

- Early identification and assessment.
- Preventing family breakdown.
- Improving parent's coping skills in dealing with their children's presenting problem(s).
- Strengthening community capacity to respond to mental health needs of children and youth.
- Crisis intervention and monitoring.
- Parent education and support groups.
- Treatment services including play therapy, individual, group and family counselling.
- Linking parents/caregivers to other community services.
- Referral for specialized assessments.
- Case management and service coordination.
- Public education to reduce the stigma and increase awareness of mental illness.
- Training for service providers.

2005/06 activities:

- 7,022 children and youth received services, compared to 6,218 who received services in 2004/2005.

Community Health Centres (CHCs)

There were two active programs for pregnant women and young children in 2005/2006.

1. **Prenatal, postnatal and infant care programs for pregnant women and children up to the age of 3 years and their parents** provided improved access to prenatal and postnatal care, early identification of at risk children, referrals to other service providers, increased supports for breast feeding and improved assessments for nutrition and child development milestones.

2005/2006 activities:

- 34 CHCs operated 258 programs in 102 different sites.
- Approximately 2,000 pregnant women, 5,800 children, 6,000 parents, 4,800 families and 1,700 others received assistance.

2. **Integrating services and building community capacity programs for pregnant women, parents and children aged 2 to 6, caregivers, service providers and community members who participated in early years activities** – especially at risk and disadvantaged populations such as homeless women, new immigrants, low income families and people living in rural, northern and inner city areas. These programs identified early health risks, increased supports to parents, improved access to early child development resources, strengthened neighbourhood services and increased community capacity.

2005/2006 activities:

- 28 CHCs operated 289 separate programs in 140 different sites.
- Approximately 6,100 children, 6,900 parents, 3,800 families and 3,800 others received assistance.

Early Years Challenge Fund

This fund was a multi-year grant program that ended on March 31, 2006. It provided matching grants to businesses, volunteer, charitable and other groups for initiatives that met local community needs. The Early Years Challenge Fund supported programs and services that fostered cognitive, physical and emotional development in children up to the age of 6 years, and programs and services that provided education and training to parents and caregivers.

2005/06 activities:

Total funding of each project contract ranged from $10,000 to $660,550. Among the 137 individual projects supported by the Early Years Challenge Fund:

- School readiness programs for children.
- Play-based learning.
- Projects that reduced barriers for families with special needs in rural and remote communities.
- Specialized parenting programs, including training workshops for fathers.
- Mobile services for early years services.

Learning Earning and Parenting (LEAP)

LEAP is a component of the government's Ontario Works program. It is designed for parents aged 16 to 21 who are on social assistance. In addition to financial assistance, LEAP helps these young parents complete their education, improve their parenting skills and search for employment. Participants receive literacy screening and training, community participation to build skills and gain on the job experience, basic education and training, job skills training and employment placement services. Participation in LEAP is mandatory for 16- and 17-year-old parents and voluntary for 18- to-21-year-old parents who have not completed high school.

Looking toward the future, Ontario will add a financial capability component to the LEAP program in 2006/2007. It will help participants better understand personal financial skills including banking, credit, credit rating and saving for the future.

2005/2006 activities:

- Approximately 6,500 young parent participants – the same number as in 2004/2005.
- Strengthened community partnerships to develop more integrated services at the local level for families and children. LEAP participants and Ontario Works delivery agents continued to build stronger ties with Ontario Early Years Centres and public health units and develop other improvements and refinements.
- Continued providing counselling, school clothing and transportation costs to help young parents go to school and do homework.
- Continued developing and distributing marketing material that supports the program and voluntary participation.
- Continued other initiatives to help these young parents continue their education.

Child protection

Children's Aid Societies (CASs) protect children at risk of abuse and neglect and promote safety, stability, permanence and well being for children. Where this is not possible, children may come into the care of a CAS. CASs work closely with community partners to provide services based on local need. CASs:

- Counsel and support children who are in need of protection as well as their families.
- Investigate allegations or evidence that a child under 16 or under CASs care or supervision may need protection.
- Provide residential services for children unable to remain in family homes.
- Place children for adoption if their birth families cannot provide them with protection.
- Provide child protection services to children, youth and families who are experiencing or who have experienced abuse or neglect.
- Help families develop and strengthen their capacity to parent.
- Use tools such as Looking after Children to assess the development of children in their care and enhance their progress towards important development goals.

2005/06 activities:

Amended child protection legislation was developed. These amendments:

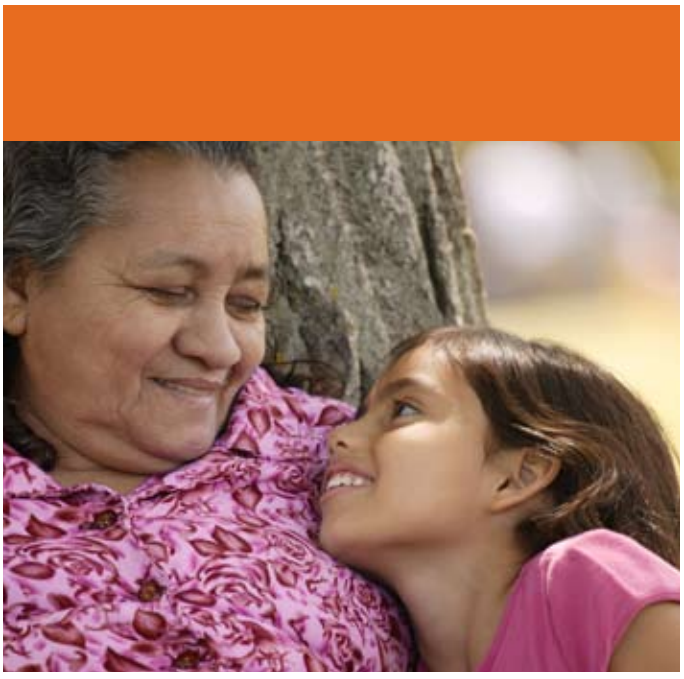
- Provide more options for children who can't be adopted so they have the opportunity to grow up in caring, permanent homes.
- Increase the accountability of CASs through a consistent and timely complaints process.
- Allow openness arrangements that will make it possible for more children to be adopted while still maintaining important ties to their birth families and communities.
- Further recognize customary care arrangements that allow Aboriginal children and youth to maintain important cultural and family ties.
- Help resolve child protection cases outside of the courtroom more quickly through collaborative solutions such as mediation.

Complementary policy and program changes that were also developed or are underway:

- Made the adoption application process consistent so adoption will be simpler for prospective parents
- Created a province-wide registry to help match available children with prospective parents.
- Parents may be provided with support, if needed, once they have adopted a child or children.
- CASs were provided with additional tools to help support and strengthen families, so families facing challenges can take better care of their children.
- An amended funding approach to support sustainability and strengthen accountability of CASs.

Strengthening early childhood development, learning and care

These programs and initiatives help children get a good start at healthy development by encouraging stimulation through play and interaction and by preparing children for school. Research has shown that loving care, positive attention, new experiences and healthy habits such as good nutrition and adequate sleep are crucially important in the first years of a child's life.



Early literacy initiative

This program strengthens supports and promotes effective literacy and language development in children under the age of 6 years and their families. It engages early literacy specialists to provide early literacy training to early years professionals and provides early literacy kits at community-based early years programs such as the Healthy Babies Healthy Children program, Ontario Early Years Centres, child care centres, libraries and parent-child drop-in programs.

2005/2006 activities:

- Provided early literacy services to approximately 50,000 community participants.
- Provided early literacy services to early years professionals at approximately 10,000 workshops/seminars.
- Continued distributing newborn literacy kits that encourage parents to read to their children, through the Healthy Babies Healthy Children program, Ontario Early Years Centres and early literacy specialists.
- Continued distributing the Ontario Early Years Book Collection to all Ontario Early Years Centres and communities across Ontario. The 56 titles in the Ontario Early Years Book Collection represent Ontario's diverse population. They include multi-language books, books for children under the age of 6 years and resource books for parents and staff.

Infant Hearing Program (IHP) / Preschool Speech and Language (PSL) Initiative

The Infant Hearing Program (IHP) identifies babies born in Ontario who are deaf or hard of hearing by the time they are 4 months of age. Its goal is to provide these children with the services they need to support language development so they are ready to learn when they reach school.

IHP provides universal newborn hearing screening for 85% of newborns before they go home from hospital. The remaining 15% go to community screening clinics, where an audiologist assesses them by 4 months of age. All children receive appropriate family support services and follow up in communication development as required.

2005/2006 activities:

- Ontario ensures universal access and comprehensive timely service for all babies by supporting the implementation of the IHP with public awareness brochures and videos that have been translated into 13 different languages.
- The program screened 96% of all babies born in Ontario.

The Preschool Speech and Language (PSL) Initiative provides targeted and universal services that identify children with or at risk of acquiring speech and language disorders as early as possible. The goal is to ensure that these children access services and are ready to learn when they reach school. They, along with their families and caregivers, receive the services they need to develop communication skills to the maximum of their ability. PSL services include:

- Early identification of children with speech and language disorders and delays.
- Simplified access through one toll-free number and direct parent referral.
- Assessment of children for speech and language disorders.
- A range of age- and disorder-appropriate interventions, including:
  - Parent and caregiver training.
  - Caregiver consultation (in early learning and care/child care settings).
  - Direct individual or group treatment with a speech language pathologist or speech language assistant.
  - Home programming.
  - Monitoring/parent consultation.
- Transition to school planning.

2005/2006 activities:

- Assessed 20,524 new children.
- Provided active services to 48,665 children.
- 74,338 children from newborn to Senior Kindergarten received services and were either on the active caseload or had been discharged.

Best Start

The goal of Ontario's Best Start plan is to ensure that children in Ontario are ready and eager to achieve success in school by the time they start Grade 1. By enhancing and integrating key early years programs and services, Best Start gives children the opportunity for healthy development, early learning and the best start in life.

2005/2006 activities:

- Established 47 community-based Best Start networks. This is part of the development of an integrated and community-driven Best Start planning process. Each community is responsible for planning and implementing Best Start at the local level in a manner that reflects its unique needs.
- Responded to the needs of French-Language communities across Ontario by establishing four Regional French Language Best Start networks. Each network is comprised of French Language stakeholders.
- Developed a Provincial French-Language Workgroup that will recommend community-specific solutions in collaboration with the ministry.
- Worked towards establishing a Provincial Aboriginal Workgroup to address community-specific challenges associated with the implementation of Best Start for off-reserve Aboriginal communities.
- In Winter 2005, sought input on the Best Start Implementation Planning Guidelines through provincial and regional consultations with over 1,800 stakeholders across the province.
- Created, in partnership with municipalities, almost 15,000 new licensed child care spaces by September 2006
- Established three Demonstration Communities (in the District of Timiskaming, Hamilton's east end and the rural areas of Lambton and Chatham-Kent). Each of these communities is accelerating the implementation of the full Best Start vision. Throughout the 2006/2007 school year, for instance, they will establish approximately 24 Neighbourhood Early Learning and Care Hubs. The goal of these hubs is to provide families with a single integrated, seamless point of access to an array of services and supports.
- Established a working group and conducted province-wide feedback sessions on a draft conceptual model of a College of Early Childhood Educators. This model outlined standards and qualifications for early childhood education professionals and will help to meet ongoing training needs.
- Began work on the new model for determining eligibility for child care fee subsidies based on income.
- Implemented the Early Development Instrument (EDI), a population level tool that will establish a provincial baseline for children's school readiness. Between 2003/2004 and 2005/2006, more than 123,000 students participated in the EDI collection.
- Established two expert panels to guide the implementation of Best Start – an Expert Panel on Quality and Human Resources and an Expert Panel on an Early Learning Framework.
- Submitted the Expert Panel on the 18 Month Well-Baby Visit report. It recommended strategies to support a standardized developmental assessment in Ontario for every child, at 18 months of age.

Promoting Healthy Pregnancy and Child Development / Injury and Family Abuse Prevention

These two comprehensive health promotion programs focus on working with local providers to provide services that promote healthy pregnancy, child development and child and family safety. Led by public health units, they develop and implement collaborative initiatives that address identified local needs related to healthy pregnancy, child growth and development, parenting capacity, prevention of infant and childhood injuries and prevention of family abuse.

2005/2006 activities:

- Educated the public and worked with other community and health care professionals to provide parents and children with consistent information and care on healthy pregnancy, parenting, child development, child safety and prevention of family abuse.
- More than 60% of the public health units trained community and public health staff and developed tools/resources for them to use.
- Evaluated program delivery to determine how best to deliver services.

Ontario Early Years Centres (OEYCs)

OEYCs offer programs in literacy, numeracy, health and nutrition, parenting workshops and seminars and linkages to a wide range of other early years services. Child development and early years professionals and volunteers at each Ontario Early Years Centre welcome children up to the age of 6 years, their parents, other family members including grandparents and siblings, caregivers, child care centre employees and home care providers. Staff promote children's readiness to learn and healthy child development through formal and informal drop-in programs and services. These programs and services enhance cognitive, language, physical, social and emotional child development.

2005/2006 activities:

- OEYCs played a pivotal role as system coordinators. In a recent review of system integration practices, some OEYCs were identified as best practice models for helping clients effectively gain access and links to different services.
- OEYC provided services in 1,345 locations, including 359 schools, 195 recreation, community, multi-service or health centres, 156 churches, 100 child care centres and 107 libraries.
- OEYC program reach (the percentage of people from the target audience population who attend OEYCs) increased from 28.3% in 2003/2004 to 37.65% in 2005/2006.
- OEYCs welcomed more than 2 million visits by children and more than 1.6 million visits by parents and caregivers.

Services for children with autism: Autism Intervention Program

The Autism Intervention Program provides Intensive Behavioural Intervention (IBI) and associated services, such as child and family supports and transition services for children with autism. It is intended for children who have been diagnosed with autism or an autism spectrum disorder toward the severe end of the autism spectrum. Nine regional service providers take the lead in delivering the program across the province.

2005/2006 activities:

- 1,074 children were assessed for IBI.
- 262 children started IBI.
- 141 children ended IBI.
- At the end of 2005/2006, 795 children were receiving IBI.

Sexual assault treatment for children

This program is for children up to 16 years of age who have been sexually assaulted or abused. They receive emergency medical and psycho-social treatment as well as follow-up care by specially trained nurses.

2005/2006 activities:

- Treated or helped approximately 600 children who came in through the emergency service.
- Treated or helped approximately 560 children who came in through the non-emergency service.
- Provided individual counselling to approximately 900 children.
- Expansion of the program to include services for children in all program sites.
- More educational opportunities for staff.
- Strengthened collaborations between sexual assault programs, domestic violence treatment centres and community partners.
- Increased community awareness.
- Designated a provincial paediatric coordinator through the Suspected Child Abuse and Neglect (SCAN) program at the Hospital for Sick Children.
- Identified six lead regional programs to develop as a group regional protocols that can provide for children to be seen in their local communities.

Services for children with special needs

Ontario provides a range of services to help families and children meet the complex needs associated with chronic and severe illness, degenerative and/or terminal illness, intellectual and developmental disabilities, autism spectrum disorder and/or acquired brain injury.

2005/2006 activities:

- Children's Treatment Centres served almost 40,000 children. On average, each child is 4½ years of age, but some are as old as 19 years of age.
- Provided respite services for primary care givers and families, including enhanced respite services to more than 2,100 children and out-of-home respite services to 3,578 children.
- Provided residential care.
- Provided in-home support to help with activities of daily living, including bathing and toileting.
- Provided 24 hour supervision and care for tube feeding, bed turning and other such requirements.
- Provided Special Services at Home (SSAH) services to more than 14,700 children.

Strengthening community supports

These programs build bridges between and among sectors to help make health, education and care of our children our first priority. Their goal is to provide a seamless and integrated system that delivers the best services possible for children and families in Ontario. Communities need coordinated services for families and families need easy access to available services.

Child outcome measurements

This initiative focuses on measuring child outcomes in Ontario with a particular focus on outcomes for children (measurements of their readiness to learn as they prepare to enter grade school) up to the age of 6 years. The data derived from this initiative will inform local planning processes.

2005/2006 activities:

- Funded the Offord Centre for Child Studies at McMaster University for its ongoing development and analysis of the Early Development Instrument (EDI) and support to communities. The EDI provides information about a child's readiness to learn in five general domains – physical health and well being, social competence, emotional maturity, language and cognitive development, general and communication skills and general knowledge.
- Supported EDI implementation in schools. More than 46,000 Senior Kindergarten children participated in EDI data collection.
- Supported field staff training in analysis and use of child development data in planning for the children's system of services.

Program effectiveness measurement/ ECD monitoring and evaluation strategy

The Program Effectiveness Measurement initiative forms the basis for collecting and analyzing data to track progress in improving programs for young children. It funds data analysis coordinators who support implementation of child outcome measures such as the EDI, the Early Years Community Services Inventory and community efforts in reporting on child outcomes.

2005/2006 activities:

- Funded data analysis coordinators across Ontario.
- Funded the Early Years Monitoring/ Evaluation Strategy which developed a joint evaluation framework for ECD initiatives. This framework includes:
  - **Initiative "Maps"** describe initiative activities and short- and long-term outcome objectives.
  - **Logic models for each ECD initiative** link program activities to outcomes in an attempt to summarize the province-wide work for each initiative.
  - **Tables of indicators and measurement for each initiative** summarize strategies used in the field to measure outcomes.
  - **Evaluability Assessments** reports each initiative's evaluability and recommendations on how to proceed with future evaluation work including comments on program logic as well as measurement and design practices.

ECD expenditures by action area for 2005/2006

Table 1: ECD expenditures by action area for 2005/2006	
Promoting Healthy Pregnancy, Birth and Infancy • Aboriginal Fetal Alcohol Spectrum Disorder and Aboriginal Child Nutrition • Healthy Babies Healthy Children • Infant Development • Ontario's Maternal, Newborn and Early Child Development Resource Centre • Prenatal and Postnatal Nurse Practitioner Services, Support for At-Risk Pregnant Women • Pregnant Women with Addictions • Prenatal Human Immunodeficiency Virus (HIV) Testing	$28.4 million
Improving Parenting and Family Supports • Child and Youth Mental Health • Community Health Centres • Early Years Challenge Fund • Learning, Earning and Parenting (LEAP) • Child Protection	$50.3 million
Strengthening Early Childhood Development, Learning and Care • Early Literacy Initiative • Infant Hearing Programs / Preschool Speech and Language Initiative • Best Start • Promoting Health Pregnancy and Child Development / Injury and Family Abuse Prevention • Ontario Early Years Centres • Services for children with autism: Autism Intervention Program • Sexual assault treatment for children • Services for children with special needs	$110.7 million
Strengthening Community Supports • Child outcome measurement • Program effectiveness measurement/ECD Monitoring and Evaluation Strategy	$4.6 million
Total ECD expenditures for 2005/2006	$194 million

Ontario's Early Learning and Child Care (ELCC)

Evidence and experience indicate that focussing on key areas in child development can influence a child's long-term outcomes. Early learning and child care experts have identified participation in a pre-school program as the single most effective program intervention to support positive learning and long-term outcomes.

Background

Components of Ontario's child care system

Ontario's child care system consists of:

- **Unlicensed or informal child care** provided by relatives, friends, neighbours, or nannies.
- **Licensed child care**, which includes:
  - **Child care centres or day nurseries**: nursery schools, full day care, extended day and before- and after-school programs.
  - **Private home day care or home child care agencies** provide care for five children or fewer, each younger than 10 years of age, in one or more private residences other than the home of the parent/guardian of the children.

Government support of Ontario's child care system

Under the Day Nurseries Act, the Ministry of Children and Youth Services is responsible for issuing licences to operators of licensed child care programs. The act establishes minimum standards for physical space, staff qualification, child to staff ratios, health and safety, nutrition and basic programming. Ministry staff are responsible for inspecting day nurseries and home child care agencies to enforce licensing requirements.

As part of its support for the regulated child care system in Ontario, the Ministry of Children and Youth Services funds the child care services itemized below:

- **Fee subsidies** provide financial assistance towards the cost of child care services for parents[3]. There are two types of fee subsidies:
  - **Regular fee subsidies**, available to eligible families including Ontario Works participants, provide financial assistance to help cover the cost of licensed child care services as well as services for school-age children enrolled in recreation programs.

[3] Significant changes occurred after the timeframe covered by this report. Effective January 1, 2007, an income test replaces the needs test previously used to determine whether a family was eligible for assistance in child care costs. To enable implementation of the income test, the necessary amendments to O.Reg. 262 under the Day Nurseries Act (DNA) were published in November 2006.

- **Ontario Works child care funding** available only to Ontario Works participants, provides financial assistance up to the actual cost of licensed care, or up to pre-established ceilings for informal care.

- **Wage subsidies** enhance the salaries and benefits of staff employed in licensed centre-based child care programs, home child care agencies, resource centres and agencies that provide supports to children with special needs. They also augment payments to home child care providers.
- **Special needs funding** covers the cost of resources – staff, equipment, supplies or services – to support inclusion of children with special needs in licensed child care settings (or for school-aged children in recreation programs). Resource teachers work with parents and child care providers to assess children with special needs and support regular caregivers in developing and carrying out daily activities.
  - **Children with a special need up to the age of 18** are eligible for licensed child care services, including centre-based child care and home child care.
  - **Children with a special need aged 6 to 18** years are eligible for approved recreational programs. These programs have purchase of service agreements with the child care service system managers.
- **Resource centres** provide support services to caregivers of young children, enhance the quality of care provided in unlicensed child care settings and provide information to parents to help them make informed choices about child care arrangements and options. Among their services:
  - drop-in programs;
  - community information;
  - caregiver and parent training;
  - child care;
  - child care listings;
  - play groups;
  - lending libraries; and
  - "warm lines" (telephone support lines) for children who are at home alone.
- **The Ontario Child Care Supplement for Working Families,** a tax-free monthly payment from the government, supersedes the 1997 Child Care Tax Credit. A tax-based initiative administered by the Ministry of Finance, it benefits low to middle income single or two parent families, families with one stay at home parent or families with one or both parents studying or in training. Qualifying two parent families can receive a payment of up to $91.67 monthly ($1,100 annually). Qualifying single parent families can receive a payment of up to $109.17 monthly ($1,310 annually), for each child under the age of 7 years.

Since 2000, 47 Consolidated Municipal Service Managers (CMSMs) and District Social Services Administration Boards (DSSABs) have been service system managers for child care. They are responsible for planning and managing the delivery of child care services at the local level. They generally provide 20% of the cost of child care services (fee subsidies, wage subsidies, special needs funding and resource centres) and 50% of child care administrative costs. They are required to comply with provincial legislation, regulation and policy direction. The ministry's regional offices monitor and support CMSMs/DSSABs.

Early Learning and Child Care Agreements

ELCC expenditures for 2005/2006

Ontario received $359.3 million in federal funding in 2005/2006 under two agreements – the 2003 Multilateral Framework on Early Learning and Child Care (ELCC) and the Ontario-Canada Agreement on Early Learning and Child Care (ELCC).

Table 2: 2005/2006 ELCC funding	
2003 Multilateral Framework on ELCC	$ 87.4 million
2005 Ontario-Canada Agreement-in-Principle on ELCC	$ 271.9 million
Total funding for 2005/2006	**$ 359.3 million**

ELCC outcomes

During 2005/2006, Ontario provided $58.2 million of the federal funding to CMSMs/DSSABs to continue supporting the 4,000 new subsidized spaces the province had created in 2004/2005. These funds covered fee subsides, wage subsidies and special needs resources.

The province also committed all additional federal funding to its Best Start plan over the next five years. During 2005/2006, it provided $301.1 million of the new federal funding to Best Start and waived municipal cost sharing on this new federal child care funding for the duration of the federal-provincial agreements. This measure eased a major cost pressure for municipalities.

Here is how the government allocated this $301.1 million in federal funding:

- CMSMs/DSSABs received $296 million in the form of an unconditional grant (including both capital and operating funds) to support the creation of new licensed child care spaces. CMSMs/DSSABs were able to use these funds to meet community child care needs and help rapidly expand the number of child care spaces. They spent the capital funding on constructing or renovating additional child care spaces and the operating funds on fee subsidies, wage subsidies, administration and special needs resources required to sustain the child care system. In partnership with municipalities, the government created almost 15,000 new licensed child care spaces by September 2006[4].
- The remaining $5 million supported provincial planning and administration.

[4] The number of child care spaces for the actual 2005/2006 reporting period was not available, therefore figures from September 2006 have been used.

Child care system indicators

Quality indicators

The Day Nurseries Act sets out the minimum requirements for licensed child care. It provides several criteria to measure and support the quality of child care including the ratio of adults to children, the number of children in groups and the qualifications of staff.

Staff/child ratios and group sizes

In licensed home child care dwellings, providers may care for a maximum of five children at one time plus their own children. The regulations further base the number of children a provider may care for at any one time on the children's ages and whether any have special needs. There must be no more than:

- Five children under the age of 6 (including the provider's children);
- Two children under 2 years of age;
- Three children under 3 years of age;
- Two children with special needs;
- One child with special needs and one child under 2 years of age; or
- One child with special needs and two children who are over 2 years of age but younger than 3 years of age.

Table 3: Staff/child ratios and group sizes for centre-based child care [5]

Age of children in group	Ratio of employees to children	Maximum number of children in group (At least one staff person is required per group)
Under 18 months of age	3 to 10	10
18 months of age and older, up to and including 30 months of age	1 to 5	15
More than 30 months of age, up to and including 5 years of age	1 to 8	16
More than 5 years of age and younger than 6 years of age	1 to 12	24
6 years of age and older, up to and including 12 years of age	1 to 15	30

[5] Amendments to O. Reg. 262 under the Day Nurseries Act (DNA) (which will come into effect for child care operators when their licenses are up for renewal or at license issuance) were published in November 2006. Age definitions will change as follows:

- Junior and Senior Kindergarten: 44 months of age or over and up to and including 67 months of age as of August 31 of the year; a maximum group size of 20.
- Senior Kindergarten: 56 months of age or over, and up to and including 67 months of age as of August 31 of the year; a maximum group size of 24.
- School Age: 68 months of age or over as of August 31 of the year, up to and including 12 years of age; maximum group size of 30.

Staff qualifications

Table 4 below outlines the required qualifications for child care centres and licensed home child care agency employees.

Table 4: Staffing requirements for child care centres and licensed home child care agencies

Child care centres	Licensed home child care agencies
Operators of child care centres are required to hire at least one qualified staff person per group who: • holds a diploma in Early Childhood Education from an Ontario College of Applied Arts and Technology; or • holds an academic qualification that the ministry considers equivalent to the above; or • is otherwise approved by the ministry. **Supervisors are required to:** • hold a diploma in Early Childhood Education from an Ontario College of Applied Arts and Technology or • hold an academic qualification that the ministry considers equivalent to the above and • have at least two years of experience working in a child care centre with children who are at the same ages and developmental levels as the children in the child care centre where they will be working and • be deemed capable by the ministry of planning and directing the program of the child care centre, being in charge of children and overseeing staff. All staff and volunteers who have direct contact with children must provide a criminal reference check.	Licensed home child care agencies are required to employ at least one home visitor for every 25 homes. Home visitors monitor and support the caregivers affiliated with homes. They must be: • graduates of a ministry-approved postsecondary program of studies in child development and family studies; • persons with at least two years of experience in working with children who are at the same ages and developmental levels as the children enrolled with the licensed home child care agency where they will be working; or • deemed by the ministry to be capable of providing support and supervision in locations where licensed home child care is provided. All staff, volunteers and licensed home child care providers as well as all members of the household over the age of 18 who have direct contact with children must provide a criminal reference check that shows they have no criminal background.

Availability indicators

The estimated licensed capacity for Ontario is the capacity of child care centres plus licensed home child care enrolment (not licensed home child care capacity). In theory, a licensed home child care could care for a maximum of five children. But in reality, it may only be permitted to care for fewer children if any are younger than 6 years of age or have special needs. In other words, In any given year, one or more licensed home child care providers may not be permitted to care for the maximum number of children so the system's actual capacity is almost always higher than its licensed capacity.

Table 5: Licensed capacity within Ontario's regulated child care system by age group

	2002/2003 baseline (as of March 31, 2003)	2003/2004 (as of March 31, 2004)	2004/2005 (as of March 31, 2005)	2005/2006 (as of March 31, 2006)
Child care centres				
Infant (<18 months)	5,723	5,988	6,331	6,949
Toddler (18-30 months)	18,091	18,900	20,012	21,631
Preschool (30 months–5 years)[6]	97,798	99,554	102,710	110,399
School age (6-12 years)	61,811	62,689	64,685	71,148
Total for child care centres	**183,423**	**187,131**	**193,738**	**210,127**
Licensed home child care				
Total[7] for licensed home child care	N/A	N/A	N/A	N/A
Total licensed capacity[8]	**201,976**	**206,969**	**213,130**	**229,875**

[6] The preschool category includes groups of children from 30 months to 5 years of age, as well as children in Junior Kindergarten groupings (4-year-olds) and children in Senior Kindergarten groupings (5-year-olds).

[7] The ministry does not track licensed capacity in home child care because, unlike child care centres, licensed capacity can fluctuate from day to day based on the ages and needs of their children. While the maximum number of children per home can be as high as five in addition to the provider's own, this maximum will drop if any of the children are younger than age 6, and/or if any of them have special needs.

[8] We derived the total estimated licensed capacity by adding the capacity of child care centres to the licensed home child care enrolment (in lieu of licensed home child care capacity).

Table 6: Enrolment within Ontario's regulated child care system by age group				
	2002/2003 baseline (as of March 31, 2003)	2003/2004 (as of March 31, 2004)	2004/2005 (as of March 31, 2005)	2005/2006 (as of March 31, 2006)
Child care centres				
Infant (<18 months)	5,650	5,881	5,962	6,725
Toddler (18-30 months)	18,334	19,463	20,447	29,928
Preschool (30 months–5 years)	110,311	114,721	112,378	121,835
School age (6-12 years)	57,269	59,128	61,838	65,945
Total child care centre enrolment	**191,564**	**199,193**	**200,625**	**224,433**
Licensed home child care				
Total licensed home child care enrolment	18,553	19,838	19,392	19,748
Total enrolment[9]	**210,117**	**219,031**	**220,017**	**244,181**

Table 7: Number of child care centres and home child care agencies				
	2002/2003 baseline (as of March 31, 2003)	2003/2004 (as of March 31, 2004)	2004/2005 (as of March 31, 2005)	2005/2006 (as of March 31, 2006)
Child care centres	3,768	3,874	3,948	4,175
Licensed home child care agencies	137 agencies (7,700 homes)	140 agencies (7,765 homes)	141 agencies (7,693 homes)	144 agencies (7,716 homes)
Total	**3,905**	**4,014**	**4,089**	**4,319**

[9] Enrolment is higher than licensed capacity because more than one child can use a licensed space. Two or more children could for instance attend on a part-time basis.

Affordability indicators

More children receive fee subsidies than full day equivalent (FDE) subsidized spaces because many children who receive regular fee subsidy are also in part-time child care. More than one child may occupy an FDE space because most children do not attend all day, every day, all year.

Table 8: Number of children receiving fee subsidies in Ontario's regulated child care system

Type of subsidy	2002/2003 baseline (January 1, 2002 to December 31, 2002)	2003/2004 (January 1, 2003 to December 31, 2003)	2004/2005 (January 1, 2004 to December 31, 2004)	2005/2006 (January 1, 2005 to December 31, 2005)
Regular fee subsidy (includes First Nations child care fee subsidies)	89,622	90,499	93,850	96,282
Ontario Works formal/licensed child care	17,350	14,033[10]	15,136	13,531
Ontario Works informal/ unlicensed child care	13,289	11,387	10,601	9,420
Total receiving fee subsidies	**120,261**	**115,919**[11]	**119,587**	**119,233**

[10] With the reinstatement of Ontario Works formal child care (licensed care) data, the number of children who received fee subsidies under Ontario Works formal child care increased to 17,420. This added to the total number of children receiving fee subsidies.

[11] Ibid

Next steps

Ontario has achieved great progress in implementing key components of its Best Start plan with the funding from the 2005 ELCC Agreement. In partnership with municipalities, the government created almost 15,000 new licensed child care spaces by September 2006. In addition, Ontario's Best Start plan will continue to help enhance the quality, affordability and accessibility of the early learning and care system. The province will add to its considerable progress in implementing key components of the Best Start plan by focusing on the following initiatives:

- The final report from the Best Start Expert Panel on Quality and Human Resources was submitted to the ministry in March 2007. The government is considering its recommendations on recruitment, retention and remuneration of Early Childhood Education practitioners, among other issues.
- The final report from the Best Start Expert Panel on an Early Learning Framework was submitted to the ministry in December 2006. The government is considering its recommendations on developing a learning framework for preschool children and ultimately, a single integrated learning framework for children, from preschool through to the end of Kindergarten.
- The government is moving forward with implementing the recommendations of its Expert Panel on an 18 month Well-Baby Visit for an enhanced 18 month Well-baby visit. This would make each child in Ontario eligible to access a standardized developmental assessment at 18 months of age.
- The government is moving forward with establishing a College of Early Childhood Educators. Once implemented, this College will set the qualifications and standards for professionals who work in early learning and child care.
- The government has implemented an income test for determining access to the child care fee subsidy. This will provide more people with access to the child care system and thereby support more children.
- The government will consider options for a simplified approach to child care funding and service planning. It will analyze the current practices of funding child care operators across Ontario and consider feedback from an external advisory committee.
- The government will continue its accelerated implementation of Best Start within three demonstration communities. They are establishing approximately 24 neighbourhood early learning and care hubs that will offer families with young children seamless access to an array of services and supports.
- By June 30, 2007, Best Start networks will submit community plans articulating a vision and process for moving further along the continuum of system integration. This will be the next step toward the development of an Ontario-wide integrated system of services to support children and their families with seamless access to the supports and services they need.

For further information,
go to **www.children.gov.on.ca**