

**VISION, VALUES AND VIEWS
FOR ENGAGING FAMILIES IN THE CRD**

Building Trust, Relationships and a Sense of Belonging

**Report of the
Community Awareness Task Group**

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For

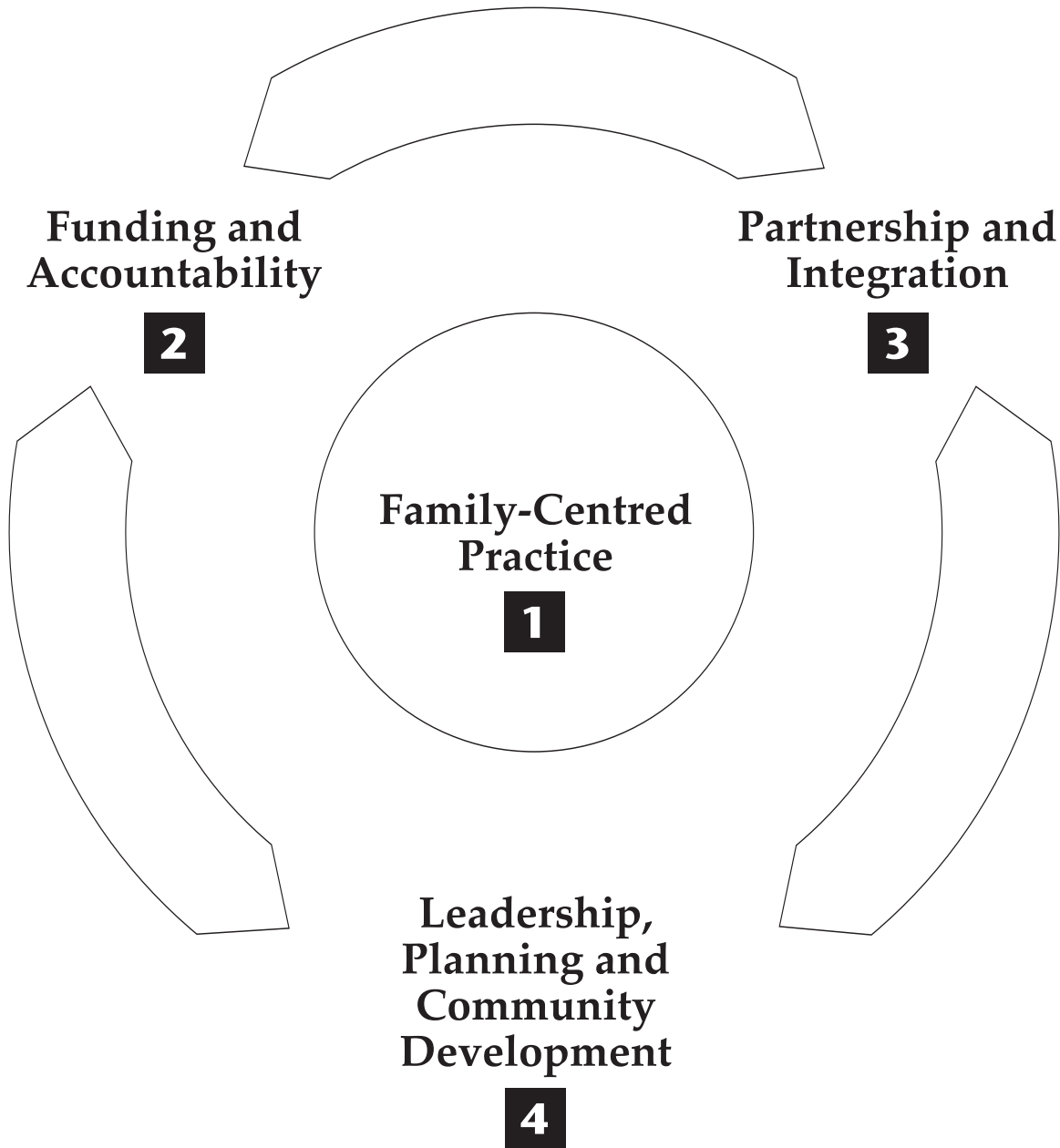


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1 Family-Centred Practice

The most consistent message from participants was the need to develop and support a family-centred approach to practice. Participants used phrases like “meeting families where they are” both physically and from the point of view of their real needs and providing “matchmaker” supports to introduce families to others in the community. They also talked about having the time and support to build trusting relationships with families. While this has been described as a “new practice” (Schorr, 1997) in some of the literature, many participants indicated they were already practicing in this way or wished they were but felt there was little support to do so. Current funding and accountability requirements which define success based on measured change within a prescribed timeframe, run counter to the realities of working with vulnerable families.

2 Funding and Accountability

Another strong and consistent message was the need to rationalize and integrate funding sources based on a common vision and set of values related to what families really need to be successful with their children. The current funding environment in the CRD, with its wide variety of funders all with different eligibility and reporting requirements, means that agencies and practitioners are spending too much time responding to requests for proposals and developing reports to suit funders. This is precious time taken away from working with families. The allocation of funding and development of accountability frameworks need to include criteria and measures of success that honour the real needs of children and families.

3 Partnership and Integration

Partnership between agencies and sectors and integration of services are values that are consistently being communicated by governments, community funders and advocacy groups. Practitioners and agencies indicate

they often don't have the time or expertise to undertake meaningful and sustainable partnerships and therefore find themselves in “forced marriages” in order to receive the funding they need to provide services. Communities need time and support to build capacity for working together successfully.

4 Leadership, Planning and Community Development

Participants recognized that the likelihood of success with the families they serve is dependent on the leadership of others in the community and the province. This means that School Districts, Local Governments, Provincial Ministries, Businesses and Community Organizations need to come together in support of families with young children. This support must include joint planning and shared commitment.

Participants suggested aligning a coordinated cross-ministry provincial vision and set of values, with regional priorities and community-based approaches.

Participants also recognized that families need to feel connected to their communities in order to engage in services. They recommended taking a community development approach whereby leaders from the community and local governments would work together to develop family friendly neighbourhoods that enhance the connectedness of all families.

5 Civil Society

In keeping with the theme of “meeting families where they are” with what they need, participants also recognized that as society we must take action to ensure that all families have their basic needs met such as safe housing, food, income and employment.

The other strong theme that emerged was the need for society to more highly value young children. This means demonstrating positive attitudes to families with young children as they make their way in our communities and advocating for policies and resource allocation that supports parents raising young children.



EXECUTIVE SUMMARY



The Partnership in Learning and Advocacy for Young Children (PLAY) (<http://www.playvictoria.org/>) through their Community Awareness Task Group (CAT) initiated a project in March 2006 aimed at engaging family-serving agencies and professionals in the British Columbia Capital Regional District (CRD) in a discussion about a vision to more effectively reach all families of young children. The project was based on the knowledge that agencies and professionals currently providing services to young families and their children are challenged to reach some families. It was further believed that by developing better strategies, partnerships and advocacy, these families would be more engaged in their communities and their young children would benefit as a result.

The project had two major objectives – one to facilitate dialogue and discussion on challenges and successful strategies and secondly to gather information about how best to support community-based solutions and strategies for the future.

A series of focus groups and key informant interviews were conducted over April and May 2006. Participants included Early Childhood Development (ECD) and Early Childhood Education (ECD) practitioners, community agencies, Vancouver Island Health Authority, School Districts and the Ministry of Children and Family Development.

The results of the focus groups included in Appendix B of the report, provide a consistent message about the need for acknowledgement and support for a family-centred approach. This acknowledgement and support extends to the agencies, the funders and to society as a whole.

In addition to the focus groups and interviews, the project included a review of previous research conducted by PLAY including a November 2004 report by the Parent Education and Support Task Group, a February 2006 review of child care in the region, a 2003 Aboriginal early childhood development consultation report, current literature and perspectives on vulnerable families and children and practice examples for working with them.

The report provides a thematic analysis of these data sources and the Community Awareness Task Force (CAT) suggests a number of recommendations for action. The previous diagram illustrates the relationship between these themes.



RECOMMENDATIONS



CAT recognizes that much is being done in the CRD to reach all families therefore these recommendations are offered to ensure continued support for this work and to offer suggestions to broaden the base of support in the CRD.

1 Family-Centred Practice

A major theme of the project, coming from both the focus groups and the literature, focused on the need to build trusting relationships with families in order to meet families where they are with what they need. This idea is described by Schorr (1997) as a “new practice and new practitioner.”^(p.12)

The Community Awareness Task Force recommends that:

- local advocacy and funding agencies such as PLAY and Success By Six support family serving agencies and practitioners by:
 - providing community opportunities for discussion and dialogue on family-centred practice
 - advocating to funders regarding the importance of supporting family-centred practice
 - working with local First Nations communities to determine how best to support and advocate for the development of ECD expertise and services in their communities.

2 Funding and Accountability

The most important way to validate and support family-centred practice is to ensure that funding is flexible enough to meet families’ needs and the accountability frameworks recognize appropriate success measures and reporting requirements.

One example of this kind of approach comes from Vermont where 900 physicians, public health providers, child care providers and government officials were trained in developmental issues using a curriculum that emphasizes the building of supportive relationships between parents and professionals around key points in the development of young children.

The Community Awareness Task Force recommends that:

- PLAY work with Success by Six to coordinate a process by which practitioners, family-serving agencies and funders can work together to develop flexible and coordinated funding approaches, appropriate measures of success for families and reporting requirements for EDC and ECE grants.
- Success by Six convene a meeting of federal, provincial and local funders to discuss how they can better respond to the community’s need for adequate sustained funding for programs.

3 Partnership and Integration

The language of Partnership and Integration of services has been pervasive in the literature and in Requests for Proposals for some time. Many focus group participants talked about their lack of skills or time to develop and sustain meaningful partnerships. According to the Education and Human Services Consortium (1994) in Washington, DC, “real progress toward large-scale comprehensive service delivery is possible only when communities move beyond cooperation to genuinely collaborative ventures at both the service delivery and system level.” (p. 4) According to Schorr (1989) “programs that are successful in reaching and helping the most disadvantaged children and families typically offer a broad spectrum of services.” (p. 256) These programs combine social, emotional support and concrete help such as food, housing, income and employment along with such things as help with parenting.

The Community Awareness Task Force recommends that:

- ECD and ECE funders commit to providing support for the development of partnerships.

4 Leadership, Planning and Community Development

Participants recognized that the likelihood of success with the families they serve is dependent on the leadership of others in the community and the province. This means that School Districts, Local Governments, Provincial Ministries, Businesses and Community Organizations need to come together in support of families with young children. This support must include joint planning and shared commitment. This includes planning for livable communities. Smart Growth BC is a provincial non-governmental organization devoted to fiscally, socially and environmentally responsible land use and development. Working with community groups, businesses, local governments and the public, they advocate for the creation of more livable communities in British Columbia.

The Community Awareness Task Group recommends that:

- PLAY and the Council of Partners for Success By Six work together with regional and local governments and community agencies to develop an Early Childhood Development planning process that is based on supporting family-centred practice that is flexible, comprehensive and integrated.
- PLAY and the Council of Partners for Success By Six support local and regional “livable communities” approaches as consistent with healthy early childhood development.

5 Civil Society

The health and well-being of children and their families is clearly dependent on more than the services provided by community agencies. Provincial, regional and local governments, school districts, community groups and the business sector all have a role to play.

In keeping with the theme of “meeting families where they are with what they need,” participants also recognized that as society we must take action to ensure that all families have their basic needs met such as safe housing, food, income and employment.

The other strong theme that emerged with respect to society as a whole was the need to more highly value the healthy development of young children. This can be demonstrated by our positive attitudes to families with young children as they make their way in our communities and by how we support policies and resource allocation to support the job of raising young children.

The Community Awareness Task Group recommends that:

- **local governments consider establishing an “Every Child Counts” initiative in their communities.**
- **local businesses initiate advertising campaigns aimed at raising community awareness about the importance of young children in the community.**
- **PLAY combine efforts with the Quality of Life Challenge to reinforce the importance of a living wage, housing and employment for the healthy development of young children.**



APPROACH



MaryLynne Rimer of Wave Consulting Ltd. was engaged to conduct a series of six focus groups around the Capital Regional District and four key informant interviews with a total of 55 participants. Participants were asked to sign a consent form indicating they understood the project report would not attribute any comments to them specifically and giving consent for the inclusion of their name as a participant. Appendix B includes a List of the Participants in the project.

Ms. Rimer engaged the services of an assistant, Alana Carroll, to record responses on a lap top computer. The rough notes from each of the focus groups were emailed to participants for their review and revision.

Focus Groups and Interviews

The focus groups were held in the following areas, times and locations:

Sooke/Westshore/Port Renfrew – Tuesday, April 25 at the Cooperative Association of Service Agencies (CASA), 2145 Townsend Road from 1 – 3:30 pm.

Victoria – Monday, May 1 at Victoria City Hall, Committee Room 1 from 9:00 – 11:30 am.

Esquimalt/View Royal – Thursday, May 4 at Esquimalt Neighbourhood House, 311 Constance Avenue from 9 – 11:30 am.

Saanich Peninsula – Thursday, May 4 at Beacon Community Services, 9860 Third Street from 1:30 – 4:00 pm.

Oak Bay/Saanich South – Tuesday, May 9 at Saanich Neighbourhood Place (Pearkes Community Recreation Centre), 3100 Tillicum Road from 7 – 9:30 pm.

Salt Spring Island and Southern Gulf Islands – Tuesday, May 9 at Salt Spring Community Services, 268 Fulford-Ganges Road from 12:15 – 3:30 pm.

The hour-long key informant interviews were held on April 24, May 3, May 10 and May 17.

Questions

The following questions were posed to both the focus group participants and the key informants.

- What types of families aren't we reaching?
- What vision do practitioners and key informants have about more effectively involving all families in ECD programs and services?
- What strategies seem to be effective in reaching this vision?
 - With individual families?
 - With organization serving these families?
 - With the society and the public at large?
- What are the barriers and limitations faced by agencies and organizations in reaching this vision?
- What can governments, communities, businesses and organizations do to support agencies and organizations to work together to more effectively involve all families in ECD programs and services?

The results are provided in Appendix A.

Document and Literature Review

In addition to the focus groups and interviews, the project included a review of relevant documents including previous PLAY reports, government publications, websites and literature.

Limitations

This was a relatively small project that partially by design and circumstances has a number of limitations. These include:

- Families were not directly involved in the project. This was mitigated somewhat by the review of the 2004 study involving parents and relevant literature related to vulnerable families.
- Only a few Aboriginal and First Nations persons were able attend the focus groups. One First Nation's representative who was unable to attend did provide written feedback to the questions by email. In addition, previous consultation results are included in the report.

THEMES

1 Family-Centred Practice

The old Fire Hall is now a preschool and has become a “gathering place” for the community.

A Public Health Nurse was told to teach a new mom about the Canada Food Guide. The mom’s response was, I know about the Guide, but I don’t have any money to buy food.

The most consistent message from participants was the need to develop and support a “new” approach to serving families. Participants used phrases like “meeting families where they are” both physically and from the point of view of their real needs and providing “matchmaker” supports to introduce families to others in the community. They also talked about having the time and support to build trusting relationships with families. While this has been described as a “new practice,” (Schorr, 1997) many participants indicated they were already practicing in this way or wished they were but felt there was little support to do so. Current funding and accountability requirements which define success based on measured change within a prescribed timeframe, run counter to the realities of working with vulnerable families.

A local Best Babies program has a gardening program. Families get together and plan community events such as family days. One such activity was the creation of a neighbourhood map.

An agency actively involves families in developing their services. A family with a long history of significant challenges including mental health and addictions and children removed for neglect were provided with home visiting, coaching, and support at times when the family most needed them, i.e. bedtime and mealtime. The support was provided over a significant period of time to ensure that the family could be successful on its own.

This family-centred practice would require agencies to ensure their facilities provide a welcoming place for families including ensuring that families are invited to actively participate in the development of the agency’s services and programs.

Participants thought agencies serving families should provide gathering places in communities where families can come with their children for informal and unstructured time to socialize and network.

The “play wagon” concept which is used in some towns pulls up to playgrounds with staff to play games and chat with parents about children and parenting.

A Words on Wheels (WOW) bus serves the community as a traveling literacy resource for families. This remodeled school bus is filled with resources for parents and their children.

The Infant Development Program is a voluntary home visiting program that focuses on empowering the family, working with the family on the child’s development and connecting the child and family to community resources.

Note: The pull-out italic text includes quotes from participants and references.

Roots of Empathy doesn't have an impact in communities where a significant number of children are home schooled.

We are not bound by the job or the building we work in.

Many participants talked about providing opportunities for mentoring – from peers, professionals, Elders, and volunteers.

In addition to the feel of the place, participants also stressed a need for agencies to actively demonstrate an honouring of diversity and a celebration of families' strengths and successes.

Participants stressed the role of the practitioner as the builder of trusting relationships who can meet families where they are with what they need. Meeting families where they are had various meanings including taking services to the neighbourhoods, home visiting and creating opportunities for engagement in the natural environments families chose like parks, schools, shopping centres and child care centres.

Meeting young families where they are with what they need may mean physically going to them as transportation is a barrier to engagement or it might mean reaching out in a different way to the young mom next door who finds it difficult to get out of bed each day.

The concept of meeting families where they are also meant providing practitioners with flexibility and support to meet the more basic needs some of these families have. It also meant doing whatever it takes and being creative to support a family; an "Every door is the right door" approach.

Perspectives on Family-Centred Practice

Aboriginal Community

Partnership in Learning and Advocacy for Young Children Greater Victoria (PLAY) produced a report (2006) entitled *A Picture of Childcare in the Greater Victoria Region*. This report included an appendix entitled "Some Aboriginal Community Responses for Funding Priorities and Needs for Early Learning and Child Care."

A key message from this section of the report relates to the need to put child care in the context of the needs of the family as a whole.

The vision for ECD expressed included: traditional languages in programming, ensuring child care licensing is culturally appropriate, providing ECD and ECE training for Aboriginal people, expanding the Aboriginal Infant Development programs, creating more culturally appropriate resources for ECD and more outreach to the communities, establishing child care services on reserve and creating family places or resource centres that include roles for youth and Elders.

Population Health Perspective

A population health perspective is a useful way to think about how to develop a vision for early childhood development supports in communities as it helps us to address the broader influences of child outcomes and strategies that support healthy early development.

With its emphasis on the links between populations, determinants of health and well-being, and outcomes it (population health perspective) provides a framework for both understanding and organizing the factors that influence early childhood development. And it does this in ways that consider and respond to multiple

determinants, and/or require collaboration across multiple sectors. (*Building An Early Childhood Development System Utilizing a Population Health Perspective*, 2003, p.2)

Common Purpose: Strengthening Families and Neighbourhoods to Rebuild America. (Schorr, 1997)

Schorr examined programs and projects aimed at improving the lives of vulnerable children and families around the United States and determined there are Seven Attributes of Highly Effective Programs. These are:

- Services that is comprehensive, flexible, responsive and persevering
- Seeing children in the context of their families
- Dealing with families as parts of neighbourhoods and communities
- Taking a long-term preventive orientation, a clear mission, and continue to evolve over time
- Services that are well managed by competent and committed individuals with clearly identifiable skills
- Staff who trained and supported to provide high-quality, responsive services
- Operate in settings that encourage practitioners to build strong relationships based on mutual trust and respect (p.5-11)

...leaders of prize-winning public programs have many skills in common.... These include the willingness to experiment and take risks; to manage by "groping along"; to tolerate ambiguity; to win the trust simultaneously of line workers, politicians, and the public; to be collaborative in working with staff; and to allow staff discretion at the front lines. (Schorr, p.9)

A study of Head Start programs concluded that the critical factor in its success is that staff enter into a compassionate relationship with each parent to shape the future of the child. Case managers find that families known to an alphabet soup of agencies remain unhelped until someone finally is there long enough to forge the kind of authentic relationship that helps to turn lives around. (Schorr, p.11)

Practice Examples:

First Nations

Dr. Jessica Ball's report entitled *Hook and Hub* describes an investigation into the "steps taken by Lil'wat Nation, Tl'azt'en Nation, and six of the First Nations in the Treaty 8 Tribal Association to strengthen their capacity to provide early childhood and development programs in ways that reinforce their cultures and languages and promote the well-being of the young children and their parents and other caregivers." (p.4)

What started as a two step initiative to train community members in early childhood care and development and to plan and develop community-based child care and other children's programs evolved into the establishment of models that "integrate child health and development programs on-site in their child-care programs, and create clear operational links between child-care programs and other health, cultural, and social programs intended to benefit children and/or parents, such as parenting programs, alcohol and drug treatment services, and job training." (p.6)

Ball, J. (2006) *Hook and Hub – Early Childhood Care and Development Programs as Hook and Hub: Promising Practices in First Nations Communities*. University of Victoria, School of Child and Youth Care. Early Childhood Development Intercultural Partnerships Program. www.eccdi.org

Government of Canada

Community Action Program for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP)

Initiated in the early 1990s, CAPC is a federally funded, jointly-managed (federal/provincial) program that: "provides long term funding to community coalitions to establish and deliver programs and services that respond to the health and

development needs of children (0 – 6 years) who are living in conditions of risk” which includes:

- Living in low-income families
- Living in teenage-parent families
- At risk of, or have, developmental delays, social, emotional or behavioural problems
- Abused and neglected

Programs include established models (e.g. family resources centres, home visiting) and innovative models (e.g. prison-based parenting program, street level programs for substance abusing mothers). (CAPC/CPNP Renewal 2000 Final Report, 2001. p 2)

CPNP was established in 1994 and is also federally funded and jointly managed program.

CPNP is a comprehensive community based program to reduce the incidence of unhealthy birth weights, improve the health of both infant and mother and promote breastfeeding. It targets those women most likely to have unhealthy babies due to poor health and nutrition. They are:

- Pregnant women living in poverty
- Teens
- Women living in isolation or with poor access to services
- Women who abuse alcohol or drugs
- Women living in violence
- Women with gestational diabetes
- First Nations (living off reserve), Metis and Inuit women
- Immigrant and/or refugee women (p. 3)

Evaluation over a 10 year period has shown that both CAPC and CPNP have been effective in reaching and affecting vulnerable populations.

Annie E. Casey Foundation (<http://www.aecf.org/about/>)

The primary mission of the Foundation is to foster public policies, human service reforms, and community supports that more effectively meet the needs of vulnerable children and families.

Started in 1999, *Making Connections*, a neighborhood transformation family development initiative, is a ten-year investment by the Annie E. Casey Foundation to improve the outcomes for families and children in tough or isolated neighborhoods. (<http://www.aecf.org/initiatives/mc/sites>)

The Casey Foundation’s research has shown that children do better when their families are strong, and families do better when they live in communities that help them to succeed.

In Seattle, Washington *Making Connections* puts family at the center of improving the success of children through strengthening families. Residents themselves are identifying needs and helping create programs that will foster economic well-being, close communities and easy access to services.

Dartmouth Family Resource Centre – Nova Scotia

The Dartmouth Family Resource Centre uses a participatory approach to create a community that promotes the well-being of young, at-risk children and their families. The comprehensive family support program includes the following programs and services: prenatal services, Baby Time, Parent-Tot, Nobody’s Perfect, Basic Shelf and Collective Kitchens.

<http://www.godice.com/dfc/index.php>

2 Funding and Accountability

The current outcomes model used by most funding agencies uses mainstream measures of success.

It's like having apples and measuring oranges.

Funding provides for 15 minute intervals between visits at a Youth Clinic when an average visit is 45 minutes.

Another strong and consistent message was the need to rationalize and integrate funding sources based on a common vision and set of values related to what families really need to be successful with their children. The current funding environment in the CRD, with its wide variety of funders with different eligibility and reporting requirements, means that agencies and practitioners are spending too much time responding to requests for proposals and developing reports to suit funders. This is precious time taken away from working with families. The allocation of funding and development of accountability frameworks need to include criteria and measures of success that honour the real needs of children and families.

Targeted funding creates a lack of flexibility to work with children and families in a way that meets their needs, i.e. supporting a teen to join a sports team to raise self-esteem and improve community connectedness.

Concern was expressed about the criteria for funding projects intended to reach these families including having measurements of success that expect change to occur in a set timeframe. Practitioners stressed time and time again that reaching some families involves building trust, being persistent and a variety of approaches. The most vulnerable families may come and go from programs and they need to know that they will be welcomed back.

My salary is spread across a number of budget areas because we have multiple funding streams and each has its own evaluation and reporting requirements.

I spend a lot of my time accounting for my hours instead of coordinating the programs in my agency.

Participants recommended that funding be based on a set of realistic “person-centred” outcomes and that funding allow for a variety of approaches based on the family’s need.

Participants also stressed how oftentimes programs that are “targeted” for vulnerable families aren’t attended by these parents as they experience stigma from being identified as not good enough. They also expressed concern about accountability systems that provide payments or incentives based on the timing and number of “clients” who change or complete the program. With this type of system there is little incentive for agencies to reach out to families who are least likely to complete a program within the designated timeframe.

One time funding for programs does not provide enough time to create change with families. This is not a start and finish enterprise. The needs are a process and the funding is an event.

Wages and benefits for Early Childhood Development and Early Childhood Education practitioners were also raised as a concern. These professionals feel undervalued for the work they do with ECE wages averaging about \$11.00 an hour in the CRD with minimal or no benefits. They believe that this is related to an overall undervaluing of young children and vulnerable families. There was also concern expressed about the ability to recruit and retain knowledgeable and competent staff given the wages and the cost of living in the CRD.

Funding is for programs and not for infrastructure – space, aging buildings and accessibility are an issue for many agencies.

Another theme arising from the focus groups and interviews was the desire to see funding agencies work together to develop common eligibility criteria, success measures and reporting requirements that are realistic in scope and relevant to the amount of money being provided. Participants also expressed experiencing “outcome fatigue” as they struggle to respond to a multitude of grant applications from foundations, ministries and business.

The needs in rural isolated areas are different than those in urban areas for example: transportation and per child programming costs are higher as there are fewer children, but we still need the programs in our communities.

Perspectives on Funding and Accountability

Below are two examples that illustrate the need for flexibility in the type and duration of approaches to meet the needs of families.

Greater Victoria Early Childhood Community Coalition

The Coalition conducted eight focus groups of parents around the Capital Regional District (CRD) in April 2004. The research included 44 parents with children less than six years of age from a variety of family types including differing ages and number of children and some with children with disabilities. The range of parental responses to what services and resources work best for them helps to illustrate the need for a flexible approach to services.

For example, one parent responded when asked what other services she was using, by saying:

I like to ask lots of questions and then make up my own mind. I consult many sources, collect many opinions, digest this and then decide on a course of action. (p.8)

Another parent from a different part of the CRD, when asked a similar question responded by saying:

There are varying viewpoints on things like spanking and yelling at your children. It is hard to determine what is accurate and if you can ask anyone. I'm afraid of opening up a big fat can of worms. I'm afraid they're (Ministry of Children and Family Development) going to come and investigate me. You don't know what's going to happen...and people will think badly of me and (say) "Oh, she hits her children." It's a real touchy subject. (p. 13)

Parents identified Public Health Units and Neighbourhood Houses who provide services and programs for young moms and their babies, i.e. Baby Talk, as “first and important sources of information.” (p. 7)

While Neighbourhood Houses are highly regarded by some, fewer than half of the 44 participants in the focus groups knew about these community resources.

Some parents indicated that print material such as Island Parent Magazine as an important source of information. However, others felt that that some print material had a different effect:

Magazines make me feel inferior as a parent. They tell you to never raise your voice with children. This is so unrealistic for someone with five children. (p. 9)

When it came to whether parents liked individual or group activities best, everyone agreed that group is best. One participant stated:

A group is less threatening. One-on-one is more evaluative and zoning in more on you. (p. 9)

Investing in Children

At a Government of Canada (2002) conference entitled Investing in Children the first wave of data from the National Longitudinal Survey of Children and Youth (NLSCY) was presented. The results show that while the majority of Canadian children are well adjusted, about one Canadian child in four can be considered vulnerable as a result of risk factors inside and outside the home. These stresses can compromise the child’s development and create behavioural and emotional problems.

The conference participants concluded, in addition to addressing the issue of poverty, there are a wide variety of interventions that might work for these children and their families.

- programs to help young mothers with little education become more employable and move toward better jobs
- family resource centres in the community to help relieve the stress on single mothers by providing food, clothing, information on low-cost housing, parenting workshops, and support for children
- in-home visiting programs to bring resources for at-risk mothers with young children
- multi-disciplinary prevention and early intervention services to improve parental adjustment and the social and emotional development of young children in impoverished neighbourhoods and
- daycare programs that are affordable and accessible and that offer high-quality services promoting children’s well-being and development

Practice Example:

State of Vermont

The National Academy for State Health Policy (2003) published a report entitled ABCD: Lessons from a Four-State Consortium. ABCD which stands for Assuring Better Child Health and Development, was launched in 1999 by the Commonwealth Fund and is dedicated to strengthening the capacity of the health care system to support early development of children from low-income families.

Four states were chosen to take part in the first phase which began in early 2000 and concluded in May 2003. Their efforts have resulted in:

- New child health services
- Strengthened screening, surveillance, and assessment efforts
- Enhanced training in child development, early intervention, and quality improvement for clinicians
- New billing and reimbursement policies to facilitate the provision of developmental services
- Revised systems and processes to improve the coordination of care and
- The development of new educational materials for parents (p. 1)

The ABCD grant has enabled the state (of Vermont) to shift its approach to providing child development services for low-income children. The new orientation emphasizes the identification and provision of the most appropriate health care for eligible children.

Three home visiting programs have been integrated into one; the paperwork associated with assessment, referral, and monitoring has been streamlined (from seven forms to one); eligibility has been expanded (from 12 months to five years); and services have been added to include home visiting with case management, phone consultation, targeted educational material that highlight child development, and group education for parents and care givers.

Vermont has also trained 900 physicians, public health providers, child care providers and government officials in a curriculum that emphasizes the building of supportive relationships between parents and professionals around key points in the development of young children.

Vermont has effectively changed the focus of its work with families to a developmental approach, rather than a risk-based one. (p. 12)

3 Partnership and Integration

One-Stop-Shop is an integrated and seamless service delivery in the community that is accessible with or without vehicle transportation, located in a residential area to encourage walking, on a bus route; a place that is the location of choice (for families) on a crummy, winter day.

Partnership between agencies and sectors and integration of services are values that are consistently being communicated by governments, community funders and advocacy groups. Practitioners and agencies indicate they often don't have the time or expertise to undertake meaningful and sustainable partnerships and therefore find themselves in "forced marriages" in order to receive the funding they need to provide services. Communities need time and support to build capacity for working together successfully.

One-Stop-Shop at a local Friendship Centre provides access to a broad range of services including professionals such as a doctor, psychiatrist, nutritionist and mental health workers in a welcoming environment.

One school Literacy project is focused on getting the whole community involved in literacy so that it is not just a school endeavour.

Rationalize and coordinate all the different ECD initiatives such as Ready, Set, Learn and other school district initiatives, Success by Six, CAPC/CPNP, Community Link, HELP (EDI and Community Mapping), Understanding the Early Years and PLAY so that our efforts are not so diffused.

Participants were quite consistent in their support for a more integrated approach to service delivery. They did share caution about "hub" models including government ministries and institutions as they may be threatening to families who have had negative experiences with formal institutions. Also, the risk to confidentiality was raised particularly in smaller communities.

PLAY could have a role in helping to build partnerships and capacity in communities.

Some Vancouver Island School Districts have initiatives focused on learning through play. One such initiative caters to babies and children up to seven years of age.

Some School Districts have established a 0 – 6 coordinator position working with the community to build capacity and implement strategies.

Participants expressed a need for support to develop partnerships including sharing of models that work, time to develop shared vision and values and protocols for working together and community coordination that is not off the side of someone's desk.

Perspectives on Partnership and Integration

The monograph “What it Takes: Structuring Interagency Partnerships to Connect Children and Families to Comprehensive Services” suggests, “real progress toward large-scale comprehensive service delivery is possible only when communities move beyond cooperation to genuinely collaborative ventures at both the service delivery and system level.” (p. 4)

The elements of a high quality comprehensive service delivery system include the following:

- *A wide array of prevention, treatment and support services*
- *Techniques to ensure that children and families actually receive the services they need, i.e. co-location of staff or one stop shopping for services*
- *A focus on the whole family*
- *Empowerment of children and families, i.e. non-stigmatizing, open and friendly, involving children and families in decisions that affect them and*
- *Evaluation of impact of services to ensure they are having a positive impact on the lives of the children and families they serve (What it Takes, p. 9-11)*

The monograph provides a set of guidelines for those entering into new partnerships:

- Involve all key players.
- Choose a realistic strategy that reflects the priorities of service providers, the public and key policy makers, the availability of local resources and local needs.
- Establish a shared vision of better outcomes for the children and families served.
- Agree to disagree in the process and use conflict and its resolution as a constructive means of moving forward.

- Make promises you can keep by setting attainable objectives, especially in the beginning to create momentum and a sense of accomplishment.
- “Keep your eye on the prize” – To avoid getting bogged down in the difficulties of day-to-day operations, engage a leader from outside the direct service delivery community who is committed to the goals of the initiative and is able to attract the attention of key players, policy makers and potential funders and can keep the agenda on track.
- Avoid “Red Herrings” – Partners need to examine “technical difficulties” that impede the delivery of comprehensive services to see if they are mostly due to misunderstandings or from policies that can be changed or otherwise accommodated. They should not be allowed to become excuses for partners who are not fully committed to working together.
- Institutionalize change by incorporating partnership objectives into organizational mandates and budgets and earmark the permanent flow of adequate resources to keep joint efforts up and running.
- Publicize your success – well-publicized results that consistently meet reasonable objectives will go far to attract the funding necessary to replicate and expand innovation. (p. 37)

According to Schorr (1989) “programs that are successful in reaching and helping the most disadvantaged children and families typically offer a broad spectrum of services.” (p. 256) These programs combine social, emotional support and concrete help such as food, housing, income and employment along with such things as help with parenting.

Key attributes of successful programs:

- *They have an ability to cross traditional professional and bureaucratic boundaries.*
- *They see the child in the context of family and the family in the context of its surroundings.*
- *The professionals are perceived by the families as people who care about them and respect them and that they are people they can trust.*
- *The services are coherent and easy to use.*
- *They find ways to adapt or circumvent traditional professional and bureaucratic limitations when necessary to meet the needs of those they serve.*
- *Professionals are able to re-define their roles to respond to severe, but often not articulated, needs.*

In short, the programs that succeed in helping children and families in the shadows are intensive, comprehensive and flexible. (p. 269)

A Scottish literature review (2003) looked at early childhood programs and family centres as models for reaching vulnerable families. The review referenced Yoshikawa (1994) who indicates that in order for the early years provision to be effective it should focus on both parents and child, last at least two years, have strong educational emphasis in day care, and offer informational, health and emotional support to parents, as well as vocational and educational counseling where necessary.

Practice Examples:

The City of Vancouver

The City of Vancouver in partnership with YMCA Vancouver and YMCA Canada has developed a model for early childhood hubs. This model is being used to assist in the establishment of services in several neighbourhoods in the city. The project is entitled *Child Development Hubs Lots to Build On – More to Do Building a Community Architecture for Early Childhood Learning and Care.*

The project is committed to:

- **Integrating and/or coordinating** services
- **Proactively assessing/supporting** broader family needs – through direct delivery and/or neighbourhood linkages
- **Highlighting** the importance of, and need for, high quality, affordable, accessible services for families.

<http://www.city.vancouver.bc.ca/commsvcs/socialplanning/initiatives/childcare/PDF/vanywcadec8.pdf>

Government of the United Kingdom

Sure Start is the United Kingdom's programme to deliver the best start in life for every child. It brings together, early education, childcare, health and family support services.

They aim to achieve better outcomes for children, parents and communities by:

- increasing the availability of childcare for all children
- improving health and emotional development for young children
- supporting parents as parents and in their aspirations towards employment.

The program intends to tackle child poverty and social exclusion by working with parents-to-be, parents/caregivers and children to promote the physical, intellectual and social development of babies and young children in their preschool years and as they go to school.

Children's Centres bring together health, social services and early education services, as well as voluntary, private and community organisations and parents themselves, to provide integrated services for young children and their families based on what local children need and parents want.

<http://www.surestart.gov.uk/>

Government of Nova Scotia

Nova Scotia's 2003/04 Annual Report on *Early Childhood Development Initiative and the Multi-lateral Framework on Early Learning and Child Care* (2005) describes a plan for services in the province.

"Together with combined federal/provincial resources and provincial programs and services and in conjunction with families and members of the early childhood community, a system can be created that is:

- Comprehensive
- Integrated
- Accessible
- Inclusive
- High Quality
- Accountable
- Community-based
- Respectful of diversity and regional variation

Infrastructure supports are required to facilitate the development of a comprehensive early childhood development system. These include:

- Formal mechanisms to facilitate stakeholder input in both the planning and implementation of programs, in fostering community ownership, and in the collaboration and integration of initiatives
- Information-systems development
- Development of monitoring, evaluation and reporting processes." (p. 5)

In 2004 as part of their overall early childhood development strategy, the Nova Scotia Department of Community Services took the lead in developing Early Childhood Development Regional Collaboration Teams whose mandate it is to "develop strategic plans that will lead to a comprehensive system of supports for children from birth to six years of age." (p.44)

During 2003/04 four regional coordinators were hired and teams established. The teams are 50% government representatives and 50% community-based agencies and services. Throughout the first year, the focus was on standardizing processes, creating an advisory group and supporting and training staff. Planning was to begin in 2004/05.

Government of Ontario

Best Start is intended to provide an integrated system of services that seamlessly support families with children from their birth right through their transition into school. These services include quality child care, public health and parenting programs, as well as newborn and infant screening programs, hearing programs and speech and language therapy programs to help identify supports for children who need extra attention for healthy early development.

Healthy Babies Healthy Children is a prevention/early intervention initiative designed to help families promote healthy child development and help their children achieve their full potential. This free voluntary program is offered to pregnant women and families with young children through local Public Health Units.

www.children.gov.on.ca/CS/en/programs/BestStart/default.htm

4 Leadership, Planning and Community Development

There's a lack of ECD vision at the provincial, regional and community level – some of our local governments have a vision for seniors but none for the healthy development of children.

There's a lack of visibility of the Gulf Islands in regional ECD discussions.

Participants recognized that the likelihood of success with the families they serve is dependent on the leadership of others in the community and the province. This means that School Districts, Local Governments, Provincial Ministries, Businesses and Community Organizations need to come together in support of families with young children. This support must include joint planning and shared commitment.

Victoria Success By Six could develop frameworks for working together and provide skill building and cross-training, along with a community based website to share information and network.

Create a sense of belonging in the community – social capital is the strength of the community and healthy communities have a high level of social capital.

Participants suggested aligning a coordinated cross-ministry provincial vision and set of values, with regional priorities and community-based approaches.

We need urban designs that support connectedness where services, recreation and mixed housing are within walking distance.

Create more neighbourhood parks with washrooms.

Hold more free community events that bring families together.

Participants also recognized that families need to feel connected to their communities in order to engage in services. They recommended taking a community development approach whereby leaders from the community and local governments would work together to develop family friendly neighbourhoods that enhance the connectedness of all families.

Create more community spaces that are designated “child and family friendly”.

We need to be intentional about building communities as an antidote to problems.

Perspectives on Leadership, Planning and Community Development

Many of the previous examples related to Partnership and Integration demonstrate a commitment to taking cross-sector leadership on behalf of young children and planning approaches to meet their needs.

With respect to Community Development, Smart Growth BC is a provincial non-governmental organization devoted to fiscally, socially and environmentally responsible land use and development. Working with community groups, businesses, local governments and the public, they advocate for the creation of more livable communities in British Columbia.

Smart Growth BC was created as a joint project of the University of Victoria Eco-Research Chair of Environmental Law and Policy and West Coast Environmental Law Association. The smart growth project aimed to nurture and mobilize a growing citizen movement addressing growth and sprawl issues around the province, and to provide sound alternative policy solutions to these issues.

Smart Growth BC works with communities to:

- *Avoid urban sprawl by promoting compact human settlement that avoids unplanned growth and ensures efficient development*
- *Minimize the use of cars by encouraging walking, bicycling and public transit*
- *Protect the ecological integrity of urban and suburban areas*
- *Maintain the integrity of a secure and productive agricultural land base*
- *Promote adequate and affordable housing*
- *Preserve, create and link urban and rural open space*
- *Promote alternative development standards*
- *Ensure an early and ongoing role for citizens in planning, design and development processes*

www.smartgrowth.bc.ca

Practice Examples:

Smart Growth BC – Community Assistance Program (CAP)

The complex nature of the land development process results in community associations and residents largely reacting negatively to proposals, and often only when they are at the final approval stages. In order to help community groups enhance their own capacity to effectively engage in land use and development processes, Smart Growth BC provides a Community Assistance Program (CAP). Like programs that provide legal advice, CAP helps community associations and individuals with their questions about the land development process and with the details of individual developments.

5 Civil Society

We need family-friendly workplaces that support work/life balance for parents and that provide more parental leave so that more time can be spent with young children.

Expand Employment Insurance benefits for new parents.

Provide access to quality child care for all families.

Respect family's right and desire to live where they feel the most connected.

Families who need assistance with finding employment or who need employment assistance should not be told to move where the jobs are.

In keeping with the theme of “meeting families where they are” with what they need, participants also recognized that as society we must take action to ensure that all families have their basic needs met such as safe housing, food, income and employment.

Higher cultural awareness and acceptance – need to remove language and cultural barriers.

Recognize the issue of systemic racism; speak out about it and start a dialogue.

Listen to the voices of those who are seen to be “hard to reach”.

Understand the social/political environment we live in and its impact on families – how it reflects our value structure.

Change to a culture of members, partners and families from the current culture of “clients”.

Value and honour each phase of a child's development instead of focusing on the need to prepare children, i.e. terms like Success By Six and Ready, Set, Learn.

Implement public campaigns to promote support for young families; use slogans like “Children are our future – Every ONE counts”.

The other strong theme that emerged with respect to society as a whole was the need to more highly value the healthy development of young children. This can be demonstrated by our positive attitudes to families with young children as they make their way in our communities and by how we support policies and resource allocation to support the job of raising young children.

CRD is a wealthy area with many seniors which gives us the opportunity to tap into the philanthropic and volunteer sector to support all children and families not just those with an identified special need or disability.

Need to engage a broader cross section of the community – come up with ways that they can be challenged and inspired to become involved, i.e. School Districts can take a strong role in promoting healthy early childhood development.

Practice Examples:

Every Kid in our Community Initiative

A number of cities and towns in Canada have established an Every Kid in Our Community Initiative. The counties of Leeds and Grenville, Brockville, Ontario have developed a “Public Agenda for Action” which outlines their commitment to undertaking initiatives “that will result in measurable social change to ensure the best life chances for children and youth.” This is a community-wide investment in ensuring healthy starts, reducing risk while strengthening resiliency, and mobilizing community for the well being of children and families both today and in generations to come.”

The initiative began with the recognition that more focus was needed on child development at the system level to identify and address the best practices for nurturing and supporting the development of children and youth. This call has been answered by many communities, who know that no single agency, group or government department can achieve this alone, and that success requires a generation of highly collaborative work.

In Leeds Grenville this is a partnership of more than 30 organizations, agencies, governments, and individuals dedicated to creating communities where all children are valued, cared for, and nurtured by the entire community as well as families.

Every Kid's Champions and Partners, made up of leaders from every sector of our communities, provides a Counties-wide perspective on needs combined with the knowledge and means to work towards realizing a vision that “every child and youth, from birth to young adulthood, is safe and healthy, an integral, and valued member of our communities”.

<http://www.brockville.com/safety/Web/Ekioc.htm>

APPENDIX A

RESULTS

QUESTION 1:

What types of families aren't we reaching?

Themes from focus groups and key informant interviews:

We do not have a thorough understanding of these barriers, although from ad hoc and indirect sources the following factors seem to be at issue: varying levels of parental knowledge and understanding of early child development; work-life, home-life conflicts that make it hard to access services and times programs are offered; transportation and local access restraints; and language barriers and feelings of illegitimacy in the face of middle class professionals. Dr. Clyde Hertzman (2004)

- Low income, lack of education or employment, homeless, social isolation
- Abuse and violence; substance abuse/misuse; mental health issues
- Language/cultural/beliefs and values barriers
- Low literacy including computer, learning disabilities or English as a second language
- Hidden disabilities such as FASD, autism
- Transience
- Lack of confidence dealing with systems that have formal application processes and strict eligibility criteria that require documentation and proof

- Economic changes, separation or divorce, newcomers to the city
- Informed parents who view themselves as not needing help even in times of crisis or great stress, i.e. don't want to be seen as weak and needy
- Grandparents who are raising or caring for their grandchildren
- Teen moms
- Families who feel judged and not included in the community because they have children, i.e. their children are not welcome in restaurants or on buses
- Aboriginal families whose cultural practices are not well understood or respected by those in authority
- Lack of confidentiality in small communities
- Relevance of programs for different age groups

QUESTION 2:

What vision do practitioners and key informants have about more effectively involving all families in ECD programs and services? How would you like to see the future?

Themes from focus groups and key informant interviews:

A Place of Welcome

- A gathering place for families
- A place of relationship and trust
- A place that embraces and honours cultural diversity

- A place that embraces and honours diversity in all its forms – sexual orientation, disability
- A place that celebrates successes; getting people together to celebrate what we have done right; too many times we come to communities to fix them

“A New Practice and New Practitioner”

- Knowledgeable and supportive staff
- Caring, compassionate service providers
- Service providers who are empowered to make decisions, use discretion to bend policies to make them work for families, to view their jobs as helping families not enforcing rules
- “Every door is the right door” philosophy
- “Every child is the community’s child” approach
- Involvement of extended family, grandparents, Elders
- Participatory – include service participants, in a meaningful way, in the design and implementation of services
- Mentorship – from professionals, non-professionals and peers
- Access to relevant, culturally sensitive and up-to-date information for families
- A strong, informed network of professionals including the medical community
- Need a greater ability to take services out to people – meeting people in their environment
- Need to define ECD for families, i.e. this will mean that your child will be healthier, will get along better and do better in school
- Use of relationship and trust building to connect families to services – “Matchmaking”
- Normalizing engagement with the community and developing a sense of belonging

- A strong role for Public Health in being the first point of contact for new moms
- Increase the level of sensitivity for ancillary service providers, i.e. child care subsidy workers; child welfare workers
- Come from a place of wellness, responding to the needs of families, having a positive experience and not from crisis or deficit point of view, link to other programs and services and build on the strengths of families

Comprehensive, Community-based Service Provision

- Need Vision – Leadership – Support to make it work
- “One stop shop” – integrated and seamless service delivery in community that is accessible with or without vehicle transportation, i.e. located in a residential area to encourage walking, on a bus route; a place “that is the location of choice (for families) on a crummy, winter day”
- Access to less formal activities for families that reduce the sense of stigma
- Offer a choice of services to families
- Focus on early intervention and prevention
- Universally accessible, quality child care as a major feature
- Provide basic services such as access to food, housing and employment
- Cross ministerial / cross-sector planning and partnership

Family-Friendly, Safe and Connected Neighbourhoods and Communities

- Places where children are valued
- Urban designs that support connectedness, i.e. notion of Town Centres where services, recreation and housing are closer knit

- Family-friendly workplaces – more parental leave so that time can be spent with young children; recognize the need for work/life balance
- Create a sense of belonging to the community – social capital is the strength of the community, healthy communities have a high level of social capital
- Measure success differently – focus on the health of the community not just on “changing” individuals
- Ensure our planning considers the changing demographics in the CRD – where are the families with children?
- Focus on building human and social capital, i.e. Intentionality around building community as an antidote to problems

Services to Aboriginal Children and Families

- Support and advocacy for First Nations owned and operated licensed child care facilities; staff in child care facilities, licensing officers; and foster families to ensure First Nations children receive culturally appropriate care
- Come to share tools with First Nations communities while respecting their way of thinking and knowing

QUESTION 3:

What strategies seem to be effective in reaching this vision?

■ What works with individual families?

Themes from focus groups and key informant interviews:

“A New Practice - A New Practitioner”

- Provide a “matchmaker” or “navigator” to assist families to deal with a service “jungle”
- Bringing services to families; breaking down transportation barriers
- Taking things one step at a time – building from family’s needs; i.e. when working in poverty-stricken communities, Public Health Nurses (PHN) may need to deal with other issues before health like access to food and shelter. Best to breakdown the intervention into manageable pieces
- Recognizing that we may not understand the problem we are trying to solve.
- Focus on relationships, mentoring, involvement, respect, caring, personal contact and trust;
- Flexibility with resources so that a “peer” mentor can be assigned to a family when necessary
- Inviting families to engage at their own pace some families need a good deal of time to gain trust and build relationship
- Ensure privacy and the preservation of dignity when dealing with people in crisis, i.e. make sure it is comfortable to come back tomorrow
- Service providers need to be free to be advocate for families
- Provide opportunities for socializing – unhurried and unstressed, i.e. in the playground at the child care centre; taking a walk in the neighbourhood

- Lose the name tags – de-professionalize the engagement
 - Have a “How can we help?” attitude
 - Provide opportunities for parents to learn from each other
 - “Ice cream truck” going into neighbourhoods with activities for kids and information and support for parents
 - Provide on-site child minder or provide funds for child care in their homes
 - Ensure the advertising includes child care, lunch and bus tickets provided so that families don’t have to ask
 - Include Elders from the community to share wisdom, history, teachings; also provides opportunity for Elders to be part of the community
 - Use the Infant Development Program (IDP) model
 - Home visiting is a good idea and it needs to be well supported with on going training and debriefing for staff
 - Create areas where people can calm their minds
 - Provide food – play group snacks, free lunches for moms, soup making groups
 - Provide free stuff – diapers, food bank, clothing exchange, toy library
 - Ensure that ESL families have clear, simple information about the programs and services available; suggest translation of materials into Mandarin, Korean, Punjabi and Arabic.
 - Provide more opportunities for all families to take part in activities that are inclusive instead of targeted and intended for those with problems – free or very low cost
 - Use Public Health’s (PHN) first contact with new parents to provide information and follow-up.
 - Weekly infant group in one First Nations community found that it takes time for parents to come and build trust and relationship
 - Combining Mother Goose Program with visits to seniors residences can help to bridge the gap between seniors, children and families
 - Key Workers through the Ministry of Children and Family Development (MCFD) need to be working closely with PHN’s and midwives
 - Provide more opportunities for kids to be kids
 - Help instill in children a respect for the land, environment and self
 - Virtues project and Roots of Empathy are examples of programs that work to instill a sense of compassion for others
 - Making sure the children feel cared for – “Putting a twinkle in their eyes”
 - Hub or “one stop access” service models can provide a friendly place for families especially if is staffed by people who live in the community
- **What works with organizations serving these families?**
- Themes from focus groups and key informant interviews:**
- Physical Environment**
- Create entrance ways and rooms where people can sit and gather – has a calming effect on those entering – need to balance safety and comfort
 - Make sure people speak to a real person when they phone – staff need to be accessible and knowledgeable about the programs
 - Provide child-friendly spaces so that children can be near their parents in the facility
- Flexible and Creative Approaches**
- Loosing up at the organizational level to allow more flexibility and nimbleness of response

- Involve parents on the board of agencies or have parent advisory committees
- Provide simple social opportunities for families – drop in where families don't have to commit
- Be a “kids welcome” place; encourage community child care providers to join in
- Include child care or child minding for all programs
- Look at ideas for multigenerational access
- Provide access in the evenings and weekends
- Create programs that provide long term involvement with families
- Examine current marketing and promoting programs to assess effectiveness in reaching this population – use free media opportunities especially TV
- Create “hubs” of services for families.
- Create a mindset of needs, caring, love and culture – put an emphasis on the needs of the people
- Remember that some of these families will not have access to phone, computer, buses or vehicles – need to reach out to them
- Focus on teaching independence and self-sufficiency
- Take a community development approach

Community Outreach

- Broaden the scope of the work to include the whole community.
- Outreach to new families in the community
- Develop a calendar of community events and activities for families

Support Staff

- Support staff to do more networking with other agencies in the communities and at a regional level

- Support staff to do more community development work
- Model family-friendly work place policies, i.e. generous parental leave
- Create an environment for professionals to work across disciplines
- Make sure that staff know the time spent engaging and reaching out to these families is time well spent, i.e. Cooking with a family – this may not be the professional's “job” but it may be the best way to build a relationship so that helping can occur

Partnership/Rationalization

- Create partnerships/coalitions amongst agencies
- Rationalize all the different ECD initiatives, i.e. Ready, Set, Learn and other school district initiatives; Success by Six; CAPC/CPNP; Community Links; HELP (EDI and Community Mapping); UEY; PLAY – results in a diffusing of efforts
- Create/support vehicles for regional coordination and formal community-based planning
- Create a community agency handbook – could be the responsibility of the CRD or the Chambers of Commerce
- Get together and ask families to share information and identify gaps
- Coordinate programs in the community so that there is choice
- Build relationships with other groups in the community, i.e. seniors organizations
- Approach businesses to support families – ask them to provide space for child minding or place to share information with families, i.e. outside the local grocery store

■ What can society and the public at large do to better support these families?

Themes from focus groups and key informant interviews:

Environments

- Create more parks with washrooms
- Community events that bring families together – role of the churches in organizing and providing space
- Intergenerational events
- Find areas where all families come together and actively use these opportunities to promote a sense of community connection and belonging, i.e. grocery stores, parks
- Involve seniors
- Create community spaces that are designated “child and family friendly”

Policies and Programs

- Expand Employment Insurance benefits for new parents
- Universal child care
- Need increased emphasis on affordable housing in safe, children-friendly and diverse neighbourhoods.
- Respect for families choice of where they want to live even if this means struggles with employment and services
- Create Town Centres with mixed residential so that people can walk to services and recreation
- Reduce the need to drive so children and families can spend more time in their communities
- Legalize secondary suites

Advocacy and Awareness

- Higher cultural awareness and acceptance – remove language and cultural barriers
- Listen to the voices of those who are seen as “hard to reach”

- Increase understanding of the importance of the early years
- Need to have a sense of our collective responsibility for all children
- Less reliance on formal programs for children; more appreciation for the value of “unstructured family time”
- Understand the social/political environment and its impact on children and families – need to impact the current value structure in order to create a caring society for these families
- Change to a culture of members, partners, families from a culture of “clients”
- Recognize the issue of systemic racism; speak out about it and start a dialogue.
- Value each stage of children’s development as opposed to preparing them for something in the future
- More respect for Early Childhood Educators
- Implement public campaigns to promote support for young families, i.e. smiling at moms with young children, offering a seat on the bus
- Use slogans like “Children are our future – every ONE counts”; “Healthy children and families build healthy communities”
- More promotion and recognition of the value of real work/life balance as it relates to healthy families and communities
- Develop community mentors for children, i.e. bus drivers

Broad community commitment to young children and their families

- CRD is a wealthy area – need to tap into the philanthropy and volunteer sector with respect to supporting children and families generally not just those with an identified need

- Need to engage a broader cross section of the community – come up with ways that they can be challenged and inspired to become involved, i.e. School Districts can take a strong role in promoting healthy early childhood development.
- Build a sense of community – help those that are better off to see that together we achieve more

QUESTION 4:

What are the barriers and limitations faced by agencies and organizations in reaching this vision?

Themes from focus groups and key informant interviews:

Lack of a coordinated regional vision and plan for reaching all families

- Lack of a vision at the provincial, regional or community level
- Limited support for networking, advocacy and community development
- Society's values and beliefs regarding young children, i.e. they are the responsibility of the parents and society only steps in when parents have failed
- Falling birthrate in most of the CRD with the exception of the West Shore and Central Saanich
- Affordable housing for families a major issue in most of the CRD
- Collaboration between agencies is a challenge due to time, distance, travel costs, i.e. ferry costs from the islands
- Meetings scheduled in Victoria that aren't coordinated with the ferry schedule

- Vancouver Island agencies have resources allocated to serve the Gulf Islands but these are mostly used up in travel time and costs
- Gulf Island families on social assistance need to go to downtown Victoria for appointments with government and they often do not have the resources to get there – need a financial assistance worker to come to the islands
- Lack of visibility of the Gulf Islands for ECD planning
- Isolated rural nature of the islands
- Cost of living is high on the islands; most people work several jobs to make ends meet

The measures for success and the requirement for accountability

- The program funding doesn't correspond to the real need
- Need new ways to measure success.
- Need ongoing support for good programs – not a six-week program that is expected to “change” people

Funding

- New services are often funded without looking at how they may or may not integrate with other services
- Having to portray the agency role, function and program objectives to match the Request for Proposal. This can sometimes cause an ethical dilemma for agencies.
- Targeted funding creates a lack of flexibility to work with children and families in a way that meets their needs, i.e. joining a football team to increase self-esteem and community connectedness, having coffee with a parent.
- Funding for programs and not for infrastructure – space, aging buildings and accessibility are an issue for many agencies

- One time funding for programs does not provide enough time to create change; this is not a start and finish enterprise; “The needs are a process and the funding is an event.”
- Federal and provincial split of funding means multiple applications, different accountability mechanisms and reporting
- Lack of funding for staff, outreach, translations and child care

Staffing

- Recruiting and retaining qualified staff at the salaries available
- Cost of living is very high in the CRD – people can’t afford to live here on the salaries provided
- Can’t compete with union wages at some agencies
- Workforce is aging
- People are stretched in so many directions – can’t be all things to all people

Current Service Delivery System

- The service system is too complicated – families now need a paid person (Navigator) to help them get their needs met
- The structure of organizations in the CRD create a service jungle for families
- The current service delivery model expects people to come to a facility where they don’t know anyone and are not connected
- Lack of time to engage these families – they often need long term intense support.
- Not effectively reaching out to those who are caring for aging parents or to grandparents who are the primary caregivers of their grandchildren
- “Pathologizing” children and families through the medical model.

- Parents not able to pay the cost of child care
- The work that is valued versus the work that needs doing – who is currently worthy of interventions
- Mandate of the organizations
- Gap in service delivery for children 18 months to three years
- Less value for face-to-face relationship building with children and their families – where we put our time, money and effort is an expression of our values
- Cost to families to take part in recreational activities, i.e. pay parking at French Beach

The requirement to “partner”

- Access to grants is getting scarcer and the criteria keeps changing
- Being told agencies have to partner to get funding – most are used to competing for grant money
- Coordination takes time and resources, leadership, commitment and human resources
- There are so many groups and programs going on – not enough time to attend all the meetings
- Staff may lack expertise to collaborate with other agencies – hired to work with people and may not have the skills necessary for partnering

QUESTION 5:

What can governments, communities, businesses and organizations do to support agencies and organizations to work together to more effectively involve all families in ECD programs and services?

Themes from focus groups and key informant interviews:

Funding

- Recognize the need for flexible approaches to reaching families
- Provide more time for planning especially for year end dollars
- Single window approach for grants, i.e. Victoria and Queen Alexandra Foundations, MCFD, Success By Six all have grants available with different application processes
- Recognition of those “gray areas” for which organizations receive no specific funding, i.e. professional development, research and time to restore and refresh staff
- Support on-going programs if they are working – “Doesn’t always have to be a new program”
- Provide support for infrastructure – this is also the “heart” of the services
- Stable, long-term core funding to deliver life-enhancing services that benefit the community and which are known to be continuously needed
- Recognize the cost of accreditation activities in agency budgets
- Interested businesses combine their dollars for community grants so that agencies aren’t applying for hundreds of small grants
- Restore adequate funding in this sector
- Universal, publicly funded child care

Supportive agency management

- Clear directions from organization management about what is important
- Reduce territorialism amongst the agencies in the CRD – work together to set priorities

Respect for professionals in this field

- Increase wages and benefits in the sector
- Job security in child care – currently it all driven by enrolment and the average wage is \$11.00 per hour
- Support staff training and professional development
- Reinstate 2nd year ECE to increase supply of trained staff
- Bridging between ECE and Education in order to professionalize ECE – increase societal value for ECE work, increase wages and benefits and encourage more men to get into the field
- Create a role for ECD consultants to assess all preschoolers in order to identify children who need support prior to coming into the school system

Leadership

- Leadership across various levels of government and regional agencies, i.e. school districts, local governments, province and Vancouver Island Health Authority (VIHA) to support service integration.
- Better linking between local governments on early childhood development issues
- Ensure consideration of family friendly, diverse neighbourhoods when new subdivisions are built
- Take leadership at the macro level to adjust social attitudes towards children and families
- Employment assistance and child care subsidy offices need to be more “customer-friendly”

- Demonstrate an understanding of what agencies do in the communities
- Recognize the needs in rural isolated areas are different than those in urban areas – transportation costs, higher costs per child for programming as there are fewer children; still need the program
- Encourage broad leadership in communities in support of families
- Provide support for coordination of regional and local planning
- Partner with local recreation centres who have infrastructure capacity to do community development
- Cross-ministry initiatives for funding – health, social services, employment, income assistance, children and families, education

Build capacity in agencies to develop partnerships

- Provide access to good practices and successful models of partnerships
- Provide a venue to showcase models that work

Create a new way to measure success that recognize what's needed and what works

- Consider how agencies are accountable for the resources, i.e. currently based on numbers of people who are changed – may not be realistic for this population and some may not want to be changed but need support
- Reporting requirements across multiple programs and funders causing “outcome fatigue”
- Current approach to funding applications means that agencies must provide a disproportionate amount of data and evaluation for a relatively small amount of money

- Local funders streamline applications and reporting requirements – agencies often do not have dedicated or trained staff and end up doing off the side of their desks
- View success from the point of view of individuals rather than standard outcomes
- An understanding that change takes time and some families drop out and return over time; they need to know they can come back
- The current system of funding that rewards agencies for participants that complete and meet a set of performance outcomes is a disincentive for those same agencies to provide services to these families – they are a liability to the agency's funding
- Change the focus to a “person centered” approach where we start where they are and move them towards their goals instead of that of the funder
- Need a less bureaucratic emphasis – less focus on accreditation, filling out forms and providing data on outcomes
- Some outcomes cannot be measured – need a broader definition of success
- Recognition that practices may look different across the CRD



APPENDIX B

LIST OF PARTICIPANTS



Sheryl Aberdeen, Youth & Family
Counselor, Boys and Girls Club

Debora Abood, Victoria Native Friendship
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Kim Ainsworth, Early Childhood
Education Consultant with Vancouver
Island Cooperative Preschool Association,
Coordinator of Nobody's Perfect Program,
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Kathryn Akehurst, Curriculum
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School District 64

Cindy Anderson, Public Health Nursing,
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Carol Antoine, Nil/tu'o Child and Family
Services

Jacqueline Behrens, Ministry of Children
and Family Development

Liz Bloomfield, Single Parent Resource
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Diana Bosworth, Esquimalt Neighbourhood
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Susan Boyle, Public Health Nurse,
Vancouver Island Health Authority

Meagan Brame, ECD Committee
facilitator, child care provider and parent

Kerry Broom, Program Services Manager,
Panorama Recreation Centre

Colleen Casey Stewart, Coordinator of
Children's Services, Greater Victoria Public
Library

Jennifer Charlesworth, Options Consulting

Cindy Clark, Private consultant

Suzanne Cole, Family Centre Coordinator,
Burnside Community Association

Donna Collett, Instructional Support
Teacher, School District 63

Diane Dawson, School District 62

Jeff Day, Esquimalt Parks and Recreation

Bonnie Daychief, Victoria Native
Friendship Centre

Margot Edwards, Victoria Native
Friendship Centre

Mary Egan, Retired Teacher, School
District 63

Hannah Fair, James Bay Community
Project

Stephanie Gable, Coordinator,
Understanding the Early Years project

Koreen Gurak, SEAPARC Leisure Complex

Jane Henson, Panorama Recreation Centre

Colleen Hobson, Saanich Neighbourhood
Place (by email)

Helen Hughes, Victoria City Councilor

Kristen Hull, Public Health Nurse

Jesse Hyder, Community School
Coordinator, School District 61

Janis Johnson, Coordinator, Peninsula
Connections for Early Childhood

Heather Kay, Early Childhood Educator

HyeSoon Kim, Coordinator, Immigrant
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Intercultural Association

Denyse Koo, Program Coordinator Sooke Family Resource Society, Previous Coordinator of Military Family Resource Centre Children's Services

Sherry-Lynn Lidemark, Coordinator, Victoria Child Care Resource and Referral Program

Daphne McNaughton, retired school principal, District 63

Karen Marshall, MCFD, Previous Regional Manager

Steve Meikle, Saanich Recreation Services

Anne Murphy, Fernwood Community Centre

Judith Oldfield, Regional Advisor, Infant Development Program of BC

Jennifer Owen, Care Home Parenting Program, Boys & Girls Club Services of Greater Victoria

Heather Peeters, View Royal Preschool

Hilary Planden, Nursing Manager, Vancouver Island Health Authority

Gordon Planes, Youth Worker, Traditional Teachings, T'Souke Nation

Casey Rowe, Prostitutes Empowerment Education and Resource Society

Angel Sampson, Songhees Preschool (by email)

Janice Shields, Special Education, School District 64; Child Care Provider and Community Inclusive Pilot Project

Sukvir Sidhu, Supervisor, Centennial Day Care Centre

Ragnild Flakstad, Family Place, Salt Spring Island Community Services

Joy Spencer-Barry, Executive Director, Queen Alexandra Foundation

Joanne Vanpelt, Director of Child and Youth Services, Community Living, Family Advancement on the outer islands, Salt Spring Island Community Services

Elaine Venables, Manager of Counseling Programs, Beacon Community Services

Jane Warton, Community Council

Jan White, Coordinator, Success by Six

Christine Wilson, Oakridge Care Centre



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