



## chapter 3

### COMMUNITY CAPACITY



#### Key Messages

- In the first year of life most children are cared for by their parents. After age one, the majority of children in non-parental care are in unlicensed child care.
- A segment of the population who could benefit from available early learning programs does not access them.
- A significant number of children with special needs are on a waiting list to receive help from a professional.
- 30% of Peel children are not developmentally ready on one or more EDI domains at the time of school entry. Children who speak English or French or those who are second language learners are more likely to not be ready than those who are bilingual.

Children develop in an environment of relationships, but they also develop within a physical and social environment/community. As is true for caregivers, communities differ in their capacities to support children and families. For example, a family's life experiences are fundamentally impacted by the community through legislation and regulations (i.e., commitment), available services and programs (i.e., resources) and the political and organizational capacity to accomplish goals that benefit children and their families (i.e., skills).<sup>6</sup>

This chapter focuses on the different ways a community supports children and their development, including through the provision of child care, school and early learning programs. Data are provided that focus on key time periods when a child's development is currently measured (e.g., 18-months of age, at entry into school).

## Child Care

Options for child care can range from care provided informally by relatives or neighbours to that within a licensed centre. Licensed child care is available in child care centres and home settings. Licensed providers are regulated to ensure they meet the provincial health, safety and child care provider training standards set out in the Day Nurseries Act. Licensed care may be expensive and there are a limited number of spaces available. Caregivers in Ontario can care for up to five unrelated children under the age of ten without requiring a license.

Peel's licensed child care system offers families a range of options within a network of licensed non-profit and commercial child care centres and licensed home child care agencies. Peel had 25,000 licensed daycare spaces in 2011 for children from birth to 12 years of age, 23,000 of which were in child care centres and 2,000 in home care settings.

High quality child care environments are associated with positive child development outcomes including increased cooperation with adults, ability to have positive interactions with peers, and early competence in math and reading.<sup>15,16</sup> Features of high quality child care include a good child-provider relationship, reasonable provider behaviour, adequate provider training and education, and positive context of care factors such as low



### Did You Know

#### Child Care Arrangements of Canadian Children

The demand for child care services has increased steadily in Canada since the mid-1970's. Fifty-four per cent of Canadian children and 50% of Ontario children aged six months to five years were in some form of non-parental care in 2002/2003. Children spent an average of 29 hours per week in child care in 2002/2003, with five-year-olds spending the least amount of time in child care, likely due to part of their day being spent at school.<sup>18</sup>

Twenty-seven per cent of Canadian children had more than one child care arrangement.<sup>18</sup> Children in the lowest income level were more likely to have more than one arrangement compared to all other income groups combined. Children who lived with a single employed parent were more likely to have more than one arrangement compared to those who lived with two employed parents. Children in multiple child care arrangements spent more time in child care per week than those with a single arrangement.<sup>18</sup>

child to provider ratio, small group size, and a safe, healthy environment.<sup>16,17</sup>

Eighty-two per cent of senior kindergarten students were cared for by their parents in the first year of life.<sup>E</sup> This is not unexpected given that Canadian mothers are eligible for maternity leaves up to one year in length. After the first year, approximately half of children were cared for by someone other than their parents (including licensed and unlicensed care).<sup>E</sup>

The majority of child care in Canada is provided in unregulated settings such as by relatives, babysitters and nannies.<sup>20</sup> In Peel, the majority of children (51%) one to five years of age who received non-parental care were in unlicensed child care. An additional 35% were in combined care, which includes those who had some parental care and some licensed/unlicensed care.<sup>E</sup>

## Early Learning Programs

Effective early child development programs that involve parents can influence how parents relate to and care for children in the home, and can vastly improve outcomes for children's behaviour, learning and health in later life.<sup>21</sup>

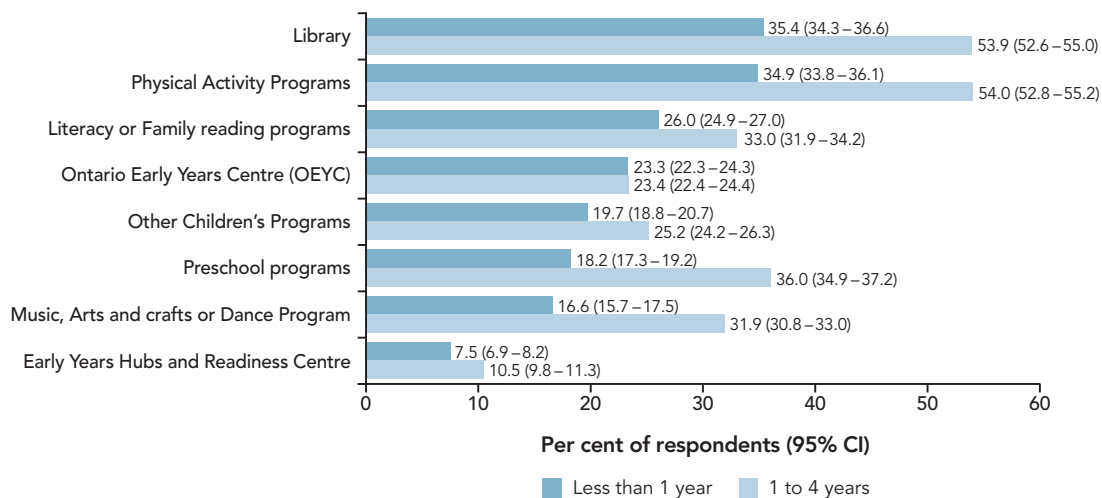
Libraries and physical activity programs are the most frequently attended early learning programs in the first year of life with over one-third of parents attending with their infant "often" or "sometimes" (Figure 3.1).

There are a number of factors found to be associated with attendance at early learning programs during the first year of life:

- Mothers who completed college or university are more likely to have attended each type of early learning program compared to mothers with high school education or less.

**Figure 3.1**

**Frequency<sup>†</sup> of Parents Attending Early Learning Programs and Services by Age Group of Child, Peel, 2010**



<sup>†</sup> Proportion of respondents who attended programs and services either "often" or "sometimes".  
Note: 95% CI reflects the 95% confidence interval of the estimate.  
Source: Senior Kindergarten Census 2010, Region of Peel.

- Mothers born in Canada are more likely to have attended most of the early learning programs compared to immigrant mothers.
- Mothers with a total annual household income of \$80,000 and above are more likely to have attended most of the early learning programs compared to those with a household income less than \$40,000.<sup>E</sup>

These figures show that attendance at early learning programs in Peel is not equal between groups. The data suggest that a segment of the population that may benefit from early learning programs does not currently access them.

## School

Most children spend approximately six hours per day at school, five days per week, for nine to ten months of the year, from four through to 18 years of age. The primary role of the school was historically to focus on a child's learning and academic performance. Now, schools are increasingly being called upon to play a key role in fostering the safety, health and well-being of children, including the adoption of positive behaviours such as healthy eating, physical activity and those related to violence prevention, sex education and drug education.<sup>22</sup>



### Policy

#### Creating Positive School Environments

The concept of a healthy school acknowledges that healthy children are better able to learn and that the school environment can directly influence a child's health. A healthy school is created through policies and practices that promote healthy behaviours, respect for self and others, and the development of important life skills.

The Ministries of Education and Health Promotion have been working together to support comprehensive health promotion since 2005. They jointly released the *Foundations for a Healthy School framework* in 2006 and encouraged its adoption by public health units as well as school boards and schools. The framework consists of four interrelated pillars in which policy is embedded: high-quality instruction and programs, healthy physical environments, supportive social environments, and community partnerships.

The Ministry of Health and Long-Term Care published the *Ontario Public Health Standards* in 2008 which further

encourages the adoption of this framework. They mandated that all boards of health "use a comprehensive health promotion approach when working with school boards and schools to influence the development and implementation of healthy policies and to support the creation or enhancement of supportive environments."

Peel Public Health uses the healthy schools approach to work with schools, focusing on tobacco, physical activity, healthy eating and positive social environments. Although many schools have expressed the need to address health issues that differ from those mentioned above, it is important to realize that health issues are interrelated and can be addressed in a synergistic manner.

Sources: Healthy Schools: Foundations for a Healthy School. Accessed at: [edu.gov.on.ca/eng/healthy\\_schools/foundations](http://edu.gov.on.ca/eng/healthy_schools/foundations).

Ontario Public Health Standards (2008). Accessed at: [health.gov.on.ca/en/pro/programs/publichealth/oph-standards/default.aspx](http://health.gov.on.ca/en/pro/programs/publichealth/oph-standards/default.aspx).



## Community Capacity

**Community Use of Schools**

Schools in Ontario are promoted as hubs for community activities through funding provided to school boards. This encourages both free and paid use of school space, inside and outside, beyond regular school hours, for activities that are organized and implemented by various community organizations. Some schools have been designated to host parent and family literacy centres that promote the preparation of preschool children for school entry by connecting them to their local school.

**Ontario's New Early Learning System**

Dr. Charles Pascal released *With Our Best Future in Mind: Implementing Early Learning in Ontario* in 2009 in which he recommended the implementation of a seamless and integrated system to support children and their families in Ontario from the prenatal period to 12 years of age.<sup>23</sup> As a result, the Ontario government announced the delivery of full-day learning for four and five-year-olds. This new program is to be fully implemented by all school boards across the province by September 2014.

The new full-day early learning program, provided by teams of both teachers and early childhood educators, will integrate a “play-based” curriculum in which children explore, think, problem-solve and communicate through purposeful play. Before and after school fee-based care options will also be provided within the same school environment, with activities that complement regular school day activities. Families will be able to enrol their child in either before and after school care depending on

their needs – reducing the need for multiple care settings throughout the day.

The Pascal report also recommends the provision of fee-based extended care programming for children six to 12 years of age within schools where at least 15 families have requested the program. These programs would be designed to complement the formal school curriculum and reflect the increasing maturity of older children. For example, children in these extended day programs may spend time completing homework, participating in recreational activities, or reading.

**High School Graduation**

Nationally, high school drop-out rates declined significantly during the last two decades. Drop-out rates continue to be higher for males. Young men who drop out tend not to feel engaged in school or want to work and earn money. Young women tend to drop out for family or personal reasons such as pregnancy.<sup>24</sup>



## Community Capacity

**High School Graduation Rate**

The Ontario Ministry of Education derives a provincial cohort graduation rate for students who began Grade 9. For example, of students who began Grade 9 in September 2005, 81% fulfilled all the requirements of a secondary school diploma within five years.

Cohort Year	Graduation Rate (%)
1999–2000	68%
2000–2001	71%
2001–2002	73%
2002–2003	75%
2003–2004	77%
2004–2005	79%
2005–2006	81%

Source: Ontario Ministry of Education, Dissemination and Reporting Unit, Information Request Provided October 28, 2011.

## Measures of Child Development

This section focuses on the measures of child development. While these measures do not provide a full picture of child development, they represent data which are currently available.

### Enhanced 18-Month Well-Baby Visits

Developmental disorders interrupt normal progress in childhood. They can be specific (affecting a single area of development) or pervasive (affecting multiple areas of development). Early intervention is critical for developmental disorders, many of which respond to treatments combining speech, occupational, physical and play therapies, behaviour modification techniques and possibly medication.



Routine “well-baby” visits with physicians provide an opportunity to examine development to-date and ensure that any delays and disorders are addressed through follow-up screening, treatment and referral. For example, during the enhanced 18-month well-baby visit, physicians are recommended to use two specific tools to assess a child’s development (the Rourke Baby Record and the Nipissing District Developmental Screen). When concerns are identified at this visit, proper follow-up and referrals are discussed.

In 2010, 6,582 enhanced well-baby visits were provided to Peel children.<sup>F</sup> This figure is substantially lower than the approximately 16,000 children who would have been eligible for the visit.<sup>G</sup> The outcome of these assessments is unknown.



### Community Capacity

#### Prevention Early Identification Program (P.E.P.)-Start Clinics

The P.E.P.-Start Clinics in Peel offer developmental screening for children from birth to five years of age at no cost to the parent. The Nipissing District Developmental Screen is used to highlight possible indicators of developmental delay for the clinical team, which includes a public health nurse, infant-child development specialist, dental hygienist and speech-language pathologist. The screenings take place in multiple locations across the region such as Ontario Early Years Centres, Learning in our Neighbourhood (LION) or Readiness Centres.

For more information, please see: [cdrpc.com/pep/pep-start-clinics](http://cdrpc.com/pep/pep-start-clinics)

### School Readiness

School readiness is a key measure of child development. A child's school readiness is impacted by individual factors but is also related to family, school and community supports. It reflects a child's readiness to deal with the expectations presented by the school learning environment, including listening to a teacher, getting along with other children, and holding a pencil.<sup>25</sup> These abilities allow children to benefit from the educational activities provided at school.<sup>26</sup> Children who are not ready for school have been shown to have lower performance in later grades.<sup>27</sup>



#### Measurement

##### Early Development Instrument

The Early Development Instrument (EDI) is a population-based measure used to assess children's skills on five developmental domains related to school readiness:

- 1) Physical health and well-being.
- 2) Social competence.
- 3) Emotional maturity.
- 4) Language and cognitive development.
- 5) Communication skills and general knowledge.

Examining results on these domains helps identify developmental strengths and needs within a population of senior kindergarten children.

The EDI was implemented in Peel in 2004, 2007 and 2010. It is completed

by the teacher for every student in senior kindergarten classrooms in publicly funded schools.

Children are categorized as being vulnerable, or not ready to learn at school, if they score in the lowest 10th percentile for all children assessed in a particular year on one or more of the domains.<sup>25</sup> Children identified as not being ready on one domain may benefit from universal programs while targeted interventions may benefit children identified as being not ready on two or more domains.

For more information about the EDI please see: [peelregion.ca/health/resources/early-years-data/edi/](http://peelregion.ca/health/resources/early-years-data/edi/)

Thirty per cent of Peel children assessed on the EDI in 2010 are not ready to learn at school on one or more of the domains, a reduction since 2007 (Table 3.1). Boys, those who did not attend junior kindergarten, and

children whose first language is not the language of instruction in the classroom are less likely than their counterparts to be developmentally ready on all domains.

**Table 3.1**

**Per Cent of Children Not Developmentally Ready for School on One or More EDI Domains by Selected Characteristics, Peel, 2007 and 2010**

Not ready on one or more domains	2007 (%)	2010 (%)
Total	31.8	30.3
Sex		
Girls	24.6	23.2
Boys	38.6	37.0
Junior Kindergarten (JK) Attendance		
Attended JK	30.6	29.2
Did not attend JK	48.1	47.2
Child's First Language		
First language is the language of instruction <sup>†</sup>	26.6	26.8
First language is not the language of instruction <sup>†</sup>	45.7	45.8

<sup>†</sup> Language of instruction in the classroom would be English for students enrolled in the English school board and French for students enrolled in the French school board.

Note: Excludes children with special needs and those with a missing special needs designation.

Source: Early Development Instrument 2007 and 2010, Region of Peel.



### Measurement

#### Distribution of EDI Scores

In any distribution of EDI scores, a community is expected to have:

- 10% of children scoring in the lowest 10th percentile (most vulnerable);
- 15% of children scoring in the 11th to 25th percentile (at risk);
- 50% of children scoring in the 26th to 74th percentile (ready); and
- 25% of children scoring at the 75th percentile and above (very ready).

When interpreting the distribution of EDI scores in Peel (Figure 3.2), readers should look for over- and under-representation of scores along the continuum when actual results are compared to the expected distribution.

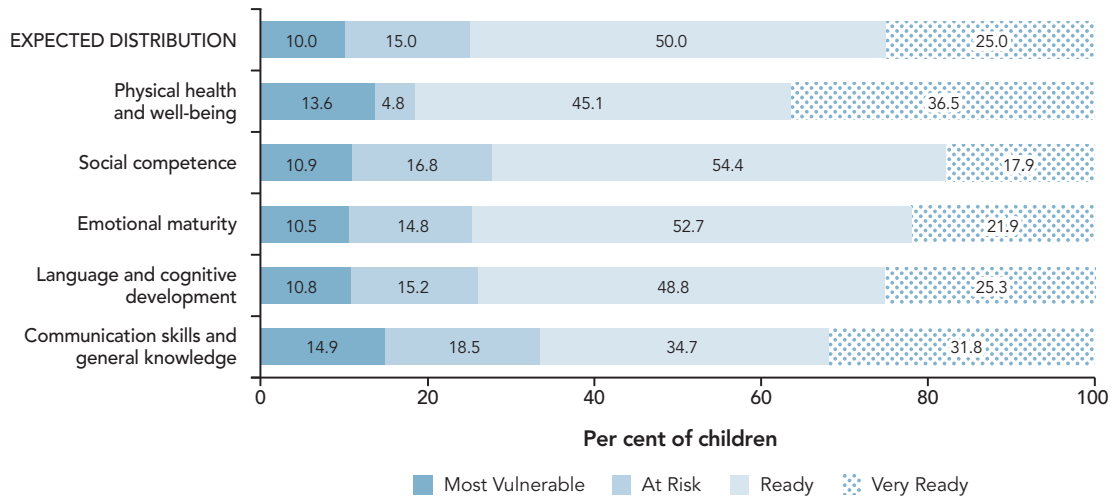


Peel has a higher than expected percentage of children within the most vulnerable and at risk categories on the communication skills and general knowledge, social competence, and language and cognitive development domains (Figure 3.2). A higher percentage of Peel children scored in the very ready category for physical health and well-being.



**Figure 3.2**

Per Cent of Children by Percentile Range within Each EDI Domain, Peel, 2010



Source: Early Development Instrument 2010, Region of Peel.



### Definition

**English or French speakers** are those children who speak only English in an English school board or only French in a French school board.

**Second language learners** are those who speak a language other than English and French and are identified by the teacher as having English as a second language (ESL) or French as a second language (FSL) needs.

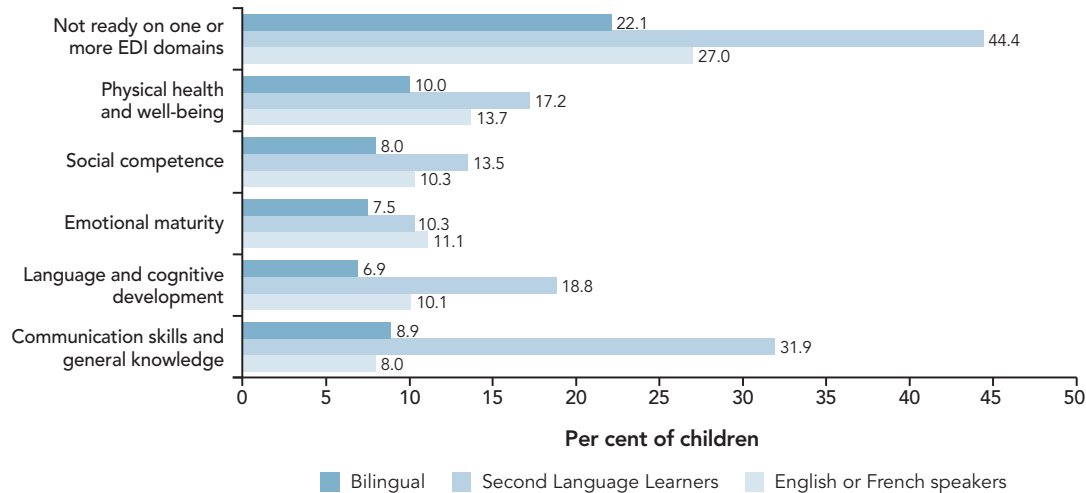
**Bilingual** children are those who speak a language other than English and/or French but do not have an ESL or FSL need identified by the teacher.

Many children in Peel speak languages other than English or French (see Chapter 1, *Peel Children and Their Parents*). Children who are second language learners may face challenges in the classroom, especially on specific domains measured by the EDI (e.g., language and cognitive development, communication skills and general knowledge).

Children who are second language learners are more likely than English or French speaking children not to be ready on one or more of the EDI domains (44% vs. 27%), while those who are bilingual are more likely to be ready (Figure 3.3).

**Figure 3.3**

**Proportion of Children Not Developmentally Ready for School by Language Group and EDI Domain, Peel, 2007 and 2010 Combined**



Source: Early Development Instrument 2007 and 2010, Region of Peel.

What is unknown from these data is whether second language learners “catch-up” to their peers in terms of academic performance in later grades as their English proficiency increases.

The advantage in school readiness observed among bilingual children may be the result of parental factors and expectations, exposure to early learning environments, or socio-economic differences.<sup>28</sup>

### Special Needs

One-quarter of parents indicate that their senior kindergarten child has a special need.<sup>E</sup> Dental needs are the most commonly reported special need, followed by speech and language needs and learning disabilities.<sup>E</sup> The nature and severity of these special needs is unknown, as a definition of each was not provided to parents

completing the survey. Therefore, the data regarding special needs must be used with caution as they represent the self-reported perception of the parents only.

Many children reported to have special needs are receiving help from a professional (ranging from 34% to 82%) (Table 3.2). However, more than a quarter of children with mild intellectual disability, nutrition and feeding needs, mental health needs, a learning disability or behavioural needs are not receiving help.

A significant number of children with special needs are waiting to receive help. For example, 17% of children with an Autism Spectrum Disorder are on a waiting list for professional help (Table 3.2).

**Table 3.2**

Proportion of Children Receiving or Awaiting Help from a Professional for their Special Need, Peel, 2010

Special Need	Is child receiving help for the Special Need?			
	Yes	No	Not yet, child is on a wait list	Does not need help
<b>Physical Needs</b>				
Blind or low vision	82.0	4.9	2.5	4.9
Physical disability	68.3	2.4	17.1	2.4
Dental needs	66.8	21.3	9.6	2.2
Hearing needs	66.7	3.9	15.7	7.8
<b>Developmental Needs</b>				
Autism Spectrum Disorder	68.4	6.3	16.5	1.3
Developmental disability	80.0	4.4	0.0	2.2
Mild intellectual disability	53.5	25.4	5.6	5.6
Learning disability	42.4	40.4	7.6	2.6
<b>Other Needs</b>				
Nutrition and feeding needs	48.5	32.7	1.8	7.6
Mental health needs	47.1	31.4	13.7	7.8
Behavioural needs	34.2	44.0	9.3	12.5
Speech and language needs	59.3	16.3	16.7	1.9
Other special needs (unspecified)	54.5	17.8	9.9	3.0

Source: Senior Kindergarten Census 2010, Region of Peel.

