Nurturing the Next Generation
Early Child Development Service
Sector Review: Key Findings from the Environmental Scan

Environmental Scan Work Group

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Key Messages

- While Peel Public Health (PPH) has been identified as a key player in the early child development (ECD) sector, many ECD organizations demonstrate leadership in research, knowledge exchange and community planning.
- Even though service coordination and collaboration are well developed in the ECD community, communication among ECD organizations should be improved. A centralized service system that is easy to navigate is also required.
- ECD service providers need to develop local policy and advocacy initiatives for children in the earliest years (birth to two years).
- Formal supports for families in Peel need to be culturally and linguistically appropriate.
- Informal supports, such as extended family and friends, assist with the transition to parenthood and reduce social isolation.
- In Peel’s ECD community, gaps exist in programs and services related to nutrition, mental health, early identification of developmental delays, family relationships, children’s physical activity and the built environment.
- Additional funding for early child development programs and services is required, especially to support resources for children with special needs.
- PPH should consider applying the Biodevelopmental Framework from the Center on the Developing Child at Harvard University to all ECD-related programs and promote it throughout Peel’s ECD service sector.
Executive Summary

Issue

To inform the Nurturing the Next Generation (NTNG) priority, a clear understanding of Peel’s early child development (ECD) programs and services, as well as the capacity of the community to support healthy child development, was needed.

Context

NTNG is a strategic priority for Peel Public Health (PPH). The Environmental Scan (ES) is one component of the NTNG Situational Assessment. It reviewed the alignment of ECD programs and services to the Biodevelopmental Framework from the Center on the Developing Child at Harvard University (Biodevelopmental Framework), and assessed the capacity of the community to support early child development.

Methods

A descriptive qualitative research method was used. A total of 45 semi-structured interviews and seven focus groups were conducted. Participants included managerial and frontline staff across a wide array of Region of Peel Public Health and Human Services, and community organizations. Directed content analysis was used to code, analyze and interpret the data. Codes and categories were then synthesized into themes.

Findings

The ES Work Group found many gaps in Peel’s ECD programs and services. Although healthy attachment, parenting knowledge and skills are strong components of ECD
Executive Summary

programming, the promotion of healthy relationships is not. While PPH is recognized as a leader in providing quality information about nutrition to families, ECD providers identified that there continue to be gaps in nutritional services for families with young children. Gaps were also identified in mental health services for families and in programs that focus on children’s physical activity in the early years. Even though there is community expertise in the provision of services for children with special needs, developmental delays need to be identified earlier.

Although the ECD service sector allocates considerable time and demonstrates ongoing commitment to early child development, local policy, advocacy initiatives and program evaluations are lacking. ECD services are confusing and difficult to navigate and they lack financial resources. This translates into long waitlists for families and staff burn-out. While Peel’s ECD staff members are skilled and knowledgeable, they look to PPH for leadership in healthy child development. Another challenge they face is responding to the ethno-cultural needs of families. Inadequate outreach and geographic barriers contribute to social isolation and service inaccessibility for some families. In contrast, when families have strong informal supports, they are more likely to access ECD services.

Conclusion

The ES profiles Peel’s ECD programs and services, as well as the capacity of the community to respond to families. It highlights strengths as well as areas that need improvement. The findings will help inform PPH decision makers in developing population-level ECD interventions.
1. **Issue**

The purpose of the Nurturing the Next Generation (NTNG) Environmental Scan (ES) is to provide a current picture of the early child development (ECD) service sector in Peel. Guided by The Biodevelopmental Framework from the Center on the Developing Child at Harvard University (Biodevelopmental Framework)(1), the scan presents a review of Peel’s existing ECD programs, services and initiatives, and an assessment of the community’s capacity to support healthy child development. The findings of the ES will inform the planning and development of population-level public health ECD interventions.

2. **Context**

NTNG is a program priority identified in Peel Public Health’s (PPH’s) 10-year strategic plan. This priority explores how best to lay a solid foundation for ECD in Peel and will support evidence-informed, population-level public health interventions to promote optimal early child development. The need for a comprehensive Situational Assessment of Peel’s ECD environment was identified during the pre-planning phase of the NTNG priority. Although inventories of services and programs had been developed by PPH and community organizations, these did not provide the breadth or depth of information required to inform the NTNG priority. Also, these inventories do not focus on programs and services directed at children in the earliest years.

The ES is one of three components of the NTNG Situational Assessment (Appendix A). The two other components are discussed in separate reports. The ES analyzed and profiled Peel’s ECD service sector. It also assessed the capacity of the community to support ECD by reviewing strengths and challenges at the community and family levels. For the purposes of the
ES, the ECD service sector refers only to the programs, services and initiatives that support families during the preconception and the prenatal periods, through until children are two years of age.

The Biodevelopmental Framework has been selected as the theoretical framework that underpins the NTNG priority. (1,2) This framework identifies the four dimensions of health as: policy and program levers for innovation, caregiver and community capacities, foundations of health, and biology of health. This report focuses on foundations of health and caregiver and community capacities.

3. **Research Questions**

The ES addressed the following questions:

- How do ECD programs, services and initiatives in Peel support early child development and align with the Biodevelopmental Framework?
- From the perspective of service providers, what is the capacity of the community to support ECD?

4. **Methodology**

A descriptive qualitative design is used to explore, describe and explain social and cultural phenomena. For this reason, it was selected to examine Peel’s ECD services. Both purposive and snowball sampling were used to recruit managerial and frontline staff from a cross-section of services including Region of Peel Public Health (PPH), and Human Services (HS), and the external community ECD service sector. Data collection included both semi-structured interviews and focus groups. A total of 45 interviews (49 participants) and seven focus groups (42 participants) were conducted by Family Health staff between June 2012 and February 2013. By including a wide array of participants and using two data collection methods, the quality and credibility of the findings were increased. A directed content analysis approach, that involved...
the use of predetermined and evolving categories and codes, was used for data analysis. (3)

Reliability was increased by using multiple coders to test the categories and codes. These were then synthesized into the themes and sub-themes that are outlined in this report. Appendix C provides a detailed description of the methods used.

5. Findings

5.1 Participants’ Profiles

The ES Work Group consulted with 44 external community organizations as well as PPH and HS departments at the Region. In some cases, organizations provided key informant interviewees or focus group participants, but in others, they provided participants for both processes (Appendix B). The majority of organizations interviewed provide direct services to clients (91%), which may include group or individualized service at a program site, in-home services, telephone services or a combination of these. Most of these organizations provide services to families in the prenatal, early postnatal periods, up until children are two years of age (70% prenatal to age one and 59% ages one to two). Many of these organizations offer their services within a mandate of birth to six years. Participants also engaged in ECD advocacy efforts (73%), participated in research (50%), and supported policy initiatives (34%). Approximately half of the participating organizations were unable to estimate the amount of time and resources that they commit to the zero-to-two population. Of the 22 organizations who provided an estimate, 64% indicated that they commit 75% or more of their time and resources to this population.

5.2 Alignment of Peel’s ECD Programs and Services with the Foundations of Health

The Biodevelopmental Framework identifies three foundations of health: stable, responsive relationships; safe, supportive environments; and appropriate nutrition. As part of
the Situational Assessment, The NTNG Conceptual Model Work Group adapted the Biodevelopmental Framework to create a NTNG Conceptual Model. In doing so, they added a fourth foundation which they termed health and development. When analyzing Peel’s ECD programs and services, the ES Work Group assessed the extent to which they addressed the factors that influence early child development across the four foundations of health.

Findings revealed that Peel’s ECD programs and services address factors across all four foundations of health to varying degrees. These are summarized for PPH (Appendix D), HS (Appendix E) and external community organizations (Appendix F). Additional details on program focus, intervention types and content are provided for PPH (Appendix G), HS (Appendix H), and external community services (Appendix I).

5.2.1 Environment of Relationships

Healthy attachment is a strong component of Peel’s ECD programs and services

Attachment between infant and caregiver is well addressed across PPH, HS and the external community ECD services. For PPH, attachment is a core component of the Healthy Babies Healthy Children (HBHC) program and is moderately incorporated across other Family Health (FH) programs and services. However, attachment is only briefly discussed in prenatal programs as parents are focused on the labour and birth. Many community organizations promote attachment from a family literacy or play-based perspective. Parents and caregivers are encouraged to be their child’s first teacher and to engage their children in a variety of early learning activities that may improve attachment. Peel Children’s Aid Society (CAS) addresses attachment primarily from a safety and wellbeing perspective. The Valley Infant-Parent Program, managed by HS and Peel Children’s Centre, provides intensive therapeutic services to promote secure attachment for children experiencing developmental challenges. Other
community service providers (e.g., ErinoaksKids and Kerry’s Place) promote secure attachment between children with special needs and their caregivers, with a strong focus on understanding and improving communications. Some programs support healthy caregiver-child interaction by addressing impediments to attachment such as postpartum mood disorder (PMD), caregivers’ emotional wellbeing and mental health.

**ECD services provide parenting knowledge and skill development**

The majority of ECD services across Peel provide education and supports to parents and caregivers to encourage skill development in areas such as caring for children, establishing routines, communication techniques, understanding behaviours, and appropriate discipline. The ECD service sector also supports parental wellbeing through education on topics such as self-care, healthy coping mechanisms and stress management. These services may increase parents’ and caregivers’ sense of competence and enable them to be more responsive to their children.

**Relationships between couples is not a strong component of ECD programming**

There is not enough emphasis placed on the impact and importance of relationships between couples on their child’s development. While PPH and community ECD programs incorporate teaching on healthy relationships between caregivers, they do so only in a limited way. This was identified as an area that needs strengthening.

**Mental health needs are not being met for families**

While participants reported an increase in mental health issues for children under two, concerns were raised that these issues are not well understood by parents and by some service providers. Programs such as the Valley Infant-Parent Program help to increase awareness of mental health issues in the zero-to-two population. Organizations such as Peel Children’s
Centre specialize in children’s mental health. Since the demand is high and the services are limited, the identification of concerns and treatment is often delayed.

Similarly, services that focus on parental wellbeing are scarce. Adult mental health is considered out of scope for some ECD service providers. One service provider expressed the belief that additional in-home supports are needed for mothers who are overwhelmed and struggling with mental health issues.

So many of our clients come from stressful situations....I think 75% of our clients have mental health challenges.... That certainly applies to the pregnant and early parenting as well... Definitely I would say that that’s a gap and a priority, the mental health needs of our clients. Again the social worker can see them but she’s only half-time. Visiting a social worker isn’t always what people need when they have depression and they are pregnant as you know. (Ext-22)

However, services related to PMD are better supported in Peel. FH manages the Peel PMD program which strives to raise awareness and reduce stigma associated with PMD. PMD Peer support groups are offered at some Ontario Early Year Centres (OEYC’s) in Peel and Spectra Community Services provide a PMD telephone support service. All of these services offer a non-judgemental atmosphere where women can discuss their adjustment to parenting and their experience with depression, anxiety and other postpartum issues.

5.2.2 Safe Physical, Chemical and Built Environments

ECD programming focuses primarily on physical safety and injury prevention

Investigating and addressing chemical and toxic exposures in the environment is primarily the role of the Environmental Health Division (EH) at PPH. EH also disseminates credible information on child’s safety to ECD community partners and conducts comprehensive safety inspections and outbreak investigations at child care centres in Peel. Raising the Bar, a voluntary program designed to increase the quality of care in child care centres, helps to ensure that a high standard of safety practices are followed. Educating parents about keeping children
safe and preventing injury is addressed to some degree by FH, and by about one half of participating external community organizations. This education is primarily focused on the importance of supervision, physical safety in the home, safety of child furniture, safety in transit (car seat, stroller and public transit), sun safety, safe food handling and information about harmful household chemicals. Service providers also incorporate child safety at program sites and use these opportunities to role model safety practices to parents and caregivers. Those that provide services for children with special needs emphasize greater diligence when it comes to safety, as these children may not understand the consequences of their behaviour. Safety during the prenatal period is addressed in limited ways by PPH and the community. Here the focus is generally on violence prevention and avoiding exposures to harmful substances.

From the perspective of the built environment, safety is addressed to a small degree by the Supportive Environments for Healthy Living (SEHL) Strategic Priority and indirectly by Chronic Disease and Injury Prevention’s (CDIP’s) role in neighbourhood planning and design. However, greater focus needs to be placed on the relationship between early child development and the built environment.

**ECD service providers aim to prevent child maltreatment**

Even though addressing child abuse and neglect is the mandate of Peel CAS, all service providers are involved in child protection because of their duty to report suspected cases. More importantly, by educating families about positive parenting practices and healthy child development, ECD services may help to reduce the risk of child neglect or abuse. Peel CAS actively supports this process, particularly through its Infant Wellness Program, by working collaboratively with community partners to ensure that children (zero to 18 months) are kept safe and their developmental needs are being met.
5.2.3 Appropriate Nutrition

**PPH is recognized by community service providers as a leader in nutrition**

The ECD service sector recognizes the expertise of PPH in providing nutrition education and support. They connect families to Family Health for supports and services for breastfeeding, introduction to solid foods, infant, child and family nutrition. External community programs generally limit their nutrition services to providing basic nutrition information, sharing resources developed by PPH, and referring clients to PPH and other experts for in-depth nutrition services. Feeding concerns are a source of great stress for families with children with special needs. Special needs’ organizations address nutrition from a developmental perspective and provide feeding workshops and assessment of feeding difficulties. Some services treat complex medical conditions through the provision of services such as gastrostomy tube management, for children who fail to thrive.

**Gaps in nutrition services for the ECD community**

Participants stated that nutrition is an area where most parents have questions and concerns. Due to the withdrawal of public health nurses from direct service at community ECD programs, participants believe there is a gap in nutrition education and supports for families with young children. ECE educators do not receive much training in the area of nutrition and healthy eating and describe it as outside their scope of practice.

As ECE’s, it’s really out of our scope of expertise. We’ve referred any nutrition kind of things to the resources that we have that are produced by Peel Health or Ontario Health. It is something that I’ve really cautioned staff about…. There is a real stress on accountability, about being accountable to the information we share. If you’re truly not the expert on it, if you don’t have the accreditation, you are not the expert, you should not be advising and that is our goal. (Ext-12)

Some programs address this gap by fundraising to hire dietitians or they rely on voluntary services of dietitians or nutritionists.
**Food insecurity is a problem for many program clients**

Across the spectrum of ECD services, food insecurity is identified as a problem for many families. Program staff typically refer families in need to food banks and other community resources. Some organizations offer on-site food banks or donations, many provide meals and snacks during programming, and a few educate clients on planning healthy meals on a limited budget. The Best Start Health Coalition in Peel offers weekly food vouchers as well as food donations to parents several times per year.

5.2.4 Health and Development

**Developmental delays need to be identified earlier**

Most organizations, including PPH and HS, provide education on physical, social and emotional development, key milestones, movement, coordination, and motor skills. Screening for early identification of developmental delays is provided by FH, HS and many community services. Service providers and families often consult with experts at the PepStart clinic or Infant and Child Development Services Peel for additional help with early identification and diagnosis of special needs.

Concerns were raised by some participants that developmental delays often go unnoticed until the start of school, at which time interventions are less effective. PPH encourages families to complete the Nipissing District Developmental Screen (NDDS) and discuss the 18-month well-baby assessment with their physicians in order to identify developmental concerns as early as possible. Most external community participants did not specify whether they discussed the 18-month well-baby visit with parents.
**Strong expertise in the provision of special needs services is available in Peel**

While services for children with special needs are provided by only a few organizations, they offer strong expertise in this area. Services include screening, investigation and treatment of problems relating to speech and language, hearing, vision, physical and emotional delays as well as autism. HS and many community organizations work collaboratively with child care centres to ensure safe and inclusive child care services for children with special needs. Child Care Special Needs Access Point (SNAP- Peel) provides a single point of access for families with children with special needs who are seeking licensed child care services. Organizations also educate families on their rights in the community, including the right to be free from abuse and to participate in regular programs and services.

**Child physical activity is not a strong component of ECD services**

Most organizations do not provide child physical activity as a core part of their programming. While many discussed play-based learning, they did so in the context of early literacy and development. The level of physical activity inherent in play-based learning is unclear. It is also possible that ECD service providers do not think of movement and activities for infants and toddlers as physical activity.

PPH programs often incorporate education on child physical activity when promoting nutrition. HS offers a program directed at increasing awareness of the impact of children’s screen time. Parks and Recreation offers physical activity programs for parents and children, in the hopes they will embrace physical activity throughout the lifespan. Unfortunately, there is often a cost associated with these services which puts them out of reach for many families.
5.3 Under-served Populations

Although Peel’s ECD service sector typically provides universal services that are geared toward all families in Peel, some programs target vulnerable populations such as teen parents, single parents, low income families, and new immigrants. Some programs target families living in communities with higher needs (e.g. Malton), in areas with limited services (e.g., Learning In Our Neighbourhood (LIONs) program) and a few parenting programs are offered in local shelters. Some vulnerable populations were identified as being under-served including abused teen parents, Aboriginal families, refugees and the gay, lesbian, bisexual, transgender (LGBT) community. Even though ECD programs and services may be inclusive and welcoming to all families and family structures, it is unknown if or how much these groups access ECD services and this may warrant further investigation. It is important to note that most participants did not explicitly mention serving these populations. Another notable gap was the lack of services for individuals during the preconception period.

5.4 The Capacity of the Community to Support Early Child Development

In the Biodevelopmental Framework, caregiver and community capacity is described as: time and commitment, skills and knowledge, and resources. (1) The findings of this section are organized using these three categories. Time and commitment refers to policy initiatives, advocacy and program evaluations. Skills and knowledge focus on organizational capabilities that support ECD including community mobilization, leadership, collaboration, and responding to family needs. Resources at the organizational level incorporate financial and human resources, and community structures that support ECD. Resources at the family level focus on financial and social concerns.
5.4.1 Time and Commitment to Early Child Development

Local policy initiatives do not directly address the zero-to-two population

A review of policies that affect child health and wellbeing was outside the scope of the ES; however some local public health policy initiatives are underway. FH is currently reviewing policies that impact healthy eating and physical activity within child care centres. Other public health policy initiatives target the general population but these do not directly apply to families with children from birth to two years. For instance, PPH is engaged in policy strategies that are designed to reduce alcohol consumption and promote tobacco-free public spaces (e.g. parks and recreation facilities). These initiatives are expected to impact the health of the general population including pregnant women, parents and young children. Only one external community organization explicitly discussed involvement in a policy initiative: This was centred on anti-oppression work.

ECD advocacy work focus on individual needs

The majority of advocacy efforts in Peel occur at the family level and involve advocating for resources and services. A few organizations discussed their involvement in ECD advocacy for various sub-populations (e.g., Aboriginal peoples, the Francophone community and children with special needs). These advocacy initiatives include bringing attention to service gaps and advocating for additional funding to support healthy child development as well as programs for children with special needs.

Program evaluations are needed to assess the effectiveness of ECD programs

The lack of rigorous outcome evaluations of ECD programs and services was identified as a major gap in the ECD service sector. The majority of participants indicated that they completed some evaluations of their programs. However, these evaluations predominantly
gauged client satisfaction and learning, and solicited feedback on service improvement. A few organizations completed process evaluations to monitor program performance and to provide statistics required for funding. Very few reported conducting outcome evaluations of programs and services. Therefore, it is difficult to assess the reach and effectiveness of Peel’s ECD services.

5.4.2 Skills and Knowledge that Support ECD

**Community planning and mobilization are robust features of the ECD service sector**

Peel’s ECD service sector is characterized by strong community planning. Experts at PPH, HS and various external community organizations provide guidance and direction for program planning to numerous steering committees and community planning tables. Both Peel Children and Youth Initiative (PCYI) and Success By 6 (SB6) provide strong leadership in community mobilization. SB6 has been instrumental in the development and launch of many ECD services such as LIONs, PMD Program, Fetal Alcohol Spectrum Disorder (FASD) initiative, and St. John Fisher Neighbourhood Learning Place. PCYI is leading the development of an integrated service system for children and youth to ensure effective community-level planning.

Leadership in research and knowledge exchange is evident across the ECD service sector. These activities range from conducting primary ECD research with academic institutions, to developing best practices, to organizing various events where experts share their research and knowledge with service providers. Participants from Peel’s ECD service sector reported using evidence-based practices. A few organizations are eager to learn more about applying the evidence supporting the NTNG initiative to their programs and services. One organization reported starting a review of services to assess their alignment to the Biodevelopmental Framework after learning about it at the Nurturing Matters Conference.
The ECD community expects strong leadership from PPH

Participants want PPH to provide a clear directive because currently, the vision for ECD in Peel is unclear:

I would say a key gap from my perspective is that I can’t really articulate or I haven’t heard anyone really clearly articulate what the Region’s vision is for early child development. They’ve said it’s a priority, but what would the Region like to see emerge in the next five years? … If there’s no clear architecture at the regional level, then you can never finish those conversations about alignment of services, alignment of programs and whether they’re coherent with the vision, if you’re not quite sure what the vision is. (Ext-28)

Participants believe that having clear ECD messaging from PPH will improve their relationship with PPH and their ability to serve families in Peel.

The ECD service sector has competent frontline staff

Participants believed that frontline staff members are a core asset of the ECD service sector as they are highly skilled, educated, professional and resourceful. Participants also describe staff interactions with parents and children as warm, welcoming and family-centred. Staff members build strong relationships with families, tailor services to their needs and regard families as a key source of information.

Program staff experience challenges in responding to ethno-culturally diverse families

Many participants cited challenges in responding to Peel’s rapidly growing immigrant population. They stated that families in Peel did not view the content of mainstream services as culturally relevant since it does not incorporate various ethno-cultural parenting styles and practices. A few organizations in Peel provide ethno-specific ECD services (e.g., Punjabi Community Health Centre). These generally have a strong focus on settlement issues and Canadian laws and practices related to parenting.

Participants stated that cultural competency training would help them to more effectively engage diverse families in Peel. They believe that if services were structured to
accommodate various religious and cultural beliefs in their program design and content, it would attract more ethno-cultural families. For example, participants suggested that providing women-only programs would allow Muslim women to unveil and may help attract Muslim mothers who would otherwise not attend ECD programs.

Two challenges were identified in reaching ethno-cultural families. First, while translation and interpreter services are important to reach linguistically diverse clients, they can lead to additional frustrations for families when information is not translated accurately or in a culturally appropriate manner. Second, families of diverse ethno-cultural backgrounds are often distrustful of mainstream services and are uncomfortable accessing them, particularly those in large office buildings.

**Service coordination and collaboration is a strong element of ECD service delivery**

ECD services in Peel demonstrate a strong commitment to service coordination and collaboration, which is evident in the promotion of and referrals to other services across the ECD service continuum. All participants stated that they linked families to services outside their scope of practice. To facilitate referrals, some organizations (e.g., Child Development Resource Connection Peel, SNAP-Peel) manage databases of ECD resources that families and service providers can access electronically or by telephone.

In Peel, ECD service delivery is typically a collaborative venture which allows families to engage with multiple service providers, often at the same location and time. Some services and programs (e.g., HBHC, ErinoakKids) also use a professional consultation model which allows them to access a variety of specialists on behalf of their clients. Participants believe that strategic partnerships and collaborations are assets because they reduce duplication of services.
The collaborative approach also extends to the volunteers. They are an integral part of ECD service delivery. Peer volunteers support the PMD telephone lines, deliver PMD presentations to new parents and support breastfeeding mothers in Peel. Participants noted that peers involved in service delivery are a huge asset as they reflect Peel’s cultural diversity, speak a range of languages and help to establish social connections.

**Service coordination and collaboration needs some improvement**

Participants reported that service coordination and collaboration needs to be improved. Some reported that they were unaware of other ECD programs and services. This knowledge gap, when combined with inadequate communication between ECD organizations, results in service duplication and an onerous referral process. Participants stressed that having one centralized database of ECD services would increase service providers’ capacity to coordinate services, reduce duplication, increase efficiency and assist providers in building partnerships.

**5.4.3 Community and Organizational Resources**

**Inadequate financial resources result in long waitlists**

Peel’s ECD service sector experiences many challenges due to insufficient funding combined with Peel’s rapidly growing population. Inadequate funding restricts organizations from stretching their mandates to provide additional programs, purchasing necessary supplies, expanding their hours of operation, and serving the growing number of diverse families residing in Peel. Limited funding also contributes to families being waitlisted for services.

Participants reported that the prevalence of waitlists for programs and services at their centres, and at others, is a major challenge. They stated that waitlists for services that support preterm babies and children with special needs are increasingly longer, in some cases as long as 24 months. Long waitlists affect an organization’s ability to respond to family needs during the
critical period for intervention and within a reasonable timeframe. Despite the use of various waitlist management strategies, waitlists continue to be a barrier for families.

**Inadequate financial resources may impact staff burnout**

While ECD frontline staff members provide quality service, they encounter many challenges and risk burnout. They are often required to adopt multiple roles when providing services to families. Although frontline staff members are expected to have a working knowledge of all available ECD services, these are constantly changing. Additionally, inadequate communication between managers and frontline staff about sector changes leads to high levels of frustration. Participants reiterated that a comprehensive, centralized database of ECD services would help alleviate their frustration and reduce the risk of staff burnout.

**ECD services are confusing and difficult to navigate**

The majority of participants believe that families, particularly those who are new to Canada, do not possess sufficient knowledge about ECD services in Peel. Even when families are aware of ECD services, they find them confusing and hard to navigate. Registration is often challenging, and in some cases, acts as a deterrent to accessing programs and services. Families often face rigid eligibility criteria and receive misinformation:

> They always seem to be changing. How do you access this support or that support? It’s hard to navigate where to go, what will help you. You’ll hear about it, and you get there and it’s not right, or there are too many criteria for that service so you can’t go there, you have to go over here, and you can’t go there because of this criteria, and it’s frustrating for parents. Then talking to parents on the waitlist and trying to explain where they can go and what they can do. Sometimes I’m confused so I can only imagine how they’re confused, because things change. (Ext-11)

**Outreach efforts are not effective**

Participants indicated that outreach efforts are not effective for two main reasons: ECD organizations do not receive adequate funding and face significant challenges in establishing effective partnerships with community leaders. Innovative outreach requires stable and
sufficient funding. Participants reported experiencing difficulty engaging with core gatekeepers in the community, such as physicians and faith-based leaders.

**Geographic barriers impede family access to service organizations**

Peel’s families experience two barriers in accessing services in the community: a lack of services in close proximity to family neighbourhoods and an inefficient transit system to access services located further away. Participants noted that many neighbourhoods in Peel lack early childhood service facilities (e.g., community centres, child care centres) and public spaces such as parks. Public transportation poses several challenges for families with young children. It is prohibitive for many families with limited financial resources. For parents with young children, using public transportation is very difficult when also handling strollers and infant supplies. These factors limit parents’ access to ECD services in Peel.

**5.4.4 Family Resources**

**Families have limited financial resources and time**

Service providers believed that accessing ECD services can be both financially demanding and time intensive for families, even if there is no cost attached to the actual service. Programs that charge a registration fee, such as recreational programming, are viewed as inaccessible for low-income and vulnerable families. The perception of service providers is that family and work commitments present competing priorities for parents’ time and money, and decrease their capacity to access services.

**Informal supports are key assets for families in Peel**

Participants reported that informal networks are incredibly valuable to families. However, they were unable to elaborate on the roles they play in helping families and contributing to early child development. For some, faith-based institutions are viewed as
essential support structures that facilitate social connectivity between individuals and families. Other informal supports, such as peer, parenting and cultural groups are believed to foster trusting social connections. While it was noted that informal supports are gateways to families in Peel, there is no formal inventory of these organizations and therefore service providers were unaware of how to connect with them.

Families in Peel experience social isolation

Participants acknowledged that families in Peel generally use social supports, such as friends, neighbours and extended family, for assistance with parenting and information about ECD services. Families who attend ECD programs also develop friendships and social networks which help them to maintain a sense of community long after they discontinue accessing services. However, when families do not have extended family or friends in the community or do not access services, they can become socially isolated:

I think there’s a very large breakdown of community that I think exists in Peel Region. I think there are lots of areas of poverty that a lot of families end up living in; and in those areas there is no sense of community. I think that it leads to a lot of isolation because there is fear and disconnection. Often in these communities there are a lot of transients because it’s low income and there’s a lot of renters which means people are constantly moving in and out. It just leads to no sense of community or connection with each other. (FG-3)

Participants noted that families experience challenges in creating a sense of community due to the built environment and neighbourhood designs in Peel. The built environment is viewed as intensifying the feelings of isolation for mothers and families, as opportunities for parents and caregivers to meet and interact with one another are limited. For example, the lack of community parks in some areas prevents parents from gathering and meeting each other. Participants believe that Peel’s housing and community design does not support gatherings for extended family or neighbourhood networks.
5.5 Participants’ Perspectives on Family Needs

Most participants identified quality, accessible and affordable child care, as a key priority for families. They also believed that respite care, early identification, culturally and linguistically appropriate services, and resources for children with special needs are important. Participants reported that parents and caregivers value the relationships and peer supports that they develop when they attend programs. In addition, families want easily accessible information and answers to their parenting concerns. An integrated service model, in one location, with one registration process, was reported to be of high importance to families.

6. Implications for Public Health

An understanding of the local context is crucial for making evidence-informed public health decisions. The ES Work Group used rigorous qualitative research methods to provide a current profile of Peel’s ECD service sector that the Core Decision Maker Group can use to determine future directions of the NTNG Strategic Priority. By using the Biodevelopmental Framework to review Peel’s ECD service sector and community capacity, the ES provides new research and information that would otherwise be unavailable. In addition, the ES provides PPH with baseline information on the ECD service sector that will be valuable in monitoring changes.

The ES highlights program strengths and challenges, as well as the collective commitment, resources and skills dedicated to early child development in Peel. It identifies key players, strengths and service gaps. The ECD service sector is looking to PPH, and particularly FH, to be a leader in developing innovative strategies to address service gaps.

The findings from the ES have highlighted several areas where FH could assume a stronger leadership role. First, since healthy public policy is an important health promotion strategy, FH should consider exploring opportunities to develop policy-level interventions that will promote
optimal child development. Second, through collaborative work on the PPH Strategic Priority, Serving an Ethno-culturally Diverse Community, FH could provide leadership in improving the ethno-cultural content of ECD services. Third, FH could play a role in improving the ECD service sector. Opportunities for improvement could include collaboration, service coordination and simplification, systems-level planning, outreach and evaluation. Fourth, FH could work with the ECD community to develop effective strategies to reach the under-served families identified in this report, as reducing health disparities and inequities is an important public health mandate.

7. **Preliminary Recommendations**

The findings of the NTNG Environmental Scan have led to four preliminary recommendations.

Family Health should:

1. Promote the Biodevelopmental Framework and NTNG Conceptual Model in the ECD service sector in order to focus attention on gaps identified by the Environmental Scan.
   - Priority gaps include the areas of mental health, nutrition, early identification of developmental delays, children’s physical activity and healthy relationships.

2. Develop policy-level initiatives that will promote optimal child development, particularly in the early years.
   - Collaborate with Chronic Disease and Injury Prevention to identify and develop neighbourhood design policies that promote healthy child development, improve accessibility to ECD services and decrease social isolation.

3. Strengthen collaborations across divisions in Peel Public Health, Human Services and external community service providers to promote optimal early child development.
   - Work with other PPH divisions to develop innovative strategies and key messages for families during the preconception and prenatal periods and early childhood.
   - Collaborate with work groups on the Strategic Priority, Serving an Ethno-culturally Diverse Community, to increase culturally and linguistically appropriate programs, content and key messages that are relevant to Peel’s population.
• Identify and address ethno-cultural barriers in ECD program content and delivery.

Family Health and Human Services should:
• Increase dialogue and collaboration, particularly with respect to Children’s Services Operations, ECD service planning and the NTNG priority.

Family Health and External Service Providers should:
• Consult with ethno-cultural community partners and stakeholders to develop effective outreach strategies and to increase culturally appropriate program content.
• Initiate discussions and work collaboratively to develop innovative strategies to address the gaps in nutritional services for families with young children.
• Increase access to high-quality translation services.
• Increase cultural competencies of program staff.

4. Engage community partners to promote healthy child development.

Family Health should:
• Continue knowledge transfer activities with community partners on the science of early child development.
• Participate in community groups, and at community planning tables, to develop and strengthen partnerships.
• Consider the use of social marketing campaigns to create awareness of early child development programs and services.
• Collaborate with community partners to develop and maintain a centralized database of ECD services.
• Provide leadership and resources to help community partners develop effective outcome evaluations.
• Plan, develop and implement a rigourous, system-level evaluation of Peel’s ECD services.
• Advocate for accessible, affordable and high-quality child care.
• Continue to advocate for adequate funding for the ECD services as part of Fair Share for Peel.
8. **Conclusion**

This report provides a snapshot of the ECD service sector in Peel. Specifically, it has provided insight into addressing early child development through two of the dimensions of the Biodevelopmental Framework: caregiver and community capacities, and foundations of health. The ES has highlighted strengths and successes in the ECD service sector as well as areas that need improvement. These findings provide valuable information for decision makers to consider when planning public health ECD interventions that respond to the needs of families living in Peel.

An unexpected outcome of conducting the ES was the development of stronger relationships with many ECD community partners. These partners are looking to PPH for leadership in ECD and are eager to find out more about the NTNG Strategic Priority as it unfolds. It is important that PPH continue to engage the ECD service sector and to build on this momentum.
References


2. Smith-Chant BL, Olver A, Marlin MC. Nurturing the next generation: in search of a theoretical framework to support population-based approaches for supporting very early child development (Preconception to age 1). Prepared for Peel Public Health; 2010 Dec: Mississauga, ON.

## Appendices

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<td>ES Overview of External Services across the Foundations of Health</td>
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Appendix A

Background and Context for the NTNG Situational Assessment

Nurturing the Next Generation (NTNG) was identified as a strategic priority for Peel Public Health (PPH) in 2009. The goal of this priority is to support evidence-informed, population-based interventions that promote the health of families before and during pregnancy, positive birth outcomes and secure attachment between infants and their caregivers in the first year of life.

In 2010, PPH participated in a literature review with researchers from Trent University (1) that identified the Biodevelopmental Framework from the Center on the Developing Child at Harvard University (2) as the guiding framework for the NTNG Project.

Also in 2010, the NTNG Project Team secured a grant from the Canadian Institutes of Health Research to conduct a realist review in partnership with researchers at Trent University. The realist review answered the question: What are the population health interventions that public health can realistically implement to support optimal child wellbeing from the prenatal period through infancy to the end of the first year of life? Three domains for possible intervention were identified: parent education, social marketing and social connectivity, as well as several useful principles within each domain.

In 2012, the NTNG Project Team initiated a comprehensive Situational Assessment of Peel’s early childhood environment for families from preconception to the end of the second year of life. The scope of the project was initially the first 12 months of life, but it was expanded to the first 24 months of life for two reasons. First, the expansion allowed for the inclusion of a broader range of services that impact ECD but do not necessarily identify themselves as targeting infants in the first year of life. Second, the broader age group allowed for the consideration of the transition to parenting that primary caregivers’ experience beyond the postpartum period (e.g. the transition of the primary caregiver back to work at the end of the first year).

The NTNG Situational Assessment incorporates the perspectives of multiple stakeholders including providers of early child development services as well as parents. The Situational Assessment includes a review of the ECD service sector and the capacity of the community to support ECD, an assessment of the health status/needs of the population of interest, identification of ECD data gaps, and an analysis of the experiences of parents with young children.

The following research question guided each of the three components of the Situational Assessment: What is the state of the early child development (preconception to 2 years) environment in the Region of Peel, with respect to strengths and deficiencies, health status and disparities, data needs, service availability and accessibility, and community capacity?

The three components of the NTNG Situational Assessment are:

1. **An Assessment of Health Status Data**
   In order to quantify health issues impacting young families in Peel, the work group compiled and analyzed readily available health status data. Findings were summarized to describe the data relevant to NTNG and to prioritize data gaps.
Appendix A

The NTNG Conceptual Model was used to guide the analysis of health status data and the identification of data gaps. The model was an adaptation of the Biodevelopmental Framework and it includes the factors that influence optimal child development and key outcomes of interest identified in the literature.

The NTNG Data Story reports on this work and provides recommendations for the future.

2. **An Environmental Scan of the Early Child Development Service Sector**

The Environmental Scan included a comprehensive review and analysis of the services that support early child development in Peel. Data were gathered using a qualitative methodology (focus groups and interviews). The Environmental Scan was guided by the Biodevelopmental Framework (2) and ECD services were analyzed for alignment with the framework. The Environmental Scan also assessed the capacity of the community to support ECD, including service providers’ perceptions of the strengths and challenges facing formal and informal services, as well as families.

3. **An Analysis of Parents’ Experiences**

The goal of the Parent Experience Study was to understand parents’ experiences and perceived needs in the preconception and prenatal periods and during the first two years of life. This study was also guided by the Biodevelopmental Framework (2) which emphasizes the importance of stable, responsive parental relationships and provision of supportive environments. A qualitative research methodology (focus groups and an online survey) was used to identify strengths, needs, and challenges of parents; their experiences with programs, services and other formal/informal supports and the nature of their social connections. Findings will be used to identify challenges to responsive caregiving for Peel parents and community supports within the Peel environment that contribute to capacity of parents through the transition to parenthood.

References

1. Smith-Chant BL, Olver A, Marlin MC. Nurturing the Next Generation: In search of a theoretical framework to support population-based approaches for supporting very early child development (Preconception to age 1). Prepared for Peel Public Health; 2010 Dec: Mississauga ON.

## Environmental Scan Participating Organizations

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Appendix C

Environmental Scan Methodology

Approach
The Environmental Scan (ES) Work Group used a qualitative, descriptive approach. Interviews and focus groups were used since they are well suited to explore, describe and explain social and cultural phenomena. These qualitative methods also help to inform and broaden understanding of issues. Key research questions and areas to be explored were developed by a team of public health staff and are summarized in the Situational Assessment Business Case.

Ethics
The ES Work Group received ethics approval through Peel Public Health’s informal ethics process. Procedures to ensure confidentiality and informed consent were built into the methods. Participants were required to complete informed consent forms prior to participation in interviews or focus groups. As well, all transcripts and notes were cleaned of any identifying participant information in order to ensure confidentiality.

Sampling and Recruitment
The ES Work Group developed a comprehensive list of organizations, from the Region of Peel Public Health (PPH) and Human Services (HS), as well as external community agencies, which provide programs or services to families with young children (zero to two years). Using this list, purposeful and snowball sampling methods were used to recruit senior managers and frontline staff members. Purposeful sampling is a process whereby individuals with specific characteristics, experiences and knowledge relevant to the research question are recruited; in snowball sampling, individuals are recommended by others as potential participants.

The Family Health Director extended invitations to these organizations for managerial staff to participate in interviews and frontline staff to participate in focus groups. Reminder emails were sent to those who did not respond. The Work Group followed up with telephone calls, as needed, to arrange interviews and focus groups. The reliability of the findings was improved by including the perspectives of multiple stakeholders across various areas of expertise.

Data Collection
A total of 45 interviews (49 participants) and seven focus groups (42 participants) were conducted between June 2012 and February 2013. Semi-structured interviews and focus groups were approximately 90 minutes in duration. The interview and focus group questions (Appendices J & K) were developed from the Situational Assessment Business Case, the Biodevelopmental Framework from the Center on the Developing Child at Harvard University (Biodevelopmental Framework) and through consultations with public health staff. These questions were pilot-tested with public health staff and were revised based on the feedback. The interviews and focus groups explored how Peel’s ECD programs, services and initiatives aligned with the Biodevelopmental Framework, the strengths and challenges of service organizations, the capacity of the ECD community, and service providers’ perceptions of the strengths and challenges that families with young children experience.

Following the completion of the interviews, Family Health participants were asked to provide additional information on how their programs and services addressed factors from the foundations of health. This helped to fill some information gaps and allowed the ES Work Group to complete a more comprehensive review of Family Health services.
Appendix C

Data Analysis

The audio-recorded interviews and focus groups were transcribed verbatim by a contracted transcription company. Transcribed data were imported and analyzed using NVivo 9 and Microsoft Excel. Direct content analysis was used to ensure trustworthiness in the qualitative analysis. The Work Group coded the data using predetermined codes, adding new categories and sub-categories as needed. Operational definitions and inclusion criteria were developed for the categories. In addition to using directed content analysis, a second coder independently coded three transcripts. The coders met to compare and discuss the level of agreement of the coded transcripts, new codes that emerged, and refined the coding tree accordingly. Using a second independent coder helped to ensure that the coding system produced precise, reliable, and reproducible results. Finally, the coded categories, where there was data saturation, were grouped into themes and sub-themes, and presented as findings in the report. The coded categories were also used to assess the degree of alignment with the foundations of health (Appendices D, E and F).

References

2. Thompson C. If you could just provide me with a sample: examining sampling in qualitative and quantitative research papers. Evidenced-Based Nursing. 1999;2(3):68-70.
<table>
<thead>
<tr>
<th>Service Area &amp; Category</th>
<th>Environment of Relationships</th>
<th>Physical, Chemical &amp; Built Environments</th>
<th>Nutrition</th>
<th>Health &amp; Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>BF - Breastfeeding</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>CDIP - Chronic Disease &amp; Injury Prevention</td>
<td></td>
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<tr>
<td>CH - Child Health</td>
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<tr>
<td>FH - Family Health</td>
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</tr>
<tr>
<td>HBHC - Healthy Babies Healthy Children</td>
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<td></td>
</tr>
<tr>
<td>FACE - Parenting &amp; Catholic Education</td>
<td></td>
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</tr>
<tr>
<td>PMND - Postpartum Mood Disorder</td>
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<tr>
<td>PYPFRG - Peel Young Parents Resource Group</td>
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<tr>
<td>RH - Reproductive Health</td>
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</tr>
<tr>
<td>TEAM - Teen Education &amp; Motherhood</td>
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</tr>
<tr>
<td>Teen PN - Teen Prenatal</td>
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</tr>
<tr>
<td>TPSC - Teen Prenatal Supper Club</td>
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</tbody>
</table>

Legend

- **Healthy Babies Healthy Children (HBHC)**: Represents the presence of programs focused on healthy families and children.
- **Fetal Health (FH)**: Indicates programs targeting prenatal care.
- **Child Health (CH)**: Represents programs addressing children's health.
- **Family Health (FH)**: Programs related to family health and well-being.
- **Breastfeeding (BF)**: Programs focused on breastfeeding.
- **Injury Prevention (CDIP)**: Programs aimed at injury prevention.
- **Teen Education & Motherhood (TEAM)**: Programs for teenagers and mothers.
- **Teen Prenatal (Teen PN)**: Programs for teenage mothers.
- **Teen Prenatal Supper Club (TPSC)**: Programs for teenage parents.

Service Delivery Method:
- **DD1**: Direct Service - Program Site
- **DD2**: Direct Service - In Home
- **DD3**: Telephone Service
- **PH1**: Facebook/Social Media
- **PH2**: Website/S-Learning
- **PH3**: Print/Regulation
- **PE**: Peer Education
- **PN**: Inservice Training
- **N/A**: Not Applicable

Note:
- Programs were identified and data extracted from Environmental Scan interviews. After the initial interviews, additional information was gathered by participants from FH.
- The data was provided by participants and is not necessarily comprehensive.

### Appendix D

#### Environmental Scan - Early Child Development Services: Peel Public Health

<table>
<thead>
<tr>
<th>Program</th>
<th>Service Area &amp; Category</th>
<th>Environment of Relationships</th>
<th>Physical, Chemical &amp; Built Environments</th>
<th>Nutrition</th>
<th>Health &amp; Development</th>
</tr>
</thead>
</table>

*Note: Programs were identified and data extracted from Environmental Scan interviews. After the initial interviews, additional information was gathered by participants from FH. The data was provided by participants and is not necessarily comprehensive.*
### Environmental Scan - Early Child Development Services: Human Services

<table>
<thead>
<tr>
<th>Service Area &amp; Category</th>
<th>Environment of Relationships</th>
<th>Physical, Chemical &amp; Built Environments</th>
<th>Nutrition</th>
<th>Health &amp; Development</th>
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<tr>
<td>Service Area &amp; Categories</td>
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<tr>
<td>C5 - Children’s Services</td>
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</tr>
<tr>
<td>C5 - Family Literacy</td>
<td></td>
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<tr>
<td>HS - Human Services</td>
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</tr>
<tr>
<td>LEAP - Learning &amp; Early Parenting</td>
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<tr>
<td>LION - Learning In Our Neighbourhood</td>
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<tr>
<td>ONW - Ontario Works</td>
<td></td>
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</tr>
<tr>
<td>Pos Par - Positive Parenting</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Pos An - Purchase of Service Analyst</td>
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</tr>
<tr>
<td>RIB - Raising the Bar</td>
<td></td>
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<tr>
<td>SNAP - Special Needs Access Point Peel</td>
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<tr>
<td>Spec Needs - Special Needs Services</td>
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<tr>
<td>VIPP - Valley Infant Parent Program</td>
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</tbody>
</table>

#### Legend

- **CS**: Children’s Services
- **Fam Lit**: Family Literacy
- **HS**: Human Services
- **LEAP**: Learning & Early Parenting
- **LION**: Learning In Our Neighbourhood
- **ONW**: Ontario Works
- **Pos Par**: Positive Parenting
- **Pos An**: Purchase of Service Analyst
- **RIB**: Raising the Bar
- **SNAP**: Special Needs Access Point Peel
- **Spec Needs**: Special Needs Services
- **VIPP**: Valley Infant Parent Program

#### Service Areas & Categories

1. **Preconception**
2. **Prenatal**
3. **Birth to 1 year**
4. **Birth to 6 years**
5. **School age**
6. **High School**
7. **Birth to 3 years**
8. **Young/teen parents**

#### Service Delivery Method

- **DD1**: Direct Service: Program Site
- **DD2**: Direct Service - In home
- **DD3**: Telephone Service
- **PD1**: Peer Education
- **PS1**: Facebook/Social Media
- **PS2**: Web-based E-learning
- **PS3**: Policy/regulation
- **PR**: Peer Education
- **IN**: Inservice Training
- **N/A**: Not Applicable

#### Intervention

- **Primary or moderate focus**: √
- **Limited focus**: □
- **Indirect influence**: ○

#### Note

- Programs were identified and data extracted from Environmental Scan interviews.
- The data was provided by participants and is not necessarily a comprehensive list of programs and services in Peel.

---

### Environmental Scan - Early Child Development Services: Human Services

#### Appendix E

- **SERVICE AREA & CATEGORY**: Human Services
- **ENVIRONMENT OF RELATIONSHIPS**: Physical, Chemical & Built Environments
- **PHYSICAL, CHEMICAL & BUILT ENVIRONMENTS**: Nutrition
- **NUTRITION**: Health & Development

<table>
<thead>
<tr>
<th>Service Area &amp; Category</th>
<th>Environment of Relationships</th>
<th>Physical, Chemical &amp; Built Environments</th>
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<td>Pos Par - Positive Parenting</td>
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<td>SNAP - Special Needs Access Point Peel</td>
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<td>Spec Needs - Special Needs Services</td>
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<td>VIPP - Valley Infant Parent Program</td>
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</tbody>
</table>

#### Legend

- **CS**: Children’s Services
- **Fam Lit**: Family Literacy
- **HS**: Human Services
- **LEAP**: Learning & Early Parenting
- **LION**: Learning In Our Neighbourhood
- **ONW**: Ontario Works
- **Pos Par**: Positive Parenting
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- **RIB**: Raising the Bar
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#### Service Areas & Categories

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3. **Birth to 1 year**
4. **Birth to 6 years**
5. **School age**
6. **High School**
7. **Birth to 3 years**
8. **Young/teen parents**

#### Service Delivery Method

- **DD1**: Direct Service: Program Site
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- **PS1**: Facebook/Social Media
- **PS2**: Web-based E-learning
- **PS3**: Policy/regulation
- **PR**: Peer Education
- **IN**: Inservice Training
- **N/A**: Not Applicable

#### Intervention

- **Primary or moderate focus**: √
- **Limited focus**: □
- **Indirect influence**: ○

#### Note

- Programs were identified and data extracted from Environmental Scan interviews.
- The data was provided by participants and is not necessarily a comprehensive list of programs and services in Peel.
## Environmental Scan - Early Child Development Services: External Community Organizations

### Table: Community Organizations for Early Child Development Services

<table>
<thead>
<tr>
<th>Community Organization</th>
<th>Service Area &amp; Category</th>
<th>Environment of Relationships</th>
<th>Physical, Chemical &amp; Bio Environments</th>
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<th>Health &amp; Development</th>
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<td>Jenny's Place</td>
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<td>Sunshine Kids</td>
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<td>Peel Children's Centre</td>
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<tr>
<td>Brampton/Delhi Community Living</td>
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<td>Community Care Access Centre (CCAC)</td>
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<td>Parent &amp; Child Development Services of Peel</td>
<td>Mental Health</td>
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<td>Family Education Centre</td>
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<td>Child Development Resource Connection</td>
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<td>St John Fisher Neighbourhood Learning Place &amp; Learning in Our Neighbourhood (ONL)</td>
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<td>Bramalea-Gore-Malton-Springdale YFC</td>
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<td>Mississauga Parent Child Resource Centre Community Action Program for Children (CAPC)</td>
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<td>Durham Peel-Catholic District School Board - Parenting &amp; Family Literacy Centre</td>
<td>Mental Health</td>
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<td>Peel District School Board - Child &amp; Family Early Learning Centres</td>
<td>Mental Health</td>
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<td>Peel Children's Aid Society</td>
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<td>MIGW Centre for Diverse Women</td>
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<td>My Life Centre</td>
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<td>Palpaca Community Health Centre</td>
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<td>Horizons Counselling, Consulting &amp; Training</td>
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<tr>
<td>Brampton Parks &amp; Recreation</td>
<td>Mental Health</td>
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</tbody>
</table>

### Legend

- **Legend**
  - PH1 – Preventive
  - PH2 – Health Screening
  - PH3 – Policy Initiation
  - PH4 – Program Funding
  - PH5 – Social Marketing/Campaigns
  - PH6 – Print/Video Resource
  - PH7 – Web & Email Learning
  - PH8 – Regulation
  - PH9 – Parent Education
  - PH10 – Inservice Training

### Service Delivery Method

- D01 – Direct Service
- D02 – Direct Service – 0-3
- D03 – Telephone Service
- PH0 – Standard/Local Media
- PH1 – Social Work/Learning
- PH2 – Policy/Local Resources
- PH3 – Social Marketing/Campaigns
- PH4 – Regulation
- PH5 – Parent Education
- PH6 – Inservice Training

### Intervention

- Primary or moderate focus
- Limited focus

### Note

- Programs were identified and data extracted from Environmental Scan interviews. The data was provided by participants and is not necessarily a comprehensive list of programs and services in Peel.

### Note

- Programs were identified and data extracted from Environmental Scan interviews. The data was provided by participants and is not necessarily a comprehensive list of programs and services in Peel.
### Appendix G

#### Environmental Scan - Overview of Public Health Services across the Foundations of Health

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>KEY FEATURES</th>
<th>FOCUS</th>
<th>TYPES OF INTERVENTIONS</th>
<th>CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Secure Attachment</strong></td>
<td><strong>HBHC</strong>&lt;br&gt;• Telephone and in-depth assessment to identify risk factors for attachment difficulties&lt;br&gt;• Home visiting for at risk families&lt;br&gt;• Service provider models behaviours&lt;br&gt;• Addresses barriers to attachment such as PMD and parental stressors</td>
<td>Primary</td>
<td>Edu</td>
<td>• Understanding and being sensitive to infant’s communication&lt;br&gt;• Responsive child care (soothing and comforting baby)&lt;br&gt;• Various types of interaction with infant (feeding, playing, eye contact, touch)&lt;br&gt;• Child routines&lt;br&gt;• Indirectly promote attachment through breastfeeding and skin-to-skin messages&lt;br&gt;• In-utero attachment (HBHC)</td>
</tr>
<tr>
<td></td>
<td><strong>CH</strong>&lt;br&gt;• Attachment is key message across FHCC, BFCC, BF clinics and Facebook discussions; address barriers to attachment (e.g., PMD, parental stressors)&lt;br&gt;• Some in-utero attachment addressed in Facebook discussions</td>
<td>Moderate</td>
<td>Scr</td>
<td><strong>HS, TPSC</strong>&lt;br&gt;<strong>Referral to HBHC</strong></td>
</tr>
<tr>
<td></td>
<td><strong>RH</strong>&lt;br&gt;• Assess and discuss topic and concerns in all programs&lt;br&gt;• Address barriers to attachment such as PMD and parental stressors</td>
<td>Moderate (across all programs)</td>
<td>CMgt</td>
<td>* Parents of older children referred for parenting education&lt;br&gt;• Parenting knowledge and skills&lt;br&gt;• Physical care for infants and toddlers&lt;br&gt;• Routines (e.g., mealtime, bedtime, toileting&lt;br&gt;• Structured activities</td>
</tr>
<tr>
<td><strong>General Parenting</strong></td>
<td><strong>HBHC</strong></td>
<td>Primary</td>
<td>Asst</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td><strong>CH</strong>&lt;br&gt;• FHCC</td>
<td>Moderate</td>
<td>Coun</td>
<td></td>
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<tr>
<td></td>
<td><strong>RH</strong>&lt;br&gt;• Focus on early parenting- first few weeks</td>
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<tr>
<td><strong>PMD</strong></td>
<td><strong>HBHC</strong></td>
<td>Primary</td>
<td>Ref</td>
<td></td>
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<tr>
<td></td>
<td><strong>CH (PMD Program)</strong>&lt;br&gt;• Coordinates/manages Peel’s PMD Program&lt;br&gt;• Occasionally a day is committed to addressing PMD on the Parenting In Peel Facebook page</td>
<td>Primary</td>
<td><strong>HS, TPSC</strong>&lt;br&gt;<strong>Referral to HBHC</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>CH (FHCC)</strong>&lt;br&gt;• Addressing PMD is a major program focus at FHCC</td>
<td>Primary</td>
<td><strong>Referrals to HBHC, physicians, PMD telephone support and crisis lines</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>RH</strong></td>
<td>Moderate</td>
<td><strong>Referral to HBHC</strong></td>
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</tr>
</tbody>
</table>

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1. The term *Foundations of Health* refers to the four foundations in the NTNG Conceptual Model.
2. Programs were identified and data extracted from Environmental Scan interviews. The data was provided by participants and is not necessarily a comprehensive description of programs and services in Peel.
## ENVIRONMENT OF RELATIONSHIPS (continued)

<table>
<thead>
<tr>
<th>INFLUENCING FACTORS</th>
<th>PROGRAM</th>
<th>KEY FEATURES</th>
<th>FOCUS</th>
<th>TYPES OF INTERVENTIONS</th>
<th>CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td>Edu Scr CMgt Asst Coun Ref</td>
<td></td>
</tr>
</tbody>
</table>
| Caregiver Wellbeing | HBHC    | • Built into programming | Primary | ✓ ✓ ✓ ✓ ✓ ✓ | • Parental mental health (other than PMD)  
|                     |         |              |       | ✓ | • Self care messages  
|                     |         |              |       | ✓ | • Dealing with stressors such as:  
|                     |         |              |       | ✓ | - Postpartum adjustment and transitioning to parenthood  
|                     |         |              |       | ✓ | - Financial concerns  
|                     |         |              |       | ✓ | - Meeting basic needs  
|                     |         |              |       | ✓ | • Mixed messages regarding parenting and child care  
|                     | CH      | • Support for parental/caregiver stress  
|                     |         | • Limited discussion on the Parenting In Peel Facebook page | Moderate | ✓ ✓ ✓ ✓ | • Ability to relate as a couple  
|                     | RH      | • Some mental health supports provided in HS and TPSC | Moderate | ✓ ✓ ✓ ✓ | May impact relationships:  
|                     |         |              |       | ✓ | • Curriculum support grade 10 students  
|                     |         |              |       | ✓ | • Relationship counselling to general population (not necessarily parents/caregivers)  
|                     |         |              |       | ✓ | • Indirectly addressed through alcohol programs and policies  
| Relationship Between Parents/Partners | HBHC | • Throughout programs | Moderate | ✓ ✓ ✓ ✓ ✓ | • Roles as fathers  
|                     |         |              |       | ✓ | • Participation in nurturing and caring for child  
|                     |         |              |       | ✓ | • Emotional support to mothers during breastfeeding  
|                     | CH      | • Basic information – overlaps with PMD information | Limited | ✓ | • High school curriculum and relationship counselling in CD-HS clinics  
|                     | RH      | • Throughout programs | Moderate | ✓ ✓ ✓ ✓ ✓ | • Program is gender neutral  
|                     |         |              |       | ✓ | • ~10% of clients are single dads who are primary caregivers  
| Father Involvement | HBHC    | • Program is gender neutral  
|                     |         | • ~10% of clients are single dads who are primary caregivers | Limited | ✓ ✓ ✓ ✓ ✓ | • FHCC responds to questions  
|                     |         | • one day per month dedicated to fathers on the Parenting In Peel Facebook page | Limited | ✓ ✓ ✓ ✓ | • one day per month dedicated to fathers on the Parenting In Peel Facebook page  
| Social Connectivity | HBHC | • Built into programming | Primary | ✓ ✓ ✓ ✓ ✓ | • BF  
|                     |         |              |       | ✓ | • Connections to breastfeeding peer supports  
|                     | CH      | • Limited to linkages to OEYCs and Peel District School Board – Child and Family Early Learning Centres (formerly Hubs and Readiness Centres) | Limited | ✓ ✓ ✓ ✓ | • RH  
|                     |         |              |       | ✓ | • Built into programming  

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2 Programs were identified and data extracted from Environmental Scan interviews. The data was provided by participants and is not necessarily a comprehensive description of programs and services in Peel.
### Appendix G

**Environmental Scan - Overview of Public Health Services across the Foundations of Health**

<table>
<thead>
<tr>
<th>INFLUENCING FACTORS</th>
<th>PROGRAM</th>
<th>KEY FEATURES</th>
<th>FOCUS</th>
<th>TYPES OF INTERVENTIONS</th>
<th>CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Edu</td>
<td>Scr</td>
</tr>
<tr>
<td>Fetal Safety</td>
<td>HBHC</td>
<td>• Built into programming</td>
<td>Moderate</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>• Impact of alcohol, drugs, smoking, and family violence on developing fetus</td>
</tr>
<tr>
<td></td>
<td>CH</td>
<td>• Responds to direct questions on alcohol and smoking at FHCC and on the Parenting In Peel Facebook page</td>
<td>Limited</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>RH</td>
<td>• Conversations regarding drugs and alcohol across all programs; more emphasis in prenatal programs</td>
<td>Moderate</td>
<td>✓ ✓ ✓ ✓ ✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CD</td>
<td>• Neonates at risk for HIV and other infectious diseases that can be passed on during delivery</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
| Child Safety (in-home and in-transit) | HBHC | • Home safety included in assessment; provide information as needed  
• Staff role model safety in parks and public transit | | ✓ ✓ | | • Physical safety; baby proofing, crib/furniture/hardware audits  
• Exposure to chemicals and toxins in the home if it comes up in conversation  
• Car seat safety  
• Sun safety  
• Safety in parks and public transit  
• Safe formula supplements  
• Child protection |
|                      | CH      | • Discussions on the Parenting In Peel Facebook page and FHCC  
• Limited car seat safety – referrals to car seat clinics and Health Canada website | Moderate | ✓ ✓ | | |
|                      | CD      | • Car Seat safety | Primary | ✓ ✓ | | • Car seat safety for families  
• Car seat safety resources for community partners |
| Child Neglect and abuse | HBHC | • Built into programming | Primary | ✓ ✓ ✓ ✓ ✓ | • PCAS referrals |
|                      | CH      | • Assess and referrals to HBHC and PCAS | Moderate | ✓ ✓ | | |
| Family Violence      | HBHC    | • ~ 10% of cases  
• Addressed only if it is an issue  
• Visits in shelters | Limited | ✓ ✓ | | • Intimate partner relationships  
• Routine Universal Comprehensive Screening (RUCS) in RH and HBHC programs  
• Occasional RUCS at FHCC  
• Education on the cycle of abuse |
|                      | CH      | | Limited | ✓ ✓ | | |
|                      | RH      | | Moderate | ✓ ✓ | | |
|                      | CD      | • Assessed for current and past abuse | | ✓ | | |
| Adequate Housing     | HBHC    | • ~10% of HBHC discussions | Limited | ✓ ✓ | | • Provide information on housing  
• Address on individualized basis  
• Linkages to Human Services and community supports |
|                      | CH      | • ~10% of FHCC calls | Limited | ✓ ✓ | | |
|                      | RH      | • Individualized discussions | Limited | ✓ ✓ | | |

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### Environmental Scan - Overview of Public Health Services across the Foundations of Health

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<th>INFLUENCING FACTORS</th>
<th>PROGRAM</th>
<th>KEY FEATURES</th>
<th>FOCUS</th>
<th>TYPES OF INTERVENTIONS</th>
<th>CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Safety</td>
<td>HBHC</td>
<td>Limited</td>
<td></td>
<td></td>
<td>Storage of breast and artificial milks; toddler foods</td>
</tr>
<tr>
<td></td>
<td>CH</td>
<td>Limited</td>
<td></td>
<td></td>
<td>Hygiene</td>
</tr>
<tr>
<td></td>
<td>RH</td>
<td>Limited</td>
<td></td>
<td></td>
<td>Safe food preparation and handling</td>
</tr>
<tr>
<td></td>
<td>EH</td>
<td>Primary</td>
<td></td>
<td></td>
<td>Contaminants and safe levels of substances in food (e.g., mercury in fish)</td>
</tr>
<tr>
<td>Safety - CCCs</td>
<td>EH</td>
<td>Primary</td>
<td></td>
<td>Insufficient data collected to determine</td>
<td>Safe hygiene education – parents and children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Inspections of CCCs (food storage, preparation, food handler hygiene, cleaning, sanitation, pest control)</td>
</tr>
<tr>
<td>General Safety</td>
<td>CDIP, CD, EH</td>
<td>General population strategies – may influence some families with young children</td>
<td>Indirect</td>
<td>Insufficient data collected to determine</td>
<td>Outbreak investigation - communicable diseases in CCCs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Smoking cessation programs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tobacco strategies (outdoor tobacco bylaws, smoke-free movies)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Alcohol reduction strategies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Needle exchange program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Response to health hazard investigation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Built environment (neighbourhood design, park/sidewalk safety)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Air quality; sustainable transportation</td>
</tr>
</tbody>
</table>

1. The term *Foundations of Health* refers to the four foundations in the NTNG Conceptual Model.
2. Programs were identified and data extracted from Environmental Scan interviews. The data was provided by participants and is not necessarily a comprehensive description of programs and services in Peel.
<table>
<thead>
<tr>
<th>NUTRITION</th>
<th>INFLUENCING FACTORS</th>
<th>PROGRAM</th>
<th>KEY FEATURES</th>
<th>FOCUS</th>
<th>TYPES OF INTERVENTIONS</th>
<th>CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal</td>
<td>HBHC</td>
<td>Primary</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>• Healthy nutrition during prenatal period</td>
</tr>
<tr>
<td></td>
<td>CH</td>
<td>Limited</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>• Adequate vitamin and minerals intake</td>
</tr>
<tr>
<td></td>
<td>RH</td>
<td>• HS, TPSC</td>
<td>Primary</td>
<td>✓</td>
<td>✓</td>
<td>• Special diets (vegetarian)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Prenatal</td>
<td>Limited</td>
<td>✓</td>
<td>✓</td>
<td>• Gestational diabetes</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>HBHC</td>
<td>Primary</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>• Breastfeeding key messages and support across all FH programs</td>
</tr>
<tr>
<td></td>
<td>CH</td>
<td>• Across BF programs and the Parenting In Peel Facebook page</td>
<td>Primary</td>
<td>✓</td>
<td>✓</td>
<td>• Breastfeeding support at BFCC and breastfeeding clinics</td>
</tr>
<tr>
<td></td>
<td>RH</td>
<td>• Across all programs</td>
<td>Primary</td>
<td>✓</td>
<td>✓</td>
<td>• Feeding relationship between mother and infant</td>
</tr>
<tr>
<td>Infant and toddler</td>
<td>HBHC</td>
<td>Primary</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>• Breastfeeding on demand</td>
</tr>
<tr>
<td></td>
<td>CH</td>
<td>• one day each week is dedicated on the Parenting In Peel Facebook page</td>
<td>Primary</td>
<td>✓</td>
<td>✓</td>
<td>• Infant feeding cues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• FHCC</td>
<td>Moderate</td>
<td>✓</td>
<td>✓</td>
<td>• Newborn weight gain (knowing when baby is getting sufficient food)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provide nutrition resources to the OYEYCS</td>
<td>Limited</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>HBHC</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>• Introduction to solids and early transition to foods</td>
</tr>
<tr>
<td></td>
<td>CH</td>
<td>• Intertwined with discussions on infant/toddler nutrition on the Parenting In Peel Facebook page</td>
<td>Moderate</td>
<td>✓</td>
<td>✓</td>
<td>• Feeding relationship (cues, environment, sitting at table)</td>
</tr>
<tr>
<td></td>
<td>RH</td>
<td></td>
<td>Moderate</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Food insecurity</td>
<td>HBHC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Healthy eating for entire family</td>
</tr>
<tr>
<td></td>
<td>CH</td>
<td>• Small percent of calls at FHCC</td>
<td>Limited</td>
<td>✓</td>
<td>✓</td>
<td>• Canada’s Food Guide and nutrient intake</td>
</tr>
<tr>
<td></td>
<td>RH</td>
<td>• A major concern for HS and Teen SC participants</td>
<td>Limited</td>
<td>✓</td>
<td>✓</td>
<td>• Fresh fruits, vegetables, whole grain foods</td>
</tr>
<tr>
<td></td>
<td>CDIP</td>
<td>• Provincial Nutritious Food Basket Survey</td>
<td>Primary</td>
<td>✓</td>
<td>✓</td>
<td>• Providing and role modelling healthy eating through meals/snacks at programs</td>
</tr>
</tbody>
</table>

1 The term Foundations of Health refers to the four foundations in the NTNG Conceptual Model.
2 Programs were identified and data extracted from Environmental Scan interviews. The data was provided by participants and is not necessarily a comprehensive description of programs and services in Peel.
## Environmental Scan - Overview of Public Health Services across the Foundations of Health

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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Edu</td>
<td>Scr</td>
</tr>
</tbody>
</table>
| Growth and Development | HBHC    | Primary       |       | ✓   | ✓   | ✓    | ✓    | ✓    | ✓    | • Ages and stages of development  
|                      |         |              |       | ✓   |     |      |      |      | ✓    | • Encourage and remind clients to discuss the Nippising Screen with their physicians |
| CH                   |         | Intertwined in other education and captured in every discussion at FHCC | Primary | ✓   | ✓   | ✓    | ✓    | ✓    | ✓    | • Referrals to PEP-Start clinics and ErinoakKids  
|                      |         |              |       | ✓   |     |      |      |      | ✓    | - FHCC referrals to HBHC while wait-listed  
|                      |         |              |       |     |     |      |      |      |       | - HBHC:  
|                      |         |              |       |     |     |      |      |      |       | - PHNs participate in PEP Start clinics  
|                      |         |              |       |     |     |      |      |      |       | - Consult with Early ID specialists re: developmental concerns |
| RH                   |         | Early milestones only |       | ✓   |     |      |      |      | ✓    | • Limited information on physical activity and outdoor play at FHCC |
| Early ID and Special Needs | HBHC    | Primary       |       | ✓   | ✓   | ✓    | ✓    | ✓    | ✓    | • Referrals to PEP-Start clinics and ErinoakKids  
|                      |         |              |       | ✓   |     |      |      |      | ✓    | - FHCC referrals to HBHC while wait-listed  
|                      |         |              |       |     |     |      |      |      |       | - HBHC:  
|                      |         |              |       |     |     |      |      |      |       | - PHNs participate in PEP Start clinics  
|                      |         |              |       |     |     |      |      |      |       | - Consult with Early ID specialists re: developmental concerns |
| Physical Activity    | HBHC    | Primary       |       | ✓   | ✓   | ✓    | ✓    | ✓    | ✓    | • Limited information on physical activity and outdoor play at FHCC |
|                      |         |              |       | ✓   |     |      |      |      | ✓    | • Reviewing and developing policies on physical activity in CCCs |
| CH                   |         | Key message on the Parenting In Peel Facebook page | Moderate | ✓   | ✓   | ✓    | ✓    | ✓    | ✓    | • Physical activity during pregnancy and for toddlers/preschoolers; playing with children addressed frequently on the Parenting In Peel Facebook page |
|                      |         |              |       | ✓   |     |      |      |      | ✓    | • Reviewing and developing policies on physical activity in CCCs |
|                      |         | FHCC          | Limited | ✓   | ✓   | ✓    | ✓    | ✓    | ✓    | • Reviewing and developing policies on physical activity in CCCs |
| SEHL                 |         | SEHL Strategy | Limited | ✓   | ✓   | ✓    | ✓    | ✓    | ✓    | • Reviewing and developing policies on physical activity in CCCs |
| Physical Health      | HBHC    | As issues arise | Limited | ✓   | ✓   | ✓    | ✓    | ✓    | ✓    | • Physical activity during pregnancy and for toddlers/preschoolers; playing with children addressed frequently on the Parenting In Peel Facebook page |
|                      |         |              |       | ✓   |     |      |      |      | ✓    | • Reviewing and developing policies on physical activity in CCCs |
|                      |         |              |       |     |     |      |      |      |       | • Reviewing and developing policies on physical activity in CCCs |
|                      |         | Limited       |       | ✓   | ✓   | ✓    | ✓    | ✓    | ✓    | • Reviewing and developing policies on physical activity in CCCs |
| CH                   |         | Moderate      |       | ✓   | ✓   | ✓    | ✓    | ✓    | ✓    | • Reviewing and developing policies on physical activity in CCCs |
| RH                   |         | Limited       |       | ✓   | ✓   | ✓    | ✓    | ✓    | ✓    | • Reviewing and developing policies on physical activity in CCCs |

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2 Programs were identified and data extracted from Environmental Scan interviews. The data was provided by participants and is not necessarily a comprehensive description of programs and services in Peel.
## Environmental Scan - Overview of Human Services Programs across the Foundations of Health¹

### ENVIRONMENT OF RELATIONSHIPS

<table>
<thead>
<tr>
<th>INFLUENCING FACTORS</th>
<th>PROGRAM ¹</th>
<th>PROGRAM DESCRIPTION</th>
<th>CONTENT</th>
</tr>
</thead>
</table>
| Secure Attachment    | Learning In Our Neighbourhood (LION) | • Mobile early learning service  
• Services 15 locations in areas with limited services | • Provides workshops on attachment from the perspective of early learning  
• Promotes healthy attachment as a precursor to healthy development and literacy  
• Teaches and models various types of positive interaction with infant/child (reading, nursery rhymes, playing, eye contact, touch)  
• Sensitivity to and responsiveness to infant/child’s cues  
• Spending quality time with child  
• Education on the importance of early attachment |
|                      | Family Literacy Program | • Early Literacy Specialists provide workshops on early learning and child development  
• Early Literacy Specialists train and support parents or volunteers to run programs in the community  
• Positive parenting | |
|                      | Parenting Programs in Shelters | • 3 drop-in locations in Mississauga  
• Provide safe play space in the shelter  
• Age and developmentally appropriate toys and materials | |
|                      | Valley Infant-Parent Program (VIPP) | • Intensive therapeutic program to promote healthy attachment  
• Staffed by Human Services Early Child Resource Teacher & children’s mental health professionals from Peel Children’s Centre | |

<table>
<thead>
<tr>
<th>INFLUENCING FACTORS</th>
<th>PROGRAM ²</th>
<th>PROGRAM DESCRIPTION</th>
<th>CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Wellbeing</td>
<td>VIPP</td>
<td>• Parental/caregiver support</td>
<td>• Stressors, worries, concerns and isolation</td>
</tr>
</tbody>
</table>
| Growth and Development | Developmental workshops | • Various toddler development workshops | • Normal development (what to expect at different ages and stages)  
• Developmental milestones  
• Outdoor play and development of gross motor skills |
|                      | Knightsbridge Family Fun | | |

### PHYSICAL, CHEMICAL & BUILT ENVIRONMENTS

<table>
<thead>
<tr>
<th>INFLUENCING FACTORS</th>
<th>PROGRAM</th>
<th>PROGRAM DESCRIPTION</th>
<th>CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety in Child Care Centres (CCCs)</td>
<td>Safety checks</td>
<td>• Purchase of service analysts performs extensive safety assessment of CCCs with fee subsidy agreement with Region of Peel</td>
<td></td>
</tr>
</tbody>
</table>

### HEALTH & DEVELOPMENT

<table>
<thead>
<tr>
<th>INFLUENCING FACTORS</th>
<th>PROGRAM</th>
<th>PROGRAM DESCRIPTION</th>
<th>CONTENT</th>
</tr>
</thead>
</table>
| Special Needs        | Special Needs Resourcing in CCCs | • Toddlers with special needs entering CCCs  
• Resource teacher works with family and CCCs to establish goals  
• Inclusive nursery school program; may have 2 year olds with special needs  
• Environmental checks completed for inclusive CCCs | • Family or CCC is directed to appropriate service  
• Inclusion workshops for child care operators  
• Workshops on early signs of developmental concerns  
• Consultant goes to CCC and completes assessment of child and makes recommendations |
|                      | Special Needs Access Point (SNAP-Peel) | • Centralized telephone service  
• Families and child care operators can call if they need assessment or special needs resourcing  
• Complete intake for VIPP therapeutic program  
• Consulting to CCCs – special needs environment | |
|                      | VIPPP    | • Screening and early identification | |

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² Programs were identified and data extracted from Environmental Scan interviews. The data was provided by participants and is not necessarily a comprehensive list of programs and services in Peel.
³ LION is a community program that Human Services supports through staffing and steering committee representation.
## Environmental Scan - Overview of External Community Programs and Services across the Foundations of Health

### Environment of Relationships

<table>
<thead>
<tr>
<th>ENVIRONMENT OF RELATIONSHIPS</th>
<th>INFLUENCING FACTORS</th>
<th>SERVICE CATEGORY</th>
</tr>
</thead>
</table>
|                             | Prenatal and Early Postnatal | • Interacting with and understanding infant cues  
• In-home assessment and reinforcement of attachment  
• Breastfeeding |
|                             | General Parenting Skills | • Prenatal education on labour and birth | • Screen for Postpartum Mood Disorder (PMD)  
• Self-care messages  
• Supportive partners  
• Healthy pregnancies  
• Transitioning to parenting |
|                             | Parental Relationships and Wellbeing | • Positive parenting skills  
• Child behaviour and discipline  
• Underlying factors for misbehaviour  
• Teaching parents to role model positive behaviours  
• Age appropriate expectations  
• Coaching parents to mediate difficult child behaviours |
|                             | Father Involvement | • PMD support groups at some Ontario Early Year Centres (OYEYCs)  
• Anger management  
• Parenting for divorced couples  
• Social supports (connect and support each other within and outside of programs)  
• Transitioning to parenting  
• Parental stress |
|                             | Parenting Education (including young/teen parents) | • Interacting and communicating with infant; understanding and responding to cues  
• Teaching and role-modelling to involve children in early learning  
• Teaching about the relationship between healthy attachment and development, and literacy  
• Infant massage |
|                             | General Parenting Skills | • Infant/child care  
• Shopping for infant  
• Positive parenting  
• Appropriate discipline |
|                             | Parental Relationships and Wellbeing | • Fathers’ physical and emotional health  
• Transitioning to parenthood  
• Financial and planning for future, priority setting  
• Stress, time and anger management |
|                             | Parenting Education (fathers) | • Understanding and responding to infant cues  
• Soothing and comforting  
• Playing with infant |
|                             | Family Literacy | • Social connections for parents |
|                             | Professional Development, Quality Assurance, Parenting Education | • Attachment kits  
• Transition to child care  
• Components of Raising the Bar |
|                             | Postpartum Mood Disorder (PMD) and Mental Health | • Addresses barriers to healthy attachment – PMD and mental health issues |
|                             |                             | • Telephone support for PMD, anxiety, social isolation, depression, fatigue, adjusting to parenthood  
• Parental stressors and coping strategies  
• Referrals to resources  
• Follow-up and regular check-ins  
• Post-adoption depression |

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<table>
<thead>
<tr>
<th>SERVICE CATEGORY</th>
<th>INFLUENCING FACTORS</th>
<th>General Parenting Skills</th>
<th>Parental Relationships and Wellbeing</th>
<th>Father Involvement</th>
</tr>
</thead>
</table>
| Developmental and Special Needs        | • Valley Infant-Parent Program (VIPP) supports attachment for children (0-36 months) with medical/developmental challenges  
• Appropriate communication with child who has special needs  
• Helps parents to attach to younger siblings  
• Understanding child’s disability and impact on development  
• Playing with children with special needs | • Supporting families in finding child care for children with special needs (what to look for, questions to ask)  
• Establishing routines for children with special needs (e.g., eating, toileting, sleeping) | • Understanding the impact on family and couple relationships  
• Emotional support for families  
• Parental mental health, counselling and support  
• Adjustment counselling  
• Drop-in counselling – parents of preterm infants  
• Psycho-social support (e.g., financial, housing)  
• Respite services |                     |
| Complex Medical                        |                                                                                     |                                                                                          | • In-home support for medical complications during pregnancy (e.g., intravenous hydration)           |                     |
| Primary Health Services – Credit Valley Hospital (CVH), Mississauga East Community Health Centre (CHC) | • Support and education from health care professionals on an individualized basis |                                                                                          | • Couples therapy  
• Parental counselling |                     |
| Child Protection                       | • Attachment from a safety and wellbeing perspective  
• In-depth assessment of attachment – Therapeutic Access Program  
• Assess parent-child relationship  
• Understand and respond to child’s needs |                                                                                          | • Parental capacity  
• Parental mental health (coping, emotional stability)  
• Family violence, physical abuse |                     |
| Ethnic/Cultural Agencies               | • Importance of first year of life  
• Brain development | • Parenting in Canada (e.g., laws on car seats, immunizations)  
• Prenatal care  
• Informational sessions on parenting styles, brain development  
• Discipline and child routines | • Healthy lifestyle habits  
• Women’s physical activity  
• Healthy relationships  
• Abuse awareness and prevention (Arab community)  
• Safety plans  
• Parental stress | • Role of fathers |
| Parks and Recreation                   | • Attachment from a physical activity focus |                                                                                          | • Promotes social connections with other mothers |                     |
### Appendix I

#### Environmental Scan - Overview of External Community Programs and Services across the Foundations of Health

<table>
<thead>
<tr>
<th>Physical, Chemical &amp; Built Environments</th>
<th>Nutrition</th>
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<tbody>
<tr>
<td><strong>SERVICE CATEGORY</strong></td>
<td><strong>INFLUENCING FACTORS</strong></td>
</tr>
</tbody>
</table>
| Prenatal and Early Postnatal | - Car seat safety  
- Strollers  
- Safety in public transit  
- In-home (e.g., baby proofing, falls, crib safety)  
- Shaken Baby Syndrome  
- Sleep guidelines  
- Food poisoning  
- Hygiene  
- Exposure to chemicals and safe alternatives | - Breastfeeding education and support  
- Introduction to solids  
- Making baby foods  
- Feeding relationship  
- Nutrition counselling and resources | - Prenatal nutrition  
- Nutrient intake, Canada’s Food Guide (CFG)  
- Special diets  
- Gestational diabetes  
- Provide and model healthy snacks  
- Healthy eating on a budget  
- High-risk antenatal clinic (family nutrition, CFG, access to on-site dietitian/nutritionist) |
| Parenting Education (including young/teen parents) | - Same as Prenatal and Early Postnatal /Child Safety (row above)  
- Using Keep on Track (KOT) guidelines at sites  
- Role-modelling safe child-friendly spaces through program environment  
- Post and share information on immunizations, flu and food safety  
- Seasonal safety (e.g., sun, water)  
- Campaigns at programs e.g. Fetal Alcohol Spectrum Disorder (FASD), allergies | - Basic information and referrals to Peel Public Health (PPH) and EatRight Ontario  
*Breastfeeding* (BF)  
- Basic information and resources  
- Referral to PPH BF clinics  
- YouTube, EatRight Ontario  
- Peers supporting each other in BF  
- Training for professionals and parents on BF and introduction to solids | - Role-modelling healthy snacks in some programs  
- Healthy eating messages (e.g., CFG; fruit and vegetables, processed foods; reading labels)  
- Role-modelling meal preparation for young moms  
- Body image (young moms) |
| Parenting Education (fathers) | - Keeping child safe during interpersonal conflicts  
- Shaken Baby Syndrome | | |
| Family Literacy | - Providing and role-modelling safe play spaces for children  
- General awareness of safety  
- Basic information on chemicals and toxins in the home (if asked) | - Role-modelling healthy snacks | |
| Professional Development, Quality Assurance, Parenting Education | - Safety information provided by telephone  
- Safety in child care centres (health and safety regulations) | - Networking sessions for cooks working in child care centres | |
| PMD and Mental Health | - Key messages on protecting child  
- Screening for child safety  
- Referrals to Peel Children’s Aid Society | - General eating and self-care messages | |
### Environmental Scan - Overview of External Community Programs and Services across the Foundations of Health

<table>
<thead>
<tr>
<th>SERVICE CATEGORY</th>
<th>INFLUENCING FACTORS</th>
<th>NUTRITION (continued)</th>
</tr>
</thead>
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<tr>
<td><strong>PHYSICAL, CHEMICAL &amp; BUILT ENVIRONMENTS (continued)</strong></td>
<td><strong>INFLUENCING FACTORS</strong></td>
<td><strong>INFLUENCING FACTORS</strong></td>
</tr>
<tr>
<td>Child Safety</td>
<td>• Protecting infants when there is an aggressive sibling with special needs</td>
<td>• Developmental focus</td>
</tr>
<tr>
<td></td>
<td>• Environmental and sensory needs of children with autism</td>
<td>• Providing feeding workshops</td>
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<td></td>
<td>• Adaptive equipment for physical limitations</td>
<td>• Screening and assessing for feeding difficulties and sensory problems</td>
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<tr>
<td></td>
<td>• Customized seating for children who cannot use car seats or strollers</td>
<td>• Feeding services for children with physical impairments</td>
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<tr>
<td></td>
<td>• Feeding concerns (swallowing, reflux)</td>
<td>• Addressing problems with mechanics of eating</td>
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<td></td>
<td>• Safety checklist at home</td>
<td>• Nutrient deficiencies, supplementation and special diets</td>
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<tr>
<td></td>
<td>• Safety checks at CCCs (inclusive child care)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Seasonal (sun, water)</td>
<td></td>
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<tr>
<td></td>
<td>• Following KOT guidelines</td>
<td></td>
</tr>
<tr>
<td>Complex Medical</td>
<td>• Home assessment – ambulation and sensory issues</td>
<td>• Gastrostomy tube management and caloric intake for children failing to thrive</td>
</tr>
<tr>
<td>Primary Health Services – CVH, Miss East CHC</td>
<td>• Resources on infant/child safety</td>
<td>• Promoting breastfeeding pre/postnatal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Referrals to CVH for expertise in breastfeeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Support and guidelines for feeding included in primary care</td>
</tr>
<tr>
<td>Child Protection</td>
<td>• Child exposure to substance abuse</td>
<td>• Dietary intake, analysis and malnourishment as part of individual care</td>
</tr>
<tr>
<td></td>
<td>• Home safety assessment</td>
<td>• Prenatal nutrition</td>
</tr>
<tr>
<td></td>
<td>• Age and developmentally appropriate safety education (supervision, safe sleep, feeding, positioning, choking)</td>
<td></td>
</tr>
<tr>
<td>Ethnic/Cultural Agencies</td>
<td>• Adverse effects of violence and stress on fetal and child development</td>
<td>• Children's nutritional needs</td>
</tr>
<tr>
<td></td>
<td>• Punjabi Community Health Services runs comprehensive addictions program</td>
<td>• Basic information on breastfeeding and referrals to PPH</td>
</tr>
<tr>
<td></td>
<td>• Car seat safety</td>
<td>• Limited to CFG</td>
</tr>
<tr>
<td></td>
<td>• Crib safety</td>
<td>• Discussion on chronic diseases</td>
</tr>
<tr>
<td></td>
<td>• Baby proofing</td>
<td>• Discussion/role-modelling healthy meals and recipes</td>
</tr>
<tr>
<td></td>
<td>• General safety messages on injury prevention</td>
<td>• Some meal preparation</td>
</tr>
<tr>
<td>Parks and Recreation</td>
<td></td>
<td>• Breastfeeding friendly facilities</td>
</tr>
</tbody>
</table>
# Appendix I

## Environmental Scan - Overview of External Community Programs and Services across the Foundations of Health

<table>
<thead>
<tr>
<th>HEALTH &amp; DEVELOPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SERVICE CATEGORY</strong></td>
</tr>
</tbody>
</table>
| Prenatal and Early Postnatal | • Basic information  
• Referrals to resources (PEP-Start Clinics and VIPP) | • Normal development and milestones  
• Age appropriate expectations  
• Temperaments and social development  
• Child physical activity incorporated into a few programs  
• Gross and fine motor skill development  
• Periodic gym and outdoor play time – St. John Fisher Neighbourhood Learning Place | • Play-based learning  
• Reading to child; songs and storytelling for toddlers  
• Interactive activities with child  
• Literacy and numeracy  
• Music and movement  
• Coordination, language and pre-reading skills | • Basic information – influenza, asthma, allergies  
• Referrals to PH and physicians |
| Parenting Education (including young/teen parents) | • Basic information  
• Referrals to resources (PEP-Start Clinics and VIPP) | • Normal development and milestones  
• Age appropriate expectations  
• Temperaments and social development  
• Child physical activity incorporated into a few programs  
• Gross and fine motor skill development  
• Periodic gym and outdoor play time – St. John Fisher Neighbourhood Learning Place | • Play-based learning  
• Reading to child; songs and storytelling for toddlers  
• Interactive activities with child  
• Literacy and numeracy  
• Music and movement  
• Coordination, language and pre-reading skills | • Basic information – influenza, asthma, allergies  
• Referrals to PH and physicians |
| Parenting Education (fathers) | | | | |
| Family Literacy | • Indoor and outdoor physical activities | | • Age specific program, interactive games and activities | |
| Professional Development, Quality Assurance, Parenting Education | | | • Workshops on allergies, anaphylaxis, etc. | |
| PMD and Mental Health | | | | |
| Developmental and Special Needs | • Autism supports  
• Supports for cognitive and physical impairments  
• Screening and early identification  
• Preschool speech and language  
• Early language intervention (up to 13 months)  
• Integration of children with special needs in preschools and child care settings  
• School readiness; liaising with school staff  
• Clinical assessment and diagnosis – FASD clinic | • Education on screen time and physical activity | | |
| Complex Medical | | | • In-home support for child complex medical conditions | |
| Primary Health Services – CVH, Mississauga East CHC | | | | |
### Health & Development (continued)

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Influencing Factors</th>
<th>Growth and Development (including Children’s Physical Activity)</th>
<th>Early Learning</th>
<th>Children’s Physical Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Protection</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Ethnic/Cultural Agencies</td>
<td>• Referrals</td>
<td></td>
<td>• Reading to newborn</td>
<td></td>
</tr>
<tr>
<td>Parks and Recreation</td>
<td></td>
<td>• Various physical activity programs for mother and babies</td>
<td>• Various preschool learning programs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Maintaining trails and parks – encourage physical activity for families with young children</td>
<td></td>
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</tr>
</tbody>
</table>
Appendix J

Environmental Scan Key Informants’ Interview Guide

Preamble

Purpose of interview
Nurturing the Next Generation (NTNG) is exploring how best to work with our community to provide all parents, regardless of situation, with programs and services that meet their needs. The priority will support effective, evidence-informed, population-based public health interventions to optimize early child development. Our goals are to work collaboratively to ensure families are healthy before, during, and after pregnancy, birth outcomes are positive, and attachment relationships between caregiver and child are firmly established during the first year of life.

A major deliverable for the Nurturing the Next Generation priority is to conduct a situational assessment of the early child development environment in Peel. This interview is part of the data gathering process and we explore the early child development programs, services, and initiatives that your organization is engaged in, your partnerships and collaborative ventures and your perceptions of the assets and needs of the Peel community to support early child development.

A few key points before we get started:
• The session will take approximately 90 minutes.
• Participation is entirely voluntary and you can choose not to answer any questions.
• All information shared is confidential. You do not need to use your name in the interview and consent forms are kept separate from the notes we take.
• We request permission to record the interview. Recordings will be used to ensure the accuracy of our notes only and will be deleted after use.

Interviewer Information

Interviewer: ________________________________
Date: ______________________________________

Section 1: Program Information

Organization: ________________________________
Division/Department: ____________________________
Program: ____________________________________
Name/Title of Interviewee:
(Optional) ____________________________________
Appendix J

1. From the following list, which audience(s) do you provide service(s) to? *(Check all that apply)*
   - Women/Families before/during pregnancy
   - Women/Families after pregnancy
   - Infants 1-12 months
   - Children 12 months to 2 years
   - Other  __________  Please specify: ____________________________

2. From the following list, which best describes the type(s) of strategies/intervention(s) that your organization uses to promote early child development? *(check all that apply)*
   - Direct Service
   - Advocacy
   - Research/Policy
   - Other  __________  Please specify: ____________________________

3. Is there a cost for clients to use your program?
   - Yes
   - No  ____________________________

4. What percentage of your division or organization’s time and/or resources is committed to services that focus on the period before, during and after pregnancy up to the beginning of the 2nd year of life? *Please explain.*

5. What are the geographic boundaries for your program(s) and do you serve clients outside of this area?

**Section 2: Program Focus**

6. The NTNG priority is underpinned by the early childhood development framework developed by the Center on the Developing Child at Harvard University. It describes the foundations of health as: (1) stable, responsive relationships (2) safe, supportive environments and (3) appropriate nutrition. We will ask you about your early child development program/services/initiatives in these three areas first and then in other areas more generally.

   a) Please describe your programs/services/initiatives that promote and support nurturing and responsive relationships.

   b) Please describe your programs/services/initiatives that promote safe and supportive physical, chemical and “built” environments.

   c) Please describe your programs/services/initiatives that support and promote appropriate nutrition. What are the key objectives and expected outcomes?

   d) Please describe any other areas/foci of early child development work that your organization offers or participates in (before pregnancy to the beginning of age 2)?
Appendix J

Section 3: Program Access, Strengths and Needs

7. a) Does your program target specific populations before, during and after pregnancy up to the end of the second year of life? Please describe.

b) Please describe the clients who use your program. Please also describe the source(s) for this information.

c) How do clients access your programs/service(s) and what challenges do they face in accessing these services? Please also describe the source(s) for this information.

8. a) What are the strengths of your program(s)/service(s)?

b) What are the key challenges and needs facing your program(s)/service(s)?

c) How can your program(s)/service(s) be enhanced to support families and early child development?

9. What indicators or program statistics are used to monitor the performance of your program(s)/service(s)?

10. Were any evaluation(s) completed for your program(s)/service(s)? What types?

□ Yes .... If yes, may we have a copy of the evaluation report?

□ No

Section 4: Collaboration and Partnerships

11. What role do your clients play in program planning, development and governance?

12. a) Which organizations or groups do you collaborate or partner with and how do these partnerships work?

b) Are you a member of Success by 6 Peel?

13. What types of early child development advocacy work is taking place in Peel and who are the key players?

14. How would you describe the assets of the community with respect to early child development?

15. How would you describe the gaps in services and/or challenges facing the community with respect to early child development?

16. Name two other key early child development people that you think we should interview?

Do you have any final comment(s)?
Preamble

Purpose of interview
Nurturing the Next Generation (NTNG) is exploring how best to work with our community to provide all parents with programs and services that meet their needs. NTNG will support effective, evidence-informed, population-based public health interventions to optimize early child development. Our goals are to work collaboratively to ensure families are healthy before, during, and after pregnancy, birth outcomes are positive, and attachment relationships between caregiver and child are firmly established during the first year of life.

This focus group is part of a situational assessment of the early child development environment in Peel. Our focus is on the prenatal and postnatal periods and infancy up to the 2nd year of life.

We will ask for your input and views on the services available to families. We will also discuss the challenges that are facing families and service providers as well as partnerships, collaborations, and community assets.
Appendix K

**Focus Group Questions**

Throughout our discussion, please keep in mind the following periods and definition of families:

- **Periods:** *We are interested in preconception, prenatal and after pregnancy up to the 2nd birthday.*
- **Families:** *We are using a broad definition which includes a wide array of family structures (e.g., common-law families, single parent families, blended families, extended families members, same sex families, etc.)*

1. To begin, I would like to ask you to introduce yourself, the type of organization you represent and tell us briefly about the services you provide to families in Peel.

2. Reflect on families in Peel. Please describe and discuss what you believe are the strengths of these families.

3. What are the challenges facing families in Peel?

4. What supports and services do you think families are looking for from organizations and service providers and what issues do they face in accessing appropriate supports and services?

5. When thinking about the age ranges that we are discussing today, who are the high-risk or most vulnerable families in Peel and how are they being supported?

6. What challenges do organizations and service providers face in providing programs, services and supports to families in Peel? How might these challenges be addressed?

7. How can organizations and service providers in Peel partner and collaborate in order to optimize services to families before, during, and after pregnancy?

8. Other than the typical/traditional direct services, what other supports and/or services are families in Peel seeking out and using? What are the strengths of these supports/services?

9. If you had a magic wand and could change or improve one thing to optimize early child development in Peel, what would you choose and why?
Appendix L

Environmental Scan - Quotations

The following quotations from the interviews and focus groups provide support for various sections in the report.

5.2 Alignment of Peel’s ECD Programs and Services with the Foundations of Health

5.2.1 Environment of Relationships

*Healthy attachment is a key component of Peel’s ECD programs and services*

“In our program a big focus is on attachment, both prenatally and in postpartum.... The first couple of months that we provide service that’s all focused on attachment.... And then there’s a thread that goes out to all the other service we provide.” (PH-03)

*Attachment with a family literacy focus*

“Our early literacy specialists, they provide workshops in child development, early learning. Their basis has to be literacy but of course, with literacy it’s tied so closely with child development and healthy nurturing so that is your attachment that they present workshops on attachment and how that helps healthy development which in turn will promote literacy.” (HS-01)

*Therapeutic service to promote secure attachment*

“Our Valley Infant Parent Program... the whole purpose of the program is around supporting attachment and providing supportive and nurturing environments and positive relationships. The staffs work with the families. It’s around helping to read baby’s cues, helping to respond.... It really, truly the focus is around attachment and how to build that healthy attachment in parents and caregivers with their children.” (HS-02)

*Attachment from a safety perspective*

“Our mandate is to ensure that children are well protected in their homes....Really we are looking at the relationships that children and parents are developing together with one another. Obviously with infants, quite important in their formative years to be developing strong attachments and bonds to their caregivers. Again, we look at it from the safety perspective but we also look at it from a well-being perspective.” (EXT-15)

*Addressing barriers to attachment*

“We deal with families who are having a mental illness issue so anxiety, depression, or just generally having a difficult time adjusting emotionally or mentally to becoming a parent or being a parent. A lot of times those parents are not really capable of providing that safe, nurturing environment because of their own mental health issues at different times. Being able to provide that support allows them to be more present and better caregivers for their babies.” (EXT-02)

Note: PH – Public health interview participant
HS – Human services interview participant
EXT – External community organization interview participant
FG – Focus group participant
Appendix L

**Mental health needs are not being met for families**

**Lack of understanding of children’s mental health**
“I don’t think that there is a good understanding of infant mental health. People normally would refer the child when there is some acting out behaviour which would most likely be age 4. I think typically that is when people would think about focusing on the child. Because we have the Valley Infant Parent Program and parent consultations I think that we are increasing our service to the 0-2 population. The other good thing is that in talking to the parent literacy centres and the Early Years Centres, I think they’re seeing more babies. We’re now going to get more babies. I think traditionally you know the connection wasn’t there for programming around 0-2.” (EXT-10)

**In-home support for mothers’ mental health needed**
“… I know a lot of moms who are suffering with depression and anxiety don’t have enough presence of mind to be careful with certain things. I don’t know how else to say that. It’s not that they want to but they’re so overwhelmed that they may not be as careful as they would normally be. Some kind of in-home support for those mothers who are really at their edge would make a big difference I think.” (EXT-02)

5.2.2  **Safe Physical, Chemical and Built Environment**

**ECD Programming focuses primarily on physical safety and injury prevention**

“Supporting the work about car seat safety, handouts that a number of our community partners use, we provide those, web information that leads to car seat safety and other areas and then staying connected with community partners who are doing work in the area of car seat safety.” (PH-02)

“They also talk about safety as far as the kids, things like car seat safety. Even things like when to introduce the food, the plastic bottles...what other issues? Falls are addressed, just safety, baby gates, those kinds of things, baby-proofing your home, talking about straps as far as strollers. A lot of our clients take the bus so they need to make sure that the strollers are done up, the straps are done up. Getting the stroller up on the bus is a big deal, those kinds of safety issues.” (EXT-01)

**ECD service providers aim to prevent child maltreatment**

**Duty to report child maltreatment**
“If there are issues where we have serious concern of course we’re constrained by the same constraints that everyone else is in the public sector. That is that we would have to involve the Children’s Aid Society if indicated. We involve the Children’s Aid Society, I guess I would say infrequently, but not rarely. Often it’s with a view to supporting a family... around whatever the particular stated or surmised issues are.” (EXT-14)
Appendix L

*Children’s Aid Society collaborates with community partners*

“Our [Children’s Aid Society] infant wellness team is there to provide support and education to parents during that 0 to 18 month period of time in order to ensure that children’s developmental needs are being met. In that process we collaborate with a lot of community partners including physicians, nurses, doctors, public health. I’d say that we have a fairly strong link to Healthy Babies Healthy Children. There is a 0 to 6 program that you might be familiar with in the community. There’s the Valley Infant Program. There’s lot of different community based programs that we would partner and link our families and children to in the work that we are doing.” (EXT-15)

5.2.3 Appropriate Nutrition

*Peel Public Health (PPH) is recognized by community service providers as a leader in nutrition*

“We’ve referred any nutrition kind of things to the resources that we have that are produced by Peel Health or Ontario Health.” (EXT-12)

“With the children, we do get some questions about eating solids. How much should my baby be eating? We generally will refer those to Public Health unless we get the sense that it’s based on just overall anxiety, anxious mom kind of questions.” (EXT-02)

“With nutrition, to be honest... when we had the health nurse coming to visit, they did all of that. I know that they provided us with resources that we could do workshops with families. How we’ve approached that is as ECE’s it’s really out of our scope of expertise. We’ve referred any nutrition kind of things to the resources that we have that are produced by Peel Health or Ontario Health.” (EXT-12)

*Families are concerned about children’s diets*

“Food is sometimes it’s a really big issue with a lot of parents, because they want their children to eat and they want them to grow. They always worry about that kind of stuff. It often comes up as a concern from the parent. We do, we have children that will only eat white food or something or they only eat a very small diet. We give them ideas on how to expand their diet, try new things, give them some strategies around that.... I would say most of our really big problems with eating are the sensory issues, the texture or whatever it is, children with autism in particular. Sometimes it’s the mechanics.” (EXT-11)

*Gaps in nutrition services for the ECD community*

“We’re also focusing on...we used to have Public Health come in and help us out with doing nutrition and health but that doesn’t happen any more. You know I have to say that and that’s fine. It is a big huge loss because a lot of the parents have a lot of questions that are specific to nutrition and health. We have had to use alternative, external resources.” (EXT-13)
Appendix L

“There might be a little bit on nutrition. Parents often ask for nutritional information. Then we used to call Region of Peel and get them a nutritionist but we can’t do that any more. There probably is a little bit in the nurse’s component of the Parenting Partnership Program but we do depend on experts in that area. (EXT-06)

5.4 The Capacity of the Community to Support Healthy Child Development
5.4.1 Time and Commitment to Early Child Development

Local policy initiatives do not directly address the 0-2 population

Public Health alcohol policy strategies
“We have been looking at number of Policy pieces, a lot of our work is right now we’re looking at the risk behaviours of young adults, pricing of alcohol, location of outlets, guidelines and policies within bars, it’s [not] directly tied to it [nurturing relationships] but you can extrapolate link.” (PH-02)

Public Health environmental safety policies
“This is in a large part what we do here. Many of our programs are dictated by regulations. We have the Ontario Public Health Standards that say we have to have a drinking water program. We have a food safety program….drinking water and food safety are very specific and they are supported by specific regulations that are very prescriptive.” (PH-04)

Inclusion of 0-2 issues in built environment
“... There’s a whole sub-committee on urban environment and built environment so what we’ll be looking for as a strategic priority [Supportive Environments for Health Living] is to apply what comes out of those groups into how does that apply to the early year’s piece. So things… like look for toddler safe playground -right. That will be, that’s the importance of having department wide priorities…. Is it gated off? Can a mother take a baby and a toddler to a playground and have the toddler move more than 5 feet away from her? Can the toddler go down? Maybe not if there’s not a gate around the park.” (PH-07)

Program evaluations are needed to assess the effectiveness of ECD Programs

Evaluations focus on client satisfaction
“We have the survey, the client survey that was done back in the spring and [the Manager] would be able to connect you with that. That really looked at how clients felt about the service. It’s really a client satisfaction survey. It doesn’t really measure outcomes.” (PH-03)

“Basically, customer feedback and then we evaluate staff to make sure that they’re doing a good job and covering what they’re supposed to be doing in the program and what not.” (EXT-30)
5.4.2 Skills and Knowledge that Support ECD

Community planning and mobilization are robust features of the ECD service sector

Community planning
“The history of Success By Six is really working with this group to understand what the gaps are, barriers, challenges that families may be facing and create a community response, apply for funding, look for what resources are available and put something forward. If you look through the history of Success By Six, things like the Lions program, very particular need, going into communities where there is marginalized communities not accessing services, no infrastructure in place and bringing the early years type of programming right to the community. A lot of Success By Six work has always been about what’s the gap and how do we collectively come together to make an impact? PCYI has continued to work with that but of course, with a larger age span.” (EXT-05)

“The real goal of the table is to plan on a community level, so on a population level. One of the main task groups will be the 0 to 6 group that will specifically to this. It’s looking at alignment because I mean we hear often that the Ministry wants us to do you know something with Best Start. Success by Six by the way is, has, is the table that Best Start decisions and questions go to and that’s the table that PCYI supports and hosts. We will continue to do that discussion with the Community Planning Table around how to align some of the work that’s, that other planning groups and other tables are doing including the Best Start one that would fall right into the 0 to 2 population.” (EXT-08)

Best Practices and current research
“Our training that we offer focuses on best practices, current research and studies that have been done on healthy child development, whether that be physical, emotional, cognitive or social. We keep up with current trends so focusing on teaching families and parents the importance of play and how children learn through play” (EXT-26)

“We’re just going through a process right now of reviewing all of our programs and our delivery method. We’re taking all the research that came from the Nurturing [Matters Conference] and we’re taking the research from PCYI. Invest in Kids did the same thing on a national level that PCYI’s doing. We’ve been taking that information to try and figure out what’s the best way to serve families.” (EXT-06)

Program staff experience challenges responding to ethno-cultural families

“I think the gaps are...the biggest one I would say is working with our diverse population and reaching them with what they need, being sensitive to their culture, being sensitive to their faith, reaching...making them understand our issue, what service we’re trying to provide to them.” (PH-04)
“Peel Public Health first needs to build credibility in the community. Now the question becomes how can they build credibility in the community because they are known as mainstream. They are known as serving only the mainstream community, those white posh buildings are not for ethnic groups. It’s the fear of receiving the service in the huge buildings because you need to go there and speak English. What efforts can Peel Public Health make to build inroads into the community?” (EXT-27)

“I really am a very strong advocate that we continuously need to work on our cultural competence, our social inclusive practices. No one is completely culturally competent. Nobody is completely socially inclusive in the work that they do. We need to continue to build that capacity in our organizations and our collaboratives so that we can really embrace families. Those are some of the things.” (EXT-05)

Service coordination and collaboration is a strong element of ECD service delivery

“I think there's a huge willingness in the community to collaborate and to streamline and improve services. I see that when I go to meetings and so on, lots of people who see the gap and see the duplications and really want to improve it.” (Ext-09)

“I think that people in our community in Peel really want to collaborate. There is that desire and I think that’s a real strength for us” (HS-03)

Service coordination needs some improvement

“I know for us it is definitely duplication, competition of services to try and be more coordinated with some of our partners, so we aren’t running the same program in the same time in close proximity.” (FG-06)

5.4.3 Community and Organizational Resources

Inadequate financial resources results in long waitlists

“I used to work in infant development, I used to be in charge of the preemie program, and there were children on the wait list for 6 months to see us. When you are a preemie, you need the service right away.... Not 6 months later.” (PH-01)

“I was going to say my families for the most part are struggling with waitlists. Waitlist, waitlist, waitlist. They’re waiting for a diagnosis. They’re waiting for services. They’re waiting for the diagnosis to get the funding and then there’s the waitlist for the funding. They’re waiting for a therapist. They’re waiting for everything.” (FG-01)

“Our wait lists are getting longer because we’ve actually had to lose staff if our rent goes up, because we have no more funding. I know we always say funding is the first biggest concern, but it really does effect how we’re able to provide service. No matter how crafty you get your
wait lists are going to go up. We are supposed to provide early intervention but our wait list is six months to a year.” (FG-02)

**Inadequate financial resources may impact staff burnout**

“A lot of hats that you wear. You’re doing a lot. You’re offering programming and then you’re also running a fundraiser and answering incoming emails and cleaning the bathroom. It’s a lot of hats” (FG-03)

“I think one of the biggest challenges definitely right now is constantly there’s been cutbacks for a lot of non-profit organizations. In some cases, it means letting go staff which means overwork for the staff members that remain. There’s a lot of burnout and then you have to work almost too much, providing too much services for too many people. Then you’re not getting the quality of service again with all the cutbacks and things like that.” (FG-04)

**ECD services are confusing and difficult to navigate**

“That I think is a tragedy within our community, that there’s not enough info for the client to know that there is services out there that can support them before that legal intervention can take place.” (FG-01)

“They go in and say, ‘Oh, this person told me that you did this, this, this.’ You’re like, ‘You know what? Unfortunately, no. Those aren’t our services.’ There becomes a disappointment and then you completely just lose them because this is what they wanted and they didn’t get it.” (FG-03)

"We’re very disjointed in providing services. It’s not a, for parents it’s not intuitive of how to get to the right service” (PH-06)

**Inadequate outreach limits families’ ability to access services**

“I think as a community collectively and there’s no one agency or anything that should be charged with this but better outreach to other cultures and other communities. I think definitely Malton. I’m not sure how to get at that community but it needs I think a fairly strategic supportive approach. I think finding ways to get some ambassadors in some of the cultures to break down some of those stigmas.” (EXT-03)

“I find that that’s a real challenge is they’re trying to reach out but somehow there’s a gap between asking for the help and receiving the help right at the doctor level because they’re really the front door and there’s a gap there. I believe that’s just been a constant for me personally in my experience where I feel that doctors really need to be more included in this community process in general especially with special needs.” (FG-03)
Appendix L

**Geographic barriers impede family access to service organizations**

“There’s growing so rapidly that when Early Years Centres came out 10 years ago, where the houses are now, they weren’t built. Those new houses have no services and there’s not a lot of parks in the new communities yet. There’s not a lot of Early Years Centres, day care centres, hubs. The infrastructure hasn’t really caught up with the growing population. Again, the transit hasn’t caught up either.” (EXT-01)

“As new communities are built out, there is no public space for programs to come in. As schools are built, they’re still being built without consideration for public space for the community. As neighbourhoods are designed there’s certainly a vision for how police, fire, utility services will be brought in and distributed and serve the community, but family support is not a conversation that seems to happen.” (EXT-28)

“There are pockets were there are lots of programs, but there’s a lot of areas that don’t have anything. If they don’t have transportation or a means to get there or too far to walk, then they’re not able to access those services.” (FG-05)

5.4.4 Families’ Resources

**Families have limited financial resources and time**

“Funding for agencies, yes, but also parents themselves not having enough resources. Time, money, energy because it’s two parents usually if they’re lucky or a single parent trying to manage everything, it’s very taxing.” (EXT-02)

“They are looking for what I will say? Financial support because never is enough whatever money they have, it’s never enough in those cases...” (EXT-18)

**Informal Supports are key assets for families in Peel**

“...Access to places of worships and community gatherings as a strong area of support.” (EXT-05)

“People know each other in the community. People hear about the different programs in the community. They refer people into the community... That word-of-mouth in terms of here, you’re new to the neighbourhood. Go here and there you can find this, this and this in the neighbourhood.” (EXT-13)

“Also too with the new moms...we have a very high baby population, that connection piece I think people are really looking for to come out. Because you do get those regulars and they do meet at the Early Years.... They might go for coffee afterwards and when they’re getting close to that time to go back to work, it’s like, “Okay, can I drop my baby off at your place? I need to go get my hair done.” They’ve made those...or “I’m going for a job interview.” That kind of thing. Those connection pieces I think are really important.” (FG-05)
Appendix L

**Families in Peel experience social isolation**

“I think the biggest one is isolation. Parents themselves are very isolated. They spend a lot of time home alone with their babies and children. That can contribute to mental health issues for the parents, a lack of knowing what’s normal, a lack of feeling supported and connected to the community, to other parents and families. That’s a really big one. One parent might be working full-time. The other one’s home by themselves and they live in a suburban house where they may not have transportation. Again, it contributes to the isolation. Even if they do, they have to go out and find friends and not everybody is good at finding friends. Feeling a bit more introverted can really make them feel quite badly being by themselves. Again, it’s that sense of segmentation. I don’t know how to explain this but it’s something people say. Like, for example, one of the moms will say, “My neighbour across the street had a baby and I had a baby at the same time but we never see each other.” The sense of separation, that the nuclear family stays within itself and people feel very separate from each other.” (EXT02)

### 5.5 Resources Families are Seeking

**Childcare and respite care**

“I think more childcare options that can manage complex children would be one, more respite options for families...” (EXT-04)

“Then there’s postpartum, I think to make that more widely known and if there is I know respite is really what we’re talking about where you can go to for if you need a break.” (HS-05)

**Access to health care and special needs professionals**

“Easy access to professionals because right now the waitlists for, say, ErinoakKids or speech therapy or any of those kinds of things, the waiting lists are enormous.” (EXT-02)

**Culturally and linguistically targeted services**

“I think they want culturally nuanced services that are sensitive to their needs and that are respectful of their cultural origins and perspectives.” (EXT-09)

“I would say linguistically and culturally, easily accessible. When I say easily accessible, it means provide the service when the community is available. Not 8:30-4:30. Say for example, If Peel Public Health plans to deliver prenatal classes for South Asian pregnant moms, do not have classes in a hospital or public health settings. Have it where women are gathered.” (EXT-27)

**Integrated services**

“One-stop shopping... Currently, we have Children’s Services workers that operate out of our directly operated childcare centres but with the closure of those centres where are they going to go? ...Having all kinds of services available in one place would be wonderful.” (HS-03)
Social supports
“Having service providers giving parents the opportunity to create informal networks. ... You know what, it’s the mom sitting beside you that asking the same questions you are that you’d probably like to speak with. Having service providers say well let’s look together at all the participants that are there and turn inwards instead of everyone turning to one person, the expert in the room, for the questions and answers. It’s saying well know what, mom A and B maybe you should exchange numbers because I’m sure that you know at 7:00 p.m. when you’re having an issue around breastfeeding you can talk to them.” (EXT-08)

Easily accessible information
“I don’t know if I’m answering the question the way that it was intended but I think that they want to get information just in time in a way that respects their values and doesn’t overwhelm them and doesn’t judge them in a way that’s convenient and timely.” (EXT-10)

“For a lot of families, I think having information easily accessible. Everyone says, “Oh, you can get on-line and look for the information.” Well, not everyone has access to a computer, can’t afford a computer, can’t afford the Internet. Saying, “Well, you can go to the library and access that.” That’s great but do you want to dragging your 2-year-old with you to the library and trying to access information on services?” (HS-03)