Ontario

Ontario's Early Childhood Development and Early Learning and Child Care: Investments and Outcomes

2006/2007 ANNUAL REPORT

Message from the Minister of Children and Youth Services

It is a pleasure to share with you the *2006-2007 Annual Report on Ontario's Early Childhood Development and Early Learning and Child Care*. This report is part of our commitment to publicly report on the initiatives and investments we make each year under Ontario's Early Childhood Development (ECD) and Multilateral Framework on Early Learning and Child Care (ELCC) agreements with the federal government.

The investments made as a result of these agreements are part of a much broader commitment to strengthening the quality of Ontario's early childhood development, early learning and care system so that children can make a smooth and successful transition to school.

Our government is committed to helping all Ontario children get the best possible start in life so they have every opportunity to reach their full potential. To make that vision a reality, we continue to move forward with our Best Start plan. This plan for children and their families is the foundation on which Ontario will build to help future generations achieve success. Best Start consists of programs such as Healthy Babies Healthy Children, Infant Hearing, Preschool Speech and Language, licensed child care, Ontario Early Years Centres and many more.

Since 2004, more than 22,000 new licensed child care spaces have been created in Ontario, providing more families with access to quality, licensed care. The government has also helped municipalities increase early childhood educator wages, address local pressures and sustain new licensed child care spaces.

We continue to build on the progress we've already made, including the appointment of an Early Learning Advisor to recommend the best way to implement a full day of learning for four- and five-year-olds. We took a significant step forward by creating the College of Early Childhood Educators – the first of its kind in Canada. The college will help recognize and promote the important role that early childhood educators play in supporting the healthy development and early learning of children across the province.

We've also taken steps to make sure that licensed care providers meet health, safety and caregiver training standards that are enforced by government, and to provide parents with information, including a new website, that helps them make well-informed choices about child care.

This progress is a result of our community partnerships with Ontario Early Years Centres, child care providers, municipalities, school boards and public health units.

I look forward to continuing to build on these achievements so that all of Ontario's preschool children can grow up healthy and are ready to achieve success when they start school.

Sincerely,

Deb Matthews

Deb Matthews
The Honourable Minister of Children and Youth Services

Introduction

The government of Ontario created the Ministry of Children and Youth Services in 2003. This ministry is devoted to helping families give their children the best start in life and better access to the services they need at all stages of their children's development, as well as to helping youth become productive adults.

Through its regional and local offices across Ontario, the Ministry of Children and Youth Services works with diverse community partners – school boards, public health units, municipalities and child care and children's services providers. Together we are making sure that more children, youth and their families can access a seamless network of early learning and development services and supports, right in their own communities.

Federal/Provincial/Territorial Agreements

In 2006/2007, the Ministry of Children and Youth Services' expenditures for early learning and child development, children and youth at risk and specialized services were $3.3 billion. The ministry expends funds received from the federal government through the **Early Childhood Development (ECD) Agreement, the Multilateral Framework on Early Learning and Child Care (ELCC) Agreement** and the **Ontario-Canada Bilateral Funding Agreement on Early Learning and Child Care (ELCC) Agreement**, as outlined below.

Early Childhood Development (ECD) Agreement

In September 2000, Ontario joined Canada's First Ministers in signing the First Ministers' Communiqué on Early Childhood Development. This agreement represents the long-term commitment of every signatory to helping young children reach their full potential and to helping families and communities support their children. The federal government agreed to transfer incremental and predictable annual funding to the provinces. The provinces agreed to allocate this funding to babies and children, from the prenatal period through to age six. In 2006/2007, Ontario received $194 million under this initiative, and the 2007 federal budget extended its existing ECD funds to 2013/2014.

The ECD agreement also called for federal/provincial/territorial governments to identify a common set of indicators to provide information on the physical health and early development of young children in Canada. These indicators incorporate data from multiple sources, but primarily from a biennial survey conducted in Canada and designed to broaden our knowledge of children – particularly young children – in Canada. Ontario and the other participating governments agreed that upon receiving their survey results every two years, they would release a report on young children's well-being in their jurisdiction. Ontario has complied. The province published its last Report on Ontario Child Outcomes, covering 2002/2003, in its 2004/2005 Annual Report on Ontario's Early Childhood Development and Early Learning and Child Care. This report provides a Report on Ontario Child Outcomes for 2004/2005.

This report accounts for Ontario's expenditure of $194 million on ECD during the 2006/2007 fiscal year. It also includes the Report on Ontario Child Outcomes for 2004/2005.

Multilateral Framework on Early Learning and Child Care (ELCC) Agreement

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 younger than six years of age. The federal government committed $1.05 billion over five years[1] to provinces and territories for this initiative, beginning in 2003/2004. Ontario's annualized share of this funding grew to $117.3 million in 2006/2007. Ontario will receive annualized funding of approximately $137.3 million by 2007/2008. The 2007 federal budget extended this ELCC funding to 2013/2014.

This report accounts for Ontario's expenditure of the $117.3 million in federal funding allocated to Ontario through the Multilateral Framework on ELCC for the 2006/2007 fiscal year. It also provides an update on indicators of quality, availability and affordability.

[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.

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

In its February 2005 federal budget, the Government of Canada committed $5 billion over five years[2] to enhance and expand early learning and child care, in collaboration with the provinces and territories.

Three months later, on May 6, 2005, Ontario signed the Ontario-Canada Bilateral Funding Agreement-in-Principal on ELCC with the federal government. Later that year, on November 25, 2005, Ontario signed the five-year, $1.9 billion Ontario-Canada Bilateral Funding Agreement. Ontario has received funding for the period ending March 31, 2007.

The foundation of Ontario's participation in both agreements was a common vision and shared principles for high-quality and accessible child care, including a commitment to public reporting and accountability.

Federal Government Cancellation of ELCC Agreement

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

The federal government did make a final $254 million payment to Ontario in 2006/2007. Ontario reallocated this amount to provide $63.5 million per year over four years beginning in 2006/2007.

This report accounts for Ontario's expenditure of $63.5 million in 2006/2007 and includes the 2006/2007 Early Learning and Child Care Report.

[2] The federal government indicated that it would set aside $100 million over four years out of this $5 billion for ELCC programs for First Nations on-reserve.

2006/2007 Early Childhood Development Report

Ontario's Early Childhood Development (ECD) Initiatives

The ministries of Children and Youth Services, Health and Long-Term Care and Community and Social Services have invested their share of federal ECD funding on 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 directing its $194 million in federal ECD funding to four key action areas based on Ontario's Best Start strategy and the federal-provincial-territorial ECD framework. These key action areas are:

1. **Promoting healthy pregnancy, birth and infancy** to help families and children get the best start in life.

2. **Improving parenting and family supports** to provide parents with the support and information they need to become the best parents possible.

3. **Strengthening early childhood development, learning and care** to help children develop the competencies and coping skills they need to reach their full potential.

4. **Strengthening community supports** to provide evidence and research that informs policy and program decisions about children and youth.

Promoting Healthy Pregnancy, Birth and Infancy

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

Eighteen Aboriginal organizations deliver FASD and CN programs to support Aboriginal children and their families in 180 Aboriginal communities, located on- and off-reserve. 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 supports and supports to new mothers. They also provide resource information about FASD and its effects to school, child care, health care, justice and social service agency staff.

2006/2007 activities:

- **Support for families**: traditional parenting programs, respite care and play groups, navigating the FASD diagnostic process, "circles of care" for diagnosed children, traditional and culture-based activities for FASD-affected children and youth;
- **Health promotion and prevention**: culture-based FASD prevention workshops and public forum displays, school-based nutrition activities and after-school nutrition programming, baby food making classes for mothers, community kitchen feasts with community garden produce; and
- **Delivery of training and capacity building opportunities**: FASD education for Aboriginal and non-Aboriginal health, justice, social service and education front-line workers, case management and protocol planning with local agencies, production of culture-based FASD curriculum, nutrition policy and menu development with schools and child care programs.

Healthy Babies Healthy Children (HBHC)

This prevention and early intervention initiative, delivered by Ontario's 36 public health units, is available to all pregnant women and families with children from newborn to age six in Ontario. HBHC helps families promote healthy child development and helps children achieve their full potential through services including:

- screening of pregnant women and newborns;
- a postpartum phone call to families shortly after discharge from hospital and an offer of a postpartum 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; and
- widespread distribution of developmental screening information to Ontario Early Years Centres, child care centres and primary care providers.

2006/2007 activities:

- increased funding to support services in the Aboriginal HBHC program;
- provided prenatal screening to approximately 26,000 pregnant women, a 7 per cent increase over 2005/2006;
- screened 124,000 live births to assess infant well-being; this was 94 per cent of total live births in Ontario, up from 93 per cent in 2005/2006;
- public health nurses telephoned 123,000 consenting families shortly after they left the hospital with their newborns. They contacted 97.5 per cent of the total number of live births in Ontario, up from 96.1 per cent in 2005/2006; and
- public health nurses visited 53,000 consenting families shortly after the families left the hospital with their newborns – 43 per cent of the total number of families telephoned by the public health nurse before the visit.

Infant Development Program (IDP)

The IDP provides services to children from birth to age five who have developmental disabilities or are at risk for developmental delays, and their families. The 49 IDP programs across Ontario are sponsored by a range of lead agencies including hospitals, public health units and children's treatment centres. They share a commitment to early identification and intervention, accessibility, diversity, family focus, teamwork, community involvement, and accountability. IDP 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 cognition);
- development of play-based intervention plans;
- supportive counseling for families whose children have been diagnosed with developmental delays or a related medical condition;
- consultation with and referrals to other early years supports and service providers, such as Healthy Babies Healthy Children and Preschool Speech and Language;
- service coordination for families needing access to several agencies; and
- transition planning for children who are moving to child care and school settings.

2006/2007 activities:

- Served 11,863 children aged five years and younger, and their families.

Health Promotion Resource Centres

Both Ontario's Best Start Maternal Newborn and Early Child Development Resource Centre and the Curriculum and School-Based Health Resource Centre support health promotion initiatives that enhance the health of new or expectant parents, babies, children and youth. They provide consultations, training, information and resources to health care providers, educators and community professionals from across the province, including public health units, non-governmental organizations, community health centres, Ontario Early Years Centres, schools, hospitals and First Nations.

Ontario's Best Start Maternal Newborn and Early Child Development Resource Centre 2006/2007 activities:

- Provided customized, timely and responsive consultation and advice in French and English to 519 clients, including public health staff (health care providers, physicians, midwives and health promoters) and child care staff;

- Developed and distributed new resources on maternal newborn child health, effective prenatal education curriculum, teen pregnancy and pregnancy after age 35, and an ECD brochure in French;

- Distributed 458,207 resources (including 23,157 written in French) to more than 879 clients such as Ontario Early Years Centres, hospitals, physicians, prenatal educators and health units;

- Continued to facilitate the Maternal, Newborn and Child Health Promotion Network which promotes information exchange among 1,000-plus members, including physicians, midwives, public health nurses, child care staff, researchers and other community members;

- Connected with the Ontario Neurotrauma Foundation's Shaken Baby Syndrome Prevention Program, and partnered on testing an awareness and education strategy for new parents at the time of their baby's birth. This research could help decrease the incidence of shaken baby syndrome;

- Organized and hosted an annual conference for 279 participants on health promotion and the early years, diabetes in pregnancy, prenatal education curriculum, evaluation and reaching diverse cultures;

- Launched the Postpartum Mood Disorders Campaign; and

- Delivered regional workshops and sessions to health promoters and early learning and child care professionals. Through this process 356 clients were reached.

Curriculum and School-based Health Resource Centre 2006/2007 activities:

- Provided the Active 8 program, which provides eight lessons on fun physical activity challenges, to help students of all abilities develop fitness and skill levels. There were 61 teachers registered, more than 2,000 students participating, 686 requests and 4,520 English modules and 765 French modules disseminated;

- Provided the Take Action program, which helps young people build safety awareness about medicines, alcohol, tobacco and harmful substances through healthy lifestyle choices and problem-solving and decision-making skills. Distributed flyers to all English and French elementary schools and established an online directory to network 92 public health professional "master trainers";

- Provided the Menu of Choices program which supports schools in developing and implementing healthy eating approaches and provides resources to improve school nutrition. There were 450 copies of this resource distributed to half the secondary schools in Ontario; and

- Conducted 500 to 800 online/phone consultations.

Prenatal and Postnatal Nurse Practitioner Program (PPNP)

Ten public health units provide nurse practitioner clinical services to prenatal and postnatal women and their children younger than six years of age, in areas of the province that are geographically isolated or short of family physicians and/or obstetricians/gynaecologists. These services include:

- increased access to early, regular prenatal and postnatal care for pregnant women, new mothers and their families;

- early identification and intervention of potential complications for mothers and their children up to age six;

- partnership building with existing services in the community; and

- working with other early learning and child development programs such as Healthy Babies Healthy Children.

2006/2007 activities:

Completed a comprehensive evaluation of prenatal and postnatal nurse practitioner services, which found:

- each clinic had an average of 800 client visits per month;

- between November 2005 and August 2006, clinics provided services to 1,750 people;

- clinics served the intended population of mothers and their children younger than six years;

- clinics reduced the barriers to accessing health care for these families; and
- clients were highly satisfied with clinics' model of care for clinic services.

Pregnant Women with Addictions

This initiative is part of a five-year pilot program managed by the Ministry of Health and Long-Term Care (MOHLTC). It provides pregnant women and/or mothers of children (up to age six) across Ontario with specialized substance abuse treatment and other services such as child care, life skills and parenting skills development, through existing addiction treatment agencies. This program was to end in 2005/2006, but when the evaluation report demonstrated that it was meeting the needs of pregnant and parenting women with addictions, MOHLTC decided to fund this program annually.

2006/2007 activities:

- Supported 21 different projects ranging from direct services to community development to needs assessments. Projects were developed through community input and tailored to community needs;
- Provided diverse services, including assessment, case management, advocacy, referrals, court support and accompaniment to appointments;
- Provided mother and child services such as child care, so mothers could attend one of its programs, parenting resources and education, parenting and life skill development, nutritious snacks, drop-in services and a lending library;
- Provided new services, including Seeking Safety, Beyond Boredom (a modified, activity-based relapse prevention group along with a Canadian prenatal nutrition program parenting and recovery group), as well as women's groups, a weekly drop-in support group and home visiting to enhance parenting;
- Provided supports for Fetal Alcohol Effects (FAE) and Fetal Alcohol Syndrome (FAS) prevention, including early intervention programs and services for pregnant women and women who might be at risk of having a child with FAS/FAE; and
- Provided nurse practitioners for prenatal assessment and care, health care for mothers, babies and family members, immunization, coordination of health care with physicians and hospitals, and health education and resources.

Prenatal Human Immunodeficiency Virus (HIV) Testing

This program is for pregnant women, women contemplating pregnancy and prenatal care providers. It 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 per cent of pregnant women in Ontario who do not currently receive HIV testing.

2006/2007 activities:

- Distributed promotional materials to raise awareness and educate health care providers and the public about the importance of early HIV diagnosis for pregnant women and infants;
- Continued two research studies—one was an exploration of women's experience of the prenatal HIV testing program in Ontario and the other was on health care providers; and
- Increased provincial prenatal HIV testing rates from 91 per cent in 2005/2006 to 92 per cent in 2006/2007.

Improving Parenting and Family Supports

Children's Mental Health

This program, delivered by 63 community-based transfer payment agencies, provides children and their families with services and supports to alleviate a range of social, emotional, behavioural and/or psychiatric problems. Activities focus on specific services to enhance early identification, intervention and treatment for children up to the age of six years, including:

- early identification and assessment;
- preventing family breakdown;
- helping parents cope and deal with their children's presenting problem(s);
- strengthening community capacity to respond to mental health needs of children and youth, including public education to reduce the stigma and increase awareness of mental illness;
- crisis intervention and monitoring;
- parent education and support groups;
- treatments such as play therapy, individual, group and family counselling;
- linking parents/caregivers to other community services and specialized assessments;
- case management and service coordination; and
- training for service providers.

2006/2007 activities:

- 6,723 children and youth received services.

Community Health Centres (CHCs)

These provided two active programs for pregnant women and young children in 2006/2007 – prenatal, postnatal and infant care programs for pregnant women and children up to the age of three years and their parents, and integrating services and building community capacity programs for at-risk and disadvantaged populations.

Prenatal, postnatal and infant care programs for pregnant women and children up to the age of three 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 breastfeeding and improved assessments for nutrition and child development milestones.

2006/2007 activities:

- 34 CHCs operated 222 programs in 116 different sites; and
- Approximately 2,900 pregnant women, 7,800 children, 7,000 parents, 7,100 families and 3,300 others received assistance.

Integrating services and building community capacity programs for 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. They serve pregnant women, parents and children aged two to six, caregivers, service providers and community members participating in early years activities.

2006/2007 activities:

- 28 CHCs operated 172 separate programs in 109 different sites; and
- Approximately 6,292 children, 5,500 parents, 4,000 families and 2,700 others received assistance.

Learning Earning and Parenting (LEAP)

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

Starting in 2008, LEAP will deliver a new service – building financial capability. Participants will gain personal financial skills by learning about banking, credit, credit rating and saving for the future.

2006/2007 activities:

- Provided services to approximately 6,258 young parent participants;
- 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, including improvements and refinements;
- Continued counselling and paying for school clothing and transportation to help young parents go to school and do homework;
- Continued developing and distributing marketing material that supports the program and voluntary participation; and
- Continued other initiatives to help these young parents continue their education.

Child Protection

Ontario's 53 children's aid societies (CASs) protect children who are being abused and/or neglected by their caregivers, or are at risk of being abused and/or neglected by their caregivers. A CAS must by law respond, 24 hours a day, seven days a week, to all allegations of abuse and/or neglect. Each CAS has the authority to:

- investigate allegations of physical, sexual and emotional abuse, and neglect;
- provide ongoing protection services for children living at home with their caregivers, including referrals to other community-based service providers;
- provide temporary or permanent guardianship for children who cannot remain at home with their families because of abuse and/or neglect;
- for Crown wards (children who will remain permanently in the care of a CAS) provide residential care up to a child's 18th birthday (by special agreement with their CAS; some Crown wards receive some support up to age 21);
- provide counselling for children and families; and
- place children for adoption with suitable adoptive families.

2006/2007 activities:

In 2006/07 there were substantive achievements in the overall child protection field, including ministry-led changes in legislation, regulations and policy. In November 2006 and February and April 2007 amendments to the *Child and Family Services Act* and its regulations were proclaimed. The amendments:

- provide more options for children who cannot be adopted, supporting greater opportunity for them to grow up in caring, permanent homes;
- increase the accountability of CASs through a consistent and timely complaints process;
- allow adoption 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; and

- support resolution of child protection cases outside the courtroom more quickly through collaborative solutions such as mediation.

As part of the ministry's Child Welfare Transformation initiatives, these amendments and a series of complementary policy and program changes:

- make the adoption application process more consistent and therefore simpler for prospective parents;

- create a provincewide registry to help match available children with prospective parents;

- provide support, if needed, to parents after an adoption is completed;

- provide CASs with new tools to support and strengthen families facing challenges, so they can take better care of their children; and

- support sustainability and strengthen accountability of children's aid societies through a new funding model.

Strengthening Early Childhood Development, Learning and Care

Early Literacy Specialists Program

This program strengthens, supports and promotes effective literacy and language development in children younger than six years of age and their families. Early literacy specialists, operating primarily through the Ontario Early Years Centres, provide training and suggestions on promoting early language and literacy to early years professionals and parents. They also form linkages with other community-based early years programs such as Healthy Babies Healthy Children, Preschool Speech and Language Program, child care centres and libraries.

2006/2007 activities:

- Provided early literacy training services to 44,930 community participants;

- Served 17,490 early years professionals in their local communities.

Infant Hearing Program (IHP)

The IHP identifies babies born in Ontario who are deaf or hard of hearing. It provides these children with services to support their language development, so they are ready to learn when they reach school. These services include universal newborn hearing screening in hospitals and community clinics, monitoring for babies born at risk of early childhood hearing loss, audiology assessments and habilitation, and family support and communication development services for children identified with permanent hearing loss. In 2006/2007, the IHP extended its program services to children up to six years of age.

2006/2007 activities:

- Supported the implementation of the IHP through development and distribution of public awareness brochures and videos (translated into 13 languages) that encourage universal access and comprehensive timely service for all babies;
- Screened 131,856 babies – 99 per cent of all live births in Ontario;
- Identified 335 babies with permanent hearing loss; and
- Provided communication development services to 251 children and their families.

Preschool Speech and Language (PSL) Program

The PSL program provides services to children from birth to school-entry age who are experiencing communication delays or disorders. The goal of the PSL is to provide these children access to services and help them be ready to learn when they reach school. Children and their families and caregivers receive services to develop children's speech and language skills to their maximum ability. 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; and
- 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; and
  - transition to school planning.

2006/2007 activities:

- Assessed 21,622 new children;
- Provided active service to 51,578 children;
- Exceeded the target population of 78,000 children within the age range. These children were in active service, or had received service and were discharged;
- As a result of the $2.65 million PSL/IHP enhancement, 716 additional children received a speech and language assessment and 6,287 additional children received communication treatment.

Best Start

The goal of Ontario's Best Start strategy is to help children in Ontario be ready to achieve success in school by the time they start Grade 1. By enhancing and integrating key early years programs and services, Best Start helps give children the opportunity for healthy development, early learning and the best start in life.

2006/2007 activities:

- Completed a review of community plans submitted by each of the 47 community-based Best Start networks. These plans outline a vision and process for moving towards an Ontario-wide integrated system that provides children and their families with seamless access to the supports and services they need;
- Continued supporting the 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 implementation of the full Best Start vision. In 2006/2007, these three demonstration communities established 24 Neighbourhood Early Learning and Care hubs in convenient neighbourhood locations, providing families with local access to a continuum of services related to early learning, child care and healthy development;
- Created, in partnership with municipalities, almost 22,000 new licensed child care spaces as of March 2007;
- Introduced a new streamlined model to determine eligibility for child care fee subsidies. This model is based on family net income, so more families are eligible;
- Moved forward on Expert Panel on Enhanced 18-month Well-Baby Visit recommendation to work together with other ministries to implement a standardized developmental assessment at 18 months of age for each child in Ontario. Physicians, nurse practitioners or nurses will complete this assessment, in partnership with the child's parents;
- Submitted two expert panel reports to guide the implementation of Best Start:
    - The Expert Panel on an Early Learning Framework recommended strategies to establish a curriculum framework for regulated early learning and care settings. This framework, linked to the Junior Kindergarten/Senior Kindergarten program guidelines, will ultimately lead to the development of a single, integrated learning program for children; and

- The Expert Panel on Quality and Human Resources recommended strategies to improve quality in the delivery of early learning and care, through improvements to wages, working conditions, and qualifications of child care practitioners.

- Continued working on creating legislation to create a College of Early Childhood Educators. This College will set consistent professional standards for Ontario's early childhood educators and help ensure quality early learning and care programs.

Ontario Early Years Centres (OEYCs)

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

2006/2007 activities:

- OEYCs welcomed more than 2 million visits by children and 1.6 million visits by parents and caregivers.

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 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.

2006/2007 activities:

- 1,050 children were assessed for IBI;

- 568 children started IBI;

- 241 children ended IBI; and

- At the end of 2006/2007, 1,125 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.

2006/2007 activities:

- Treated/helped approximately 480 children who came in through the emergency service;
- Treated or helped approximately 304 children who came in through the non-emergency service;
- Provided over 5,380 hours of counselling to children and families;
- Under the provincial paediatric coordinator, provided clinicians with expert consultation services and training on paediatric sexual abuse/assault in several regions in Ontario, and partnered with law enforcement on the issue of sexual exploitation of children on the Internet;
- Continued efforts to strengthen partnerships between regional centres and communities, including the CAS and police;
- Trained 175 clinicians across the province, including providing comprehensive information on trauma in children and a forum for peer review of cases with a trauma expert;
- Provided educational sessions to clinicians across the province through Telehealth, on sexual assault resulting in pregnancy, duty to report domestic violence to CAS, teen prostitution and sexual exploitation of children on the Internet; and
- Continued ongoing research projects, including investigating health care clinicians' knowledge of the sexual exploitation of children on the Internet.

Other Services for Children and Youth with Special Needs

Ontario provides a range of services to help children and youth and their families who have functional limitations in life activities that result from impairment in one or more of the following areas:

- physical;
- developmental;
- social / emotional / behavioural;
- mental health;
- cognition;
- communication;
- sensory;
- motor; and / or
- health.

Some children have more than one special need or disability, and may require service planning and coordination across more than one ministry or service stream.

2006/2007 activities:

- Funded 20 Children's Treatment Centres (CTCs) that served approximately 53,000 children. The average CTC client is four-and-a-half years of age, but some are as old as 19 years of age. All CTCs provide:
  - o core rehabilitation services, including physiotherapy, occupational therapy and speech and language therapy; and
  - o other services and clinics depending on local needs, including autism, preschool speech and language, school health support services, respite and developmental programs.

- Provided respite services for primary caregivers and families, including enhanced respite services to more than 2,300 children and out-of-home respite services to almost 3,600 children; and

- Provided a range of residential supports, including out-of-home care and in-home supports that assist children and youth with activities of daily living.

Strengthening Community Supports

Child Outcome Measurements

This initiative focuses on measuring child outcomes (measurements of their readiness to learn) in Ontario. Its particular focus is on outcomes for children up to the age of six years, as they prepare to enter grade school. Data from this initiative will inform local planning processes.

2006/2007 activities:

- Funded the Offord Centre for Child Studies at McMaster University for 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. In 2006/2007, more than 20,000 Senior Kindergarten children participated in EDI data collection. Since 2003, more than 143,000 children have participated in EDI data collection; and

- 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 (DACs) who support local planning initiatives.

2006/2007 activities:

- Funded DACs across Ontario;
- DACs supported Best Start networks in local planning activities; and
- Supported implementation of the EDI.

Table 1: 2006/2007 ECD Expenditures by Key Action Area	
Key Action Area	**Expenditure**
Promoting Healthy Pregnancy, Birth and Infancy • Aboriginal Fetal Alcohol Syndrome Disorder and Children Nutrition Programs • Healthy Babies Healthy Children • Infant Development Program • Ontario's Best Start Maternal Newborn and Early Child Development Resource Centre • Curriculum and School-based Health Resource Centre • Prenatal and Postnatal Nurse Practitioner Services • Pregnant Women with Addictions • Prenatal Human Immunodeficiency Virus (HIV) Testing	$31.6 million
Improving Parenting and Family Supports • Children's Mental Health • Community Health Centres • Learning, Earning and Parenting (LEAP) • Child Protection	$45.3 million
Strengthening Early Childhood Development, Learning and Care • Early Literacy Specialists Program • Infant Hearing Program • Best Start • Ontario Early Years Centres • Preschool Speech and Language Program • Autism Intervention Program • Sexual Assault Treatment for Children • Other Services for Children and Youth with Special Needs	$112.7 million
Strengthening Community Supports • Child Outcome Measurements • Program Effectiveness Measurement/ECD Monitoring and Evaluation Strategy	$4.4 million
Total ECD Expenditures for 2006/2007	**$194.0 M**

Report on Ontario Child Outcomes for 2006/2007

There is a growing consensus that what happens to children in their early years – from birth to five years of age – sets the stage for their lives once they grow up, including many of the important determinants of their future well-being. Experts further agree that healthy children emerge most often from healthy families; healthy families are in turn promoted by healthy communities. Developing a broad understanding of the factors that influence child development can therefore help us build the supportive environments children need to thrive[3].

To this end, experts and decision makers agree on the importance of monitoring children's well-being and development. Building awareness and understanding of how young children in Canada are developing during their earliest years can help identify areas where children and their families may need more or better integrated supports. Monitoring also helps to build a picture of how to design and deliver services and supports for children, families and communities in a way that is mutually reinforcing, eliminates gaps, strengthens the continuum of services and supports provided to families, and is an important tool for policy development[4].

Indicators of Child Well-being

As part of its commitment under the First Ministers' agreement signed by the federal, provincial and territorial governments in September 2000, Ontario is monitoring the 11 common key indicators of development in the early years. These indicators provide information on development in physical health and well-being, social competence, emotional maturity, language, general knowledge and cognitive skills.

Ontario reports publicly on these indicators every two years. This frequency corresponds with the availability of data from the National Longitudinal Survey of Children and Youth (NLSCY), which is generated from a biennial survey designed to broaden our knowledge of children in Canada.

This monitoring report marks the fourth time that Ontario is reporting to the public on a set of jointly agreed upon indicators of young children's well-being, using the most recent data available. It does not discuss potential relationships between the indicators in this report or with other external factors. Further research is needed to determine factors that could impact the movement of these indicators.

Table 2 sums up the indicators and the data sources.

[3,4] Human Resources and Social Development Canada, the Public Health Agency of Canada and Indian and Northern Affairs Canada (2007). "The Well-Being of Canada's Young Children: Government of Canada Report 2006".

Table 2: 11 Common Key Indicators of Child Well-being and Related Data Source	
Indicators of Physical Health	**Data Source**
1. Healthy birth weight 2. Infant mortality rate Incidence of diseases that could have been prevented by vaccines: 3. Meningococcal disease (Group C) 4. Measles 5. Haemophilus influenzae (Type B)	Canadian Vital Statistics Birth Database (2005) Public Health Agency of Canada (2006)
6. Motor and Social Development 7. Emotional Problem/Anxiety 8. Hyperactivity/Inattention 9. Physical Aggression/Conduct Problem 10. Personal-Social Behaviour 11. Language	National Longitudinal Survey of Children and Youth (NLSCY), Cycle 6 (2004/2005), generated from a biennial survey designed to broaden our knowledge of children in Canada.

Indicators of Physical Health

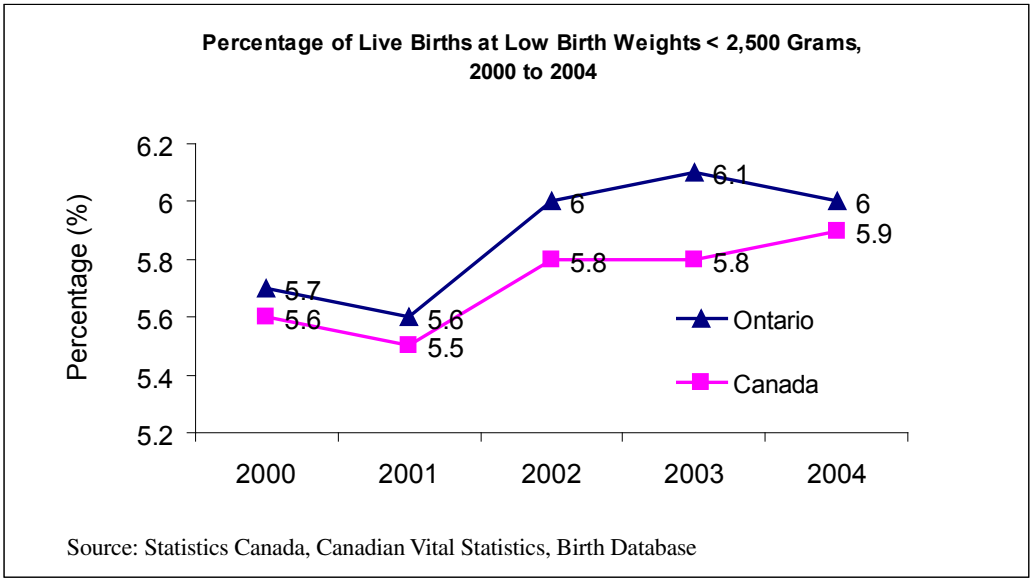
These results for the indicators of physical health are based on the most recent data available from the Canadian Vital Statistics Birth Database.

Healthy Birth Weight

The vast majority of children in Ontario were born at a healthy weight.

A child's weight at birth is a key indicator of development both before and after birth. A healthy birth weight is defined as between 2,500 and 4,000 grams. Children who weigh less than 2,500 grams are considered to be of low birth weight, and children who weigh more than 4,000 grams are considered to be of high birth weight.

Low birth weight has long been a public health concern because of its relationship to poor infant health and mortality. Potential problems of children born at a low birth weight include increased risk of dying during the first year of life, developmental disabilities and disease[5]. Mothers in poor health, who have unhealthy lifestyles or live in difficult economic circumstances, are at greater risk of giving birth to an infant of low birth weight. In 2004, 6 per cent of Ontario babies were born with low birth weights – the same percentage as in 2002 but slightly higher than the national average of 5.9 per cent.

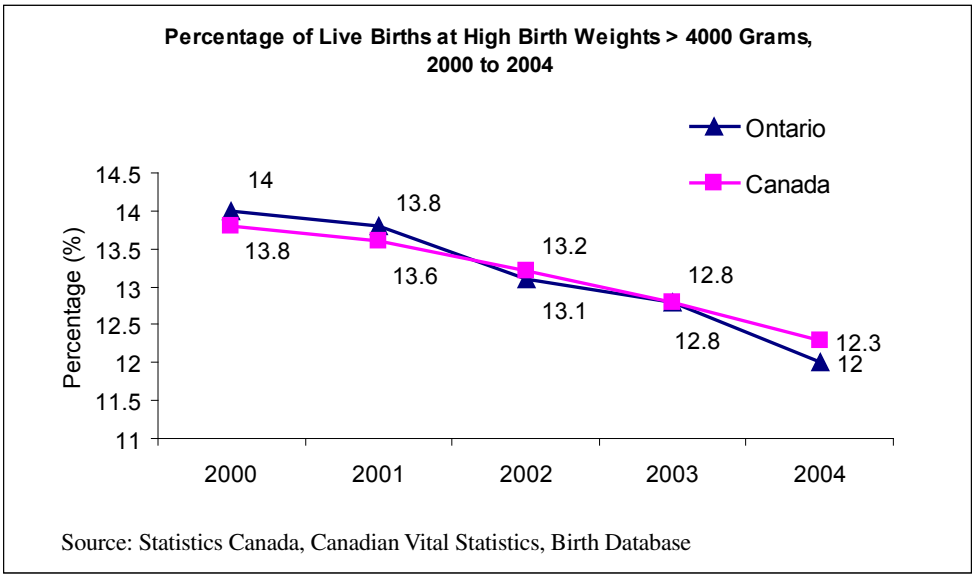


Source: Statistics Canada, Canadian Vital Statistics, Birth Database

Children born at a high birth weight are at greater risk of death within the first month of life, injuries during birth, and intellectual and developmental problems.[6] The proportion of Ontario babies born at high birth weights has steadily declined since 2000. In 2004, the percentage of high birth weights was 12 per cent, down from 13.1 per cent in 2002 and lower than the national proportion of 12.3 per cent.

[5] Human Resources and Social Development Canada, the Public Health Agency of Canada and Indian and Northern Affairs Canada (2007). "The Well-Being of Canada's Young Children: Government of Canada Report 2006."

[6] MacMillan, H. et al. (1999). "Chapter 1 – Children's Health." First Nations and Inuit Regional Health Survey. Ottawa: First Nations and Inuit Regional Heath Survey National Steering Committee.



Between 2000 and 2004, the number of healthy births in Ontario has steadily increased from 86.0 per cent to 88.0 per cent.

Infant Mortality Rate

Ontario's infant mortality rate rose slightly.

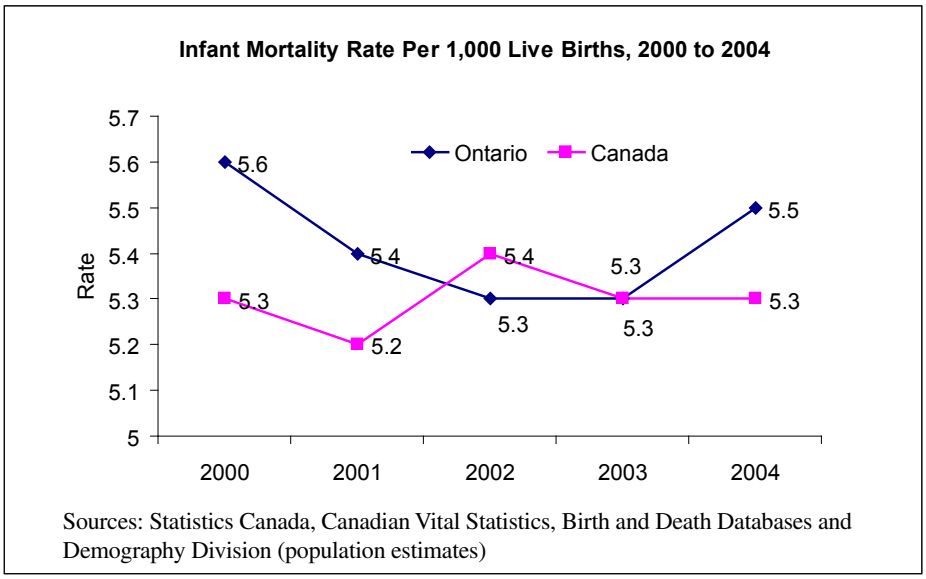
Infant mortality rate refers to the number of children who die within the first year of life, excluding still births. Infant mortality is considered key to determining standard of living because it provides insight into both social well-being and health status. It is also the most widely available accurate measure of infant health. The numerous possible causes of infant death include congenital anomalies (such as heart and cardiovascular conditions), respiratory distress syndrome and Sudden Infant Death Syndrome (SIDS).[7] The underlying risk factors for infant death include low birth weight (especially when associated with pre-term delivery),[8] maternal/paternal smoking (which increases the risk of SIDS, infections and other adverse outcomes),[9] and family and social environments (such as poverty, overcrowded house conditions and parental well-being, including alcohol and substance abuse).[10] In 2004, the infant mortality rate was 5.5 deaths per 1,000 live births, up from 5.3 in 2002 and higher than the national rate of 5.3.

[7] Canadian Perinatal Surveillance System (CPSS) (March 1998). "Canadian Perinatal Surveillance System Fact Sheets: Infant Mortality". Ottawa: Public Health Agency of Canada.

[8] Office for National Statistics (2001). "Infant and Perinatal Mortality by Social and Biological Factors, 2000." Health Statistics Quarterly. 12: 78-82.

[9] Kramer, M. et al. (2000). "Socio-Economic Disparities in Pregnancy Outcome: Why Do the Poor Fare So Poorly?" Pediatric and Perinatal Epidemiology. 14(3): 194-210.

[10] Guildea, Z., D. Fone, F. Dunstan et al. (2001). "Social Deprivation and the Causes of Still-Birth and Infant Mortality." Archives of Disease in Childhood. 84: 307-310.



Sources: Statistics Canada, Canadian Vital Statistics, Birth and Death Databases and Demography Division (population estimates)

Incidence of Diseases That Vaccines Could Have Prevented

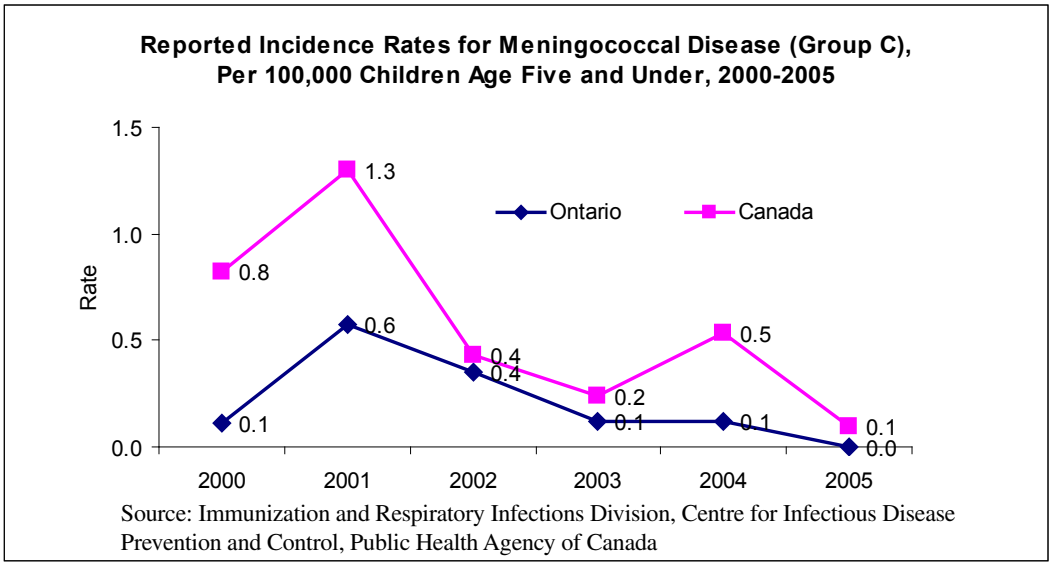
Invasive meningococcal disease (group C), measles and haemophilus influenzae (type B) are preventable through immunization and are now rare. Because of their low frequency and the periodic nature of outbreaks, the rates can vary substantially among provinces and between years.

Invasive Meningococcal Disease (Group C)

There were no new cases of meningitis in Ontario.

Invasive meningococcal disease (group C), commonly referred to as meningitis, is a rare but serious bacterial disease, spread by direct contact. Roughly 10 per cent of people who contract this disease will die, and those who survive may suffer serious after-effects. Its incidence rate is defined as the number of new cases, reported by year, per 100,000 children five years of age and younger.

In Ontario, there has been a downward trend in the incidence of invasive meningococcal disease (group C) since 2001. In 2005, Ontario had no new cases of this disease, an improvement over the rate of 0.1 in 2003. The national rate was 0.1 per 100,000 in 2005.



Source: Immunization and Respiratory Infections Division, Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada

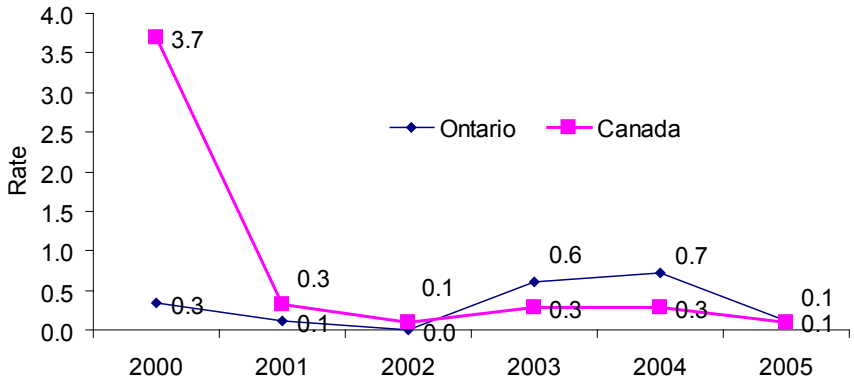
Incidence of Measles

The incidence of measles in Ontario has declined.

Measles, a highly communicable viral disease, is more severe in infants than in adults. Its complications can include middle ear infection, croup, and encephalitis. The incidence rate of this disease is defined as the number of new cases reported by year, per 100,000 children five years of age and younger.

Since 1980, the incidence of measles in Ontario has dropped drastically. In 2005, the rate of measles for children younger than the age of five was 0.1 per 100,000 – notably lower than the rate of 0.6 in 2003 and comparable to the national rate of 0.1.

Reported Incidence Rates for Measles, Per 100,000 Children Age Five and Under, 2000-2005



Source: Immunization and Respiratory Infections Division, Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada

Incidence of Haemophilus Influenzae disease (Type B)

The incidence of invasive haemophilus influenzae disease (type B) in Ontario has declined.

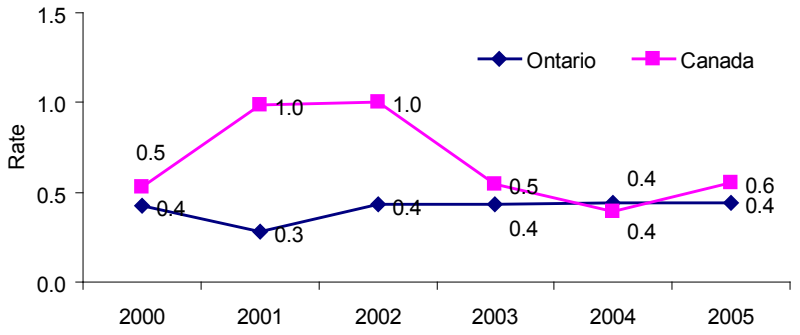
Invasive haemophilus influenzae disease (type B) was once the most common cause of meningitis, and a leading cause of other serious invasive infections in children. Ontario added invasive haemophilus influenzae disease (type B) vaccine to its routine childhood immunization schedule in 1992, and has continued to include this vaccine as part of its immunization program for children. Children receive the vaccine in four doses before they are two years of age, in combination with diphtheria, pertussis, tetanus and polio vaccines.

The incidence of this disease in Canada has significantly dropped over the past 10 years. The continued inclusion of this vaccine in the routine immunization schedule for Canadian children is necessary, however, because haemophilus influenzae disease (type B) remains common in many parts of the developing world.

Its incidence rate is defined as the number of new cases reported by year, per 100,000 children younger than age four.

From 2000 to 2005, the rate of invasive haemophilus influenzae disease (type B) for children younger than age four in Ontario has remained relatively stable, at 0.4 per 100,000. The national rate was 0.6 in 2005.[11]

Reported Incidence Rates for Invasive Haemophilus Influenzae Disease (Type B), Per 100,000 Children Age Five and Under, 2000-2005



Source: Immunization and Respiratory Infections Division, Centre for Infectious Disease Prevention and Control, Public Health Agency of Canada

[11] Data is not available for Quebec and Saskatchewan from 2003 to 2006. Provincial and national data for 2004 to 2006 are provisional and subject to change.

Indicators of Early Development

The provinces and territories agreed to base early development indicators on data made available to them by the federal government from the National Longitudinal Survey of Children and Youth (NLSCY).[12] This section provides information about the indicators of early development derived from the NLSCY for children in Ontario age five and younger.

The NLSCY is a long-term study of Canadian children that follows their development and well-being from birth to early adulthood. It collects information every two years by surveying factors influencing children's social, emotional and behavioural development, and by monitoring the impact of these factors on the child's development over time. The survey covers a range of topics, including the health of children, information on their physical development, learning and behaviour as well as data on their social environment (family, friends, schools and communities).

The NLSCY data is representative on a provincial basis, but not for smaller areas. Its calculations are based on population weighting. Statistics Canada derives population figures for non-census years from post-census estimates, and then recalculates the figures it used in prior reports once revised population data is available. As a result, population figures used to determine indicators in this annual report may differ from figures in prior annual reports or documents.

The NLSCY does not sample children living in institutions or on First Nations reserves.

[12] The NLSCY began in 1994; it is conducted by Statistics Canada and sponsored by Human Resources and Social Development Canada.

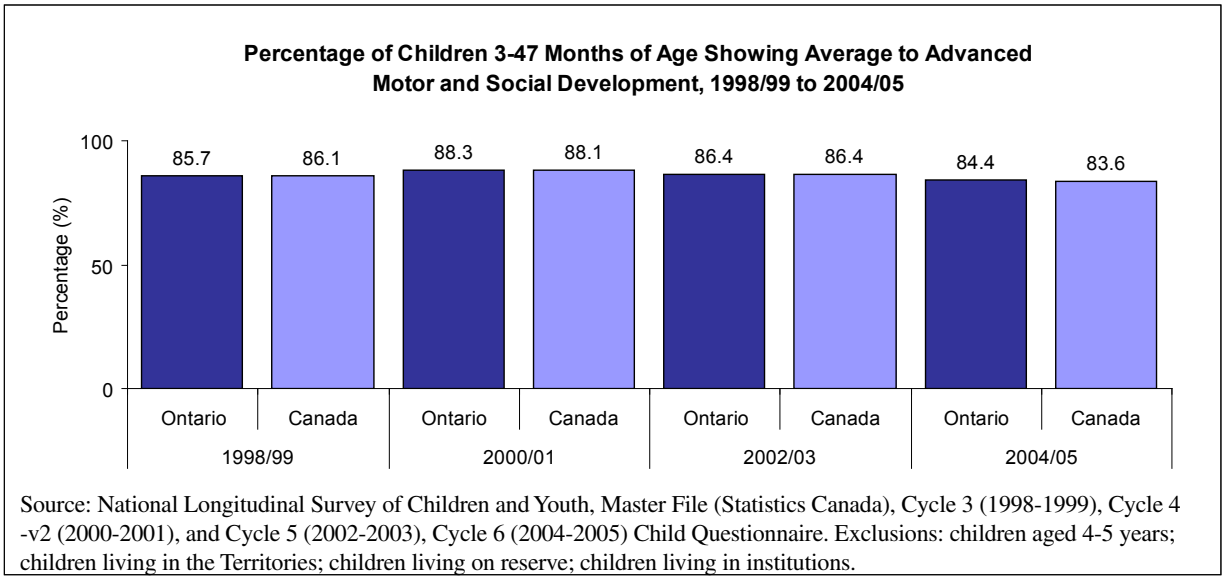
Motor and social development

The majority of young children in Ontario displayed average to advanced motor and social development.

Motor and social development (MSD) skills are significant determinants of children's future abilities in school and other learning environments. Children with lower levels of motor and social development are more likely to find activities such as crawling/walking unassisted difficult and less likely to be able to clearly communicate wants/desires.

While emphasis is often placed on academic, vocabulary and cognitive skills development in determining the readiness of the children as they progress through the early years of education, children's interpersonal and behavioural skills are also important. The NLSCY measurement of various dimensions of this development helps provide an overall picture of the school readiness of young children, defined as the "set of skills which children are expected to possess when they enter kindergarten or Grade 1."[13]

The MSD indicator measures the proportion of children three months to 47 months of age who have delayed, average and advanced levels of motor and social development. In 2004/2005, 84.4 per cent of Ontario's children demonstrated average to advanced MSD, down slightly from 86.4 per cent in 2002/2003 and higher than the national proportion of 83.6 per cent.



Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998-1999), Cycle 4 -v2 (2000-2001), and Cycle 5 (2002-2003), Cycle 6 (2004-2005) Child Questionnaire. Exclusions: children aged 4-5 years; children living in the Territories; children living on reserve; children living in institutions.

[13] Favaro, P., E. Gray and K. Russell (2003). Readiness to Learn: Early Development Instrument (EDI): Dixie Bloor Neighbourhoods, Mississauga, Ontario: Understanding the Early Years. Mississauga: Success by Six Community Coalition of Peel Region.

Emotional Problem/Anxiety

The majority of children two to five years of age do not display signs associated with emotional problem/anxiety.

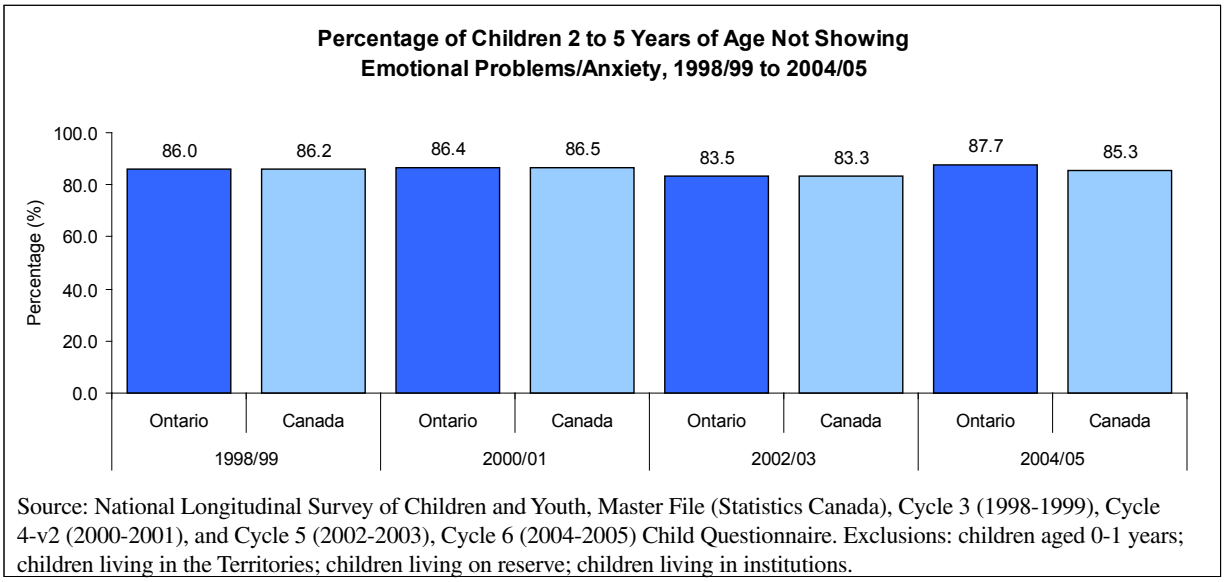
The emotional health of young children is an important indicator of well-being. It ties directly to many areas of their development, including their ability to build healthy self-esteem, bond with people around them, and learn tasks within and outside formal academic settings.

Emotional problems in children younger than the age of six can reappear as mental health disorders as the children continue to develop. Research indicates that in many cases, the onset of troublesome behaviours in childhood may lead to a lifetime of serious psychosocial disturbances, as well as a greater likelihood of criminal and substance abuse problems in adolescence and adulthood.[14] These troublesome behaviours in childhood are often characterized by antisocial behaviour, conduct problems such as a propensity to get into fights and high anxiety.

Young children who are fearful and reluctant to engage in new activities are likely to miss out on opportunities experienced by more positive children. Conversely, children classified as impulsive may fail to perceive aspects of a task and, as a result, may find it difficult to fully understand what is required of them in future situations.[15]

The Emotional Problem/Anxiety indicator measures the proportion of children aged two to five years who exhibit high levels of emotional and/or anxiety problems.

In 2004/2005, 87.7 per cent of children aged two to five years did not display signs associated with emotional problems and/or anxiety – an improvement over the 83.5 per cent in 2002/2003 and 85.3 per cent nationally.



Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998-1999), Cycle 4-v2 (2000-2001), and Cycle 5 (2002-2003), Cycle 6 (2004-2005) Child Questionnaire. Exclusions: children aged 0-1 years; children living in the Territories; children living on reserve; children living in institutions.

[14] Offord, D. and E. Lipman (1996). "Emotional and Behavioural Problems." Growing Up in Canada: National Longitudinal Survey of Children and Youth. Ottawa: Human Resources Development Canada and Statistics Canada.

[15] Doherty, G. (1997). Zero to Six: The Basis for School Readiness. Ottawa: Human Resources Development Canada, Applied Research Branch.

Hyperactivity/Inattention

The vast majority of children two to five years of age do not display behaviours associated with hyperactivity and/or inattention.

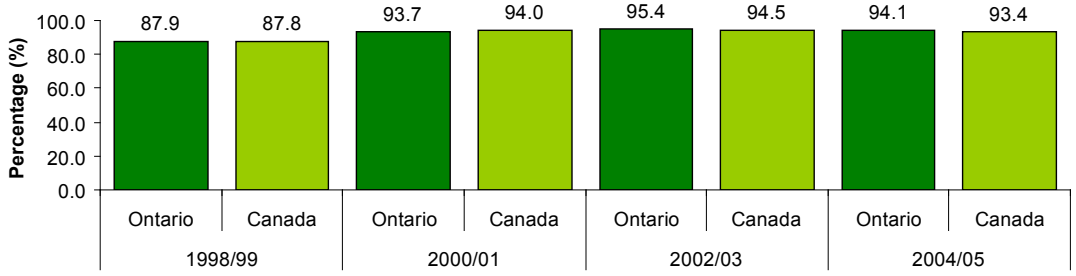
Hyperactivity in young children is often characterized by inattention, impulsivity and higher than average motor activity. Many of the questions associated with these indicators in the NLSCY are an attempt to measure whether the child exhibits difficulties concentrating on tasks or is easily distracted, acts impulsively or without thinking, and has problems waiting for his or her turn in peer and social settings.[16]

Environmental factors can contribute to hyperactivity among young children. These environmental factors can include family type (single-parent, dual-parent) and family income. Family structure, in particular where there is a lone female parent or step-parent, has been shown to predict hyperactivity among young children.[17] Early recognition of and intervention for hyperactivity in young children living in one-parent families has been shown to have positive effects on their development later in life.[18]

The Hyperactivity/Inattention indicator measures the proportion of children aged two to five years who exhibit high levels of hyperactivity and/or inattention.

In 2004/2005, 94.1 per cent of children age two to five years surveyed in Ontario did not display behaviours associated with hyperactivity and/or inattention – lower than 95.4 per cent in 2002/2003 but still slightly above the national proportion of 93.4 per cent.

Percentage of Children 2 to 5 Years of Age Not Showing Hyperactive/Inattention Problems, 1998/99 to 2004/05



Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998-1999), Cycle 4-v2 (2000-2001), and Cycle 5 (2002-2003), Cycle 6 (2004-2005) Child Questionnaire. Exclusions: children aged 0-1 years; children living in the Territories; children living on reserve; children living in institutions.

16 Government of Canada (2002). Healthy Canadians – A Federal Report on Comparable Health Indicators 2002. Ottawa: Health Canada.

17 Kerr, D. (2004). "Family Transformations and the Well-Being of Children: Recent Evidence from Canadian Longitudinal Data." Journal of Comparative Family Structures. 34(1): 73-91.

18 Government of Canada (2002). Healthy Canadians – A Federal Report on Comparable Health Indicators 2002. Ottawa: Health Canada.

Physical Aggression/Conduct Problems

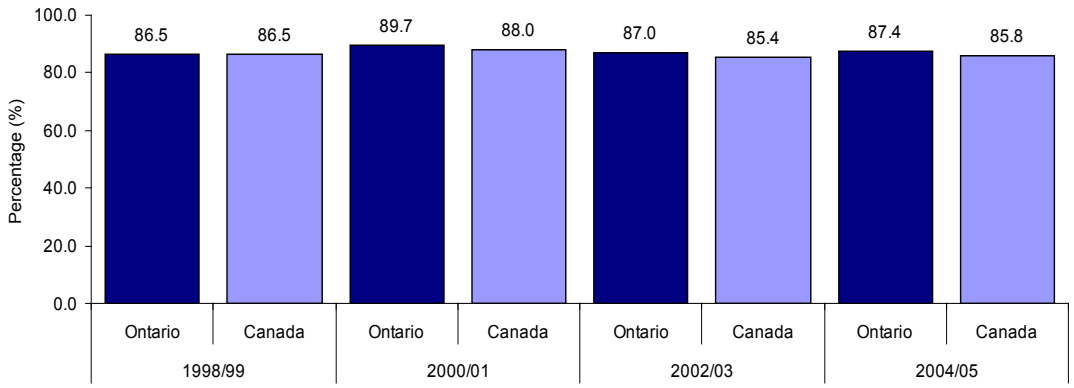
The majority of young children in Ontario do not show signs of aggressive behaviour.

Research has shown that young children who fail to develop age-appropriate strategies for regulating their aggressive behaviour are at an increased risk of developing chronic antisocial or aggression characteristics as they move through childhood.[19] Children who exhibit high levels of physical aggression, opposition or lack of cooperation are more likely to experience rejection by peers in both social and educational spheres.[20] This type of aggressive and disruptive behaviour can be one of the most enduring dysfunctions in young children. If not addressed, it can exert substantial personal and emotional costs to children, their families and society in general.[21]

The Physical Aggression/Conduct Problems indicator measures the proportion of children aged two to five years who exhibit high levels of physical aggression, opposition and/or conduct disorder.

In 2004/2005, 87.4 per cent of children age two to five years old did not show signs associated with physical aggression and/or conduct problems, slightly higher than 87.0 per cent in 2002/2003. Nationally, the proportion was 85.8 per cent in 2004/2005.

Percentage of Children 2 to 5 Years of Age Not Showing Physical Agression/Conduct Problems, 1998/99 to 2004/05



Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998-1999), Cycle 4 – v2 (2000-2001), and Cycle 5 (2002-2003), Cycle 6 (2004-2005) Child Questionnaire. Exclusions: children aged 0-1 years; children living in the Territories; children living on reserve; children living in institutions.

[19] Keenan, K. (2002). "The Development and Socialization of Aggression During the First Five Years of Life." R. Tremblay, R. Barr and R. Peters (eds.) Encyclopedia on Early Childhood Development. 2002: 1-6. Montreal: Centre of Excellence for Early Childhood Development.

[20] Doherty, G. (1997). Zero to Six: The Basis for School Readiness. Ottawa: Human Resources Development Canada, Applied Research Branch.

[21] Lochman, J. E. (2003). "Programs and Services Effective in Reducing Aggression in Young Children." R. Tremblay, R. Barr and R. Peters (eds.) Encyclopedia on Early Childhood Development. 2003: 1-6. Montreal: Centre of Excellence for Early Childhood Development.

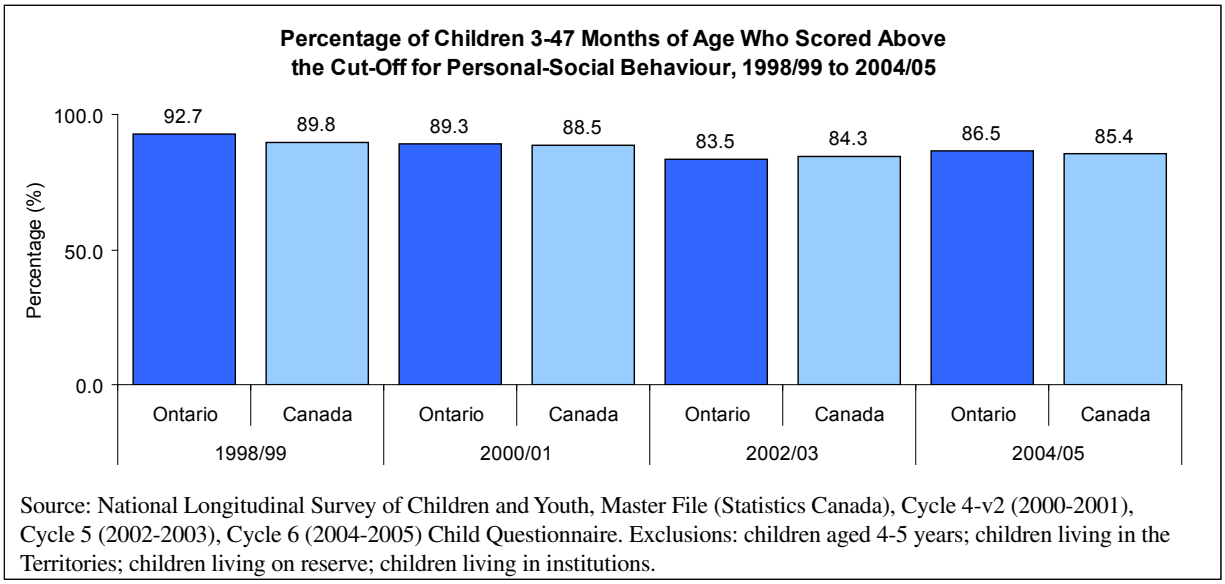
Personal-Social Behaviour

More than 80 per cent of children from birth to three years of age display age-appropriate personal and social behaviour.

Personal-social behaviour measures of behaviour within the NLSCY focus on age-appropriate behaviours for children from birth to three years of age. These behaviours can include how babies and children interact with others, with parents and with inanimate objects such as toys. Emerging social interaction skills such as these are important as young children develop early peer relationships. Behavioural preferences in children emerge at this early stage, and can lead to positive friendships in early schooling – friendships based on concrete exchanges and mutual play activities.[22]

The Personal-Social Behaviour indicator measures the proportion of children aged three to 47 months of age who do not exhibit age appropriate personal-social behaviours.

In 2004/2005, 86.5 per cent of Ontario's children displayed age-appropriate personal and social behaviour – more than 83.5 per cent in 2002/2003 and the national proportion of 85.4 per cent.



Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 4-v2 (2000-2001), Cycle 5 (2002-2003), Cycle 6 (2004-2005) Child Questionnaire. Exclusions: children aged 4-5 years; children living in the Territories; children living on reserve; children living in institutions.

[22] Boivin, M. (2005). "The Origin of Peer Relationship Difficulties in Early Childhood and Their Impact on Children's Psychosocial Adjustment and Development." R. Tremblay, R. Barr and R. Peters (eds.) Encyclopedia on Early Childhood Development. 2005: 1-7. Montreal: Centre of Excellence for Early Childhood Development.

Language

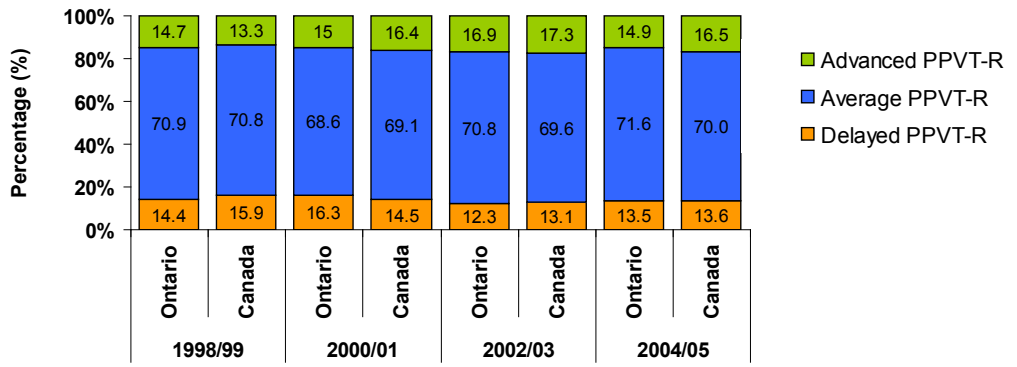
The majority of children four to five years of age showed an ability to hear and understand vocabulary.

The Peabody Picture Vocabulary Test Revised (PPVT-R), which measures receptive or hearing vocabulary, is a significant predictor of school readiness for young children entering the kindergarten years. In general, the test helps gauge children's ability to communicate, learn and integrate into society. Research has shown that children's language skills (for example, the ability to name letters) and size of vocabulary influence how much they benefit from classroom instruction in kindergarten and Grade 1. These factors are also related to later academic achievement.[23]

A number of factors could contribute to higher or lower scores on the PPVT-R. Better educated mothers can have a positive effect on young children; fewer experience delays in their vocabulary skills.[24] Research has also highlighted disparities among children in different income brackets; children in low-income families were more likely to exhibit delays in their vocabulary development than their higher-income counterparts.[25]

The PPVT-R indicator measures the proportion of children four to five years of age who have delayed, average and advanced levels of receptive or hearing vocabulary.

In 2004/2005, 86.5 per cent of children in Ontario displayed average to advanced levels of verbal development, down slightly from 87.7 per cent in 2002/2003. The national proportion was 86.5 per cent in 2004/2005.



Source: National Longitudinal Survey of Children and Youth, Master File (Statistics Canada), Cycle 3 (1998-1999), Cycle 4-v2 (2000-2001), Cycle 5 (2002-2003), Cycle 6 (2004-2005) Child Questionnaire. Exclusions: Children aged 0-3 years; children aged 4-5 years for whom the person most knowledgeable did not provide consent for the PPVT-R to be administered; children living in the Territories; children living on reserve; children living in institutions..

[23] Doherty, G. (1997). Zero to Six: The Basis for School Readiness. Ottawa: Human Resources Development Canada, Applied Research Branch.

[24] Willms, J. D. (1996). "Indicators of Mathematics Achievement in Canadian Elementary Schools." Growing Up in Canada: National Longitudinal Survey of Children and Youth. Ottawa: Human Resources Development Canada and Statistics Canada.

[25] Ross, D. P. and P. Roberts (1999). Income and Child Well-being: A New Perspective on the Poverty Debate. Ottawa: Canadian Council on Social Development and Human Resources Development Canada, Applied Research Branch.

2006/2007 Early Learning and Child Care Report

Ontario's Early Learning and Child Care (ELCC)

Evidence and experience indicate that focusing 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 factor in supporting positive learning and long-term outcomes.

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; and
- Licensed child care, which includes:
  - **Child care centres or day nurseries**: nursery schools, full day care, extended day and before- and after-school programs; and
  - **Private home day care or home child care agencies**, which 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.

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

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 is 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 child care services as follows:

- **Fee subsidies** provide financial assistance towards the cost of child care services for parents. 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; and
- 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 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 special needs up to the age of 18 are eligible for licensed child care services, including centre-based child care and home child care.
  - Children with special needs aged six to 18 years are eligible for approved recreational programs. These programs have purchase of service agreements with the CMSMs/DSSABs.

- **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. Their services include:
  - 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 and families with one or both parents studying or training. Qualifying two-parent families can receive a payment of up to $91.67 monthly ($1,100 annually) for each child younger than seven years of age. Qualifying single-parent families can receive a payment of up to $109.17 monthly ($1,310 annually), for each child younger than seven years of age.

Early Learning and Child Care (ELCC) Agreements

2006/2007 ELCC Expenditures

Ontario received $371.3 million in federal funding in 2006/2007 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). Ontario reallocated the $254 million received in 2006/07 under the terminated Ontario-Canada Agreement to provide $63.5 million a year over four years to ELCC. Ontario spent a total of $180.8 million in federal funding on ELCC in its 2006/2007 fiscal year.

Table 3: 2006/2007 ELCC Funding

Agreements	Funding
2003 Multilateral Framework on ELCC	$ 117.3 million
2005 Ontario-Canada Agreement-in-Principle on ELCC	$ 63.5 million
Total funding for 2006/2007	**$ 180.8 million**

ELCC Outcomes

In 2006/2007, Ontario provided $58.2 million of the federal funding to CMSMs/DSSABs. These funds continued supporting the 4,000 new subsidized spaces the province had created in 2004/2005, covering fee subsidies, wage subsidies and special needs resources. The province committed all additional federal funding from 2005/2006 forward to its Best Start strategy. During 2006/2007, it provided $122.6 million of the new federal funding to ELCC initiatives under Best Start, and continued to waive municipal cost sharing on this new federal child care funding. This measure made it easier for municipalities to bring almost 15,000 new child care spaces on stream.

Table 4: ELCC Expenditures for 2006/2007

Expenses	Expenditure of federal funding
Consolidated Municipal Service Managers (CMSMs) and District Social Service Administration Boards (DSSABs) received support for securing and sustaining almost 15,000 newly created licensed child care spaces the government has created in partnership with municipalities since September 2006. CMSMs/DSSABs had the flexibility to allocate the operating funds to fee subsidies, wage subsidies and special needs resources, depending on local needs.	$111.5 million
CMSMs/DSSABs continued to receive support for 4,000 subsidized spaces created in 2004/05.	$58.2 million
Consolidated Municipal Service Managers (CMSMs) and District Social Service Administration Boards (DSSABs) received wage improvement funding to provide an annual wage increase for early childhood program staff.	$8.1 million
Provincial planning and administration	$3.0 million
Total	**$180.8 million**

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, private-home child care homes monitored by a licensed agency, providers may care for a maximum of five children at one time, plus their own children. The regulations also 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 six (including the provider's children);
- two children under two years of age;
- three children under three years of age;
- two children with special needs;
- one child with special needs and one child under two years of age; or
- one child with special needs and two children who are over two years of age but younger than three years of age.

Table 5: Staff/Child Ratios and Group Sizes for Centre-Based Care[26]

Age of children in group	Ratio of employees to children	Maximum number of children in group (at least one staff person 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 five years of age	1 to 8	16
44 months of age or over and up to and including 67 months of age as of August 31 of the year	1 to 10	20
56 months of age or over and up to and including 67 months of age as of August 31 of the year	1 to 12	24
68 months of age or over as of August 31 of the year and up to and including 12 years of age	1 to 15	30

[26] Amendments to O. Reg. 262 under the Day Nurseries Act (which come into effect for child care operators when their licenses are up for renewal or at license issuance) were published in November 2006. Age groupings changed as a result.

Staff Qualifications

Table 6 below outlines the required qualifications for child care centres and licensed home child care agency employees.

Table 6: Staff Qualifications 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 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 the ministry considers equivalent to the above; and • have at least two years experience in 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 the agency. These home visitors must be: • graduates of a postsecondary program of studies in child development and family studies approved by the ministry 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 • be deemed by the ministry to be capable of providing support and supervision in locations where home child care is provided by the agency. All staff, volunteers and 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.

Availability Indicators

The estimated licensed capacity for Ontario is the capacity of child care centres plus enrolment in home child care monitored by a licensed agency (not licensed home child care capacity).[28] Enrolment figures can be higher than licensed capacity figures, because more than one child can use a licensed space. Two or more children could, for instance, attend part-time.

Table 7: Population of Children by Age [27]

Age	2002	2003	2004	2005	2006
Younger than one year	128,846	129,052	132,639	132,568	133,564
One year	135,873	130,759	131,187	134,737	134,398
Two years	142,252	137,830	132,567	133,133	136,446
Three years	143,789	143,991	139,459	134,159	134,569
Four years	147,738	145,577	145,852	141,182	135,488
Five years	152,098	149,710	147,372	147,787	142,588
Total	**850,596**	**836,919**	**829,076**	**823,566**	**817,053**

Table 8: Licensed Capacity in Ontario's Regulated Child Care System

Child Care	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)	2006/2007 (as of March 31, 2007)
Child Care Centres					
Infant (<18 months)	5,723	5,988	6,331	6,949	7,436
Toddler (18-30 months)	18,091	18,900	20,012	21,631	23,627
Preschool (30 months to five years)[28]	97,798	99,554	102,710	110,399	121,220
School Age (six to 12 years)	61,811	62,689	64,685	71,148	76,425
Total for Child Care Centres	**183,423**	**187,131**	**193,738**	**210,127**	**228,708**
Home Child Care					
Total Enrolment[29] for Home Child Care Provided by a Licensed Agency	18,553	19,838	19,392	19,748	19,447
Total Licensed Capacity[30]	**201,976**	**206,969**	**213,130**	**229,875**	**248,155**

[27] Source: Statistics Canada estimates, 2001-05 and Ontario Ministry of Finance Projections, 2006-2031, February 2005.

[28] 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).

[29] Total enrolment figures are used here as the ministry does not track capacity in home child care because more than one child can be enrolled in a space over time as a result of part-time care arrangements. Capacity in private home child care can fluctuate daily based on the ages and needs of the 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 six, and/or if any of them have special needs.

[30] 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 9: Enrolment within Ontario's Regulated Child Care System by Age Group					
Child Care	**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)**	**2006/2007 (as of March 31, 2007)**
Child Care Centres					
Infant (<18 months)	5,650	5,881	5,962	6,725	7,235
Toddler (18-30 months)	18,334	19,463	20,447	29,928	24,565
Preschool (30 months to five years)	110,311	114,721	112,378	121,835	130,453
School Age (six to12 years)	57,269	59,128	61,838	65,945	69,216
Total Child Care Centre Enrolment	191,564	199,193	200,625	224,433	231,469
Home Child Care					
Total Home Child Care Enrolment	18,553	19,838	19,392	19,748	19,447
Total Licensed Capacity	**210,117**	**219,031**	**220,017**	**244,181**	**250,916**

Table 10: Number of Child Care Centres and Home Child Care Agencies					
Centre-Based/ Home Child Care	**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)**	**2006/2007 (as of March 31, 2007)**
Child Care Centres	3,768	3,874	3,948	4,175	4,485
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)	140 agencies (7,524 homes)
Total Licensed Capacity	**3,905**	**4,014**	**4,089**	**4,319**	**4,625**

Affordability Indicators

Effective January 1, 2007, the government introduced a new way of determining eligibility for fee subsidies. It based eligibility for fee subsidies on income rather than on the complex, needs-related formula. The income test makes more families across a broader range of income levels eligible for subsidy. It also means there is a fairer and more consistent determination of fee subsidies across the province.

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 11: Number of Children Receiving Fee Subsidies in Ontario's Regulated Child Care

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)	2006/2007 (January 1, 2006 to December 31, 2006)
Regular fee subsidy (includes First Nations child care fee subsidies)	89,622	90,499	93,850	96,282	105,130
Ontario Works Formal/Licensed Child Care	17,350	14,033[31]	15,136	13,531	14,655
Ontario Works Informal/ Unlicensed Child Care	13,289	11,387	10,601	9,420	8,201
Total Licensed Capacity	**120,261**	**115,919**[32]	**119,587**	**119,233**	**127,986**

[31] 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.

[32] Ibid

Next Steps

The Ministry of Children and Youth Services will build on its considerable progress in implementing key components of the Best Start strategy by focusing on a number of initiatives:

- The ministry is considering the recommendations of the Best Start Expert Panel on Quality and Human Resources on recruitment, retention and remuneration of Early Childhood Education practitioners. The panel submitted its report to the ministry in March 2007.

- It is reviewing the recommendations of the Best Start Expert Panel on an Early Learning Framework. The panel submitted its final report to the Minister in January 2007. Its mandate was to create a developmentally appropriate learning framework that would take into account the results of the Junior Kindergarten/Senior Kindergarten review, and would facilitate a seamless transition between early learning and care and Junior Kindergarten/Senior Kindergarten.

- It is considering the strategic advice, information and guidance of the Enhanced 18 Month Well-Baby Visit Implementation Advisory Committee to support next steps in implementing the Expert Panel's report. The ministry established this advisory committee in May 2006. The ministry will also apply what it learns from current pilots of the Enhanced 18 Month Well-Baby Visit in Best Start Demonstration Communities to plan for an Enhanced 18 Month Well-Baby Visit across the province.

- An appointed Transitional Council will prepare to implement the objects of the college and register members to elect a council for the College of Early Childhood Educators. This College will set the qualifications and standards for professionals who work in early learning and child care, thereby strengthening the quality of our early learning and care system.

- The province will continue implementing its new model for determining eligibility for child care subsidies based on income, to make child care more affordable for more families.

- The Early Development Instrument implemented across the province will continue to support the community planning process.

- Nine regional French-language networks will continue supporting French-language school boards and Francophone communities in sustaining their relationship with local Best Start networks, as these school boards continue with their planning endeavours.

For further information, visit http://www.ontario.ca/children.